Policy Rider Addition Request

Your Name

Your Address

Your City, State, Zip Code

Your Email Address

Your Phone Number

Date: [Insert Date]

Insurance Company Name

Insurance Company Address

City, State, Zip Code

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request the addition of a policy rider to my current long-term care insurance policy, Policy Number: [Your Policy Number].

After reviewing my coverage needs, I believe that the addition of [specify the rider(s) you want] would greatly enhance my policy and better prepare me for potential future health care needs.

Please let me know the necessary steps to proceed with this request and if any additional information is required. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]