

# Income Protection Insurance Claim Adjustment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Claims Department]

[Company Address]

[City, State, ZIP Code]

Dear Claims Adjuster,

I am writing to formally request an adjustment to my income protection insurance claim (Claim Number: [Insert Claim Number]). I initially submitted this claim on [Insert Submission Date], concerning my situation due to [briefly describe the reason for the claim, e.g., illness, accident].

Upon reviewing my file, I have noticed that there may have been an oversight regarding [describe the specific aspect you believe needs adjustment, e.g., income calculations, duration of benefits]. I believe that [provide reasoning or evidence supporting your request for adjustment].

In support of my request, I have attached the following documentation:

- [Document 1]
- [Document 2]
- [Document 3]

I would appreciate it if you could re-evaluate my claim in light of this information. Please let me know if there are any additional documents or information you require from my side.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]