

Policy Rider Addition Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Request for Addition of Accidental Death Benefit Rider

Dear [Insurance Company's Name/Agent's Name],

I am writing to formally request the addition of an Accidental Death Benefit rider to my existing policy ([Policy Number]). I believe that this addition will enhance my coverage and provide additional peace of mind for my beneficiaries.

Please find my policy details below:

- Policy Holder Name: [Your Full Name]
- Policy Number: [Your Policy Number]
- Type of Policy: [Type of Your Insurance Policy]

I would appreciate it if you could provide me with the necessary forms and requirements to facilitate this addition. Should there be any additional premiums or conditions associated with this rider, please include that information as well.

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

Sincerely,

[Your Name]