

# Income Protection Insurance Claim Rejection Response

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Claimant's Name],

We are writing to inform you of our decision regarding your income protection insurance claim submitted on [Insert Claim Date], under policy number [Insert Policy Number].

After a thorough review of your claim and the supporting documentation provided, we regret to inform you that your claim has been denied. The reasons for this decision are as follows:

- [Reason 1]
- [Reason 2]
- [Reason 3]

If you have any additional information or documentation that you believe may change our decision, please feel free to contact us at [contact information]. We encourage you to review your policy terms and conditions for more details on the claim process.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Job Title]

[Insurance Company Name]