

Policy Rider Addition Request for Critical Illness Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Representative's Name],

I am writing to formally request the addition of a critical illness rider to my existing insurance policy, Policy Number [Insert Policy Number]. After reviewing my coverage options, I believe that adding critical illness coverage will provide valuable protection for my family and me.

Below are the details of my policy and my request:

- Policy Holder Name: [Your Name]
- Policy Number: [Insert Policy Number]
- Requested Rider: Critical Illness Coverage

I would appreciate if you could provide me with the necessary documentation and details regarding the terms, conditions, and any additional premium associated with this rider.

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

Sincerely,

[Your Name]