

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Insurance Company Name

Company Address

City, State, Zip Code

Subject: Request for Addition of Waiver of Premium Rider

Dear [Insurance Company/Agent's Name],

I hope this message finds you well. I am writing to formally request the addition of a Waiver of Premium rider to my existing policy, [Policy Number], with [Insurance Company Name].

Due to [reason for request, e.g., health concerns, financial circumstances], I believe this rider will greatly enhance the security of my coverage. I would appreciate any information regarding the terms, conditions, and additional premium costs associated with adding this rider to my current policy.

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

Sincerely,

Your Name