

Policy Rider Addition Request for Disability Income Protection

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Addition of Disability Income Protection Rider

Dear [Insurance Agent's Name],

I am writing to formally request the addition of a Disability Income Protection rider to my existing insurance policy, bearing the policy number [Your Policy Number].

Given my current circumstances and the importance of securing my financial future in the event of a disability, I believe that this additional coverage would be beneficial.

Please let me know the necessary steps I need to take to proceed with this request, and any documentation that may be required. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]