Premium Refund Denial Notice

Date: [Date]

[Your Name]
[Your Address]
[City, State, Zip Code]

[Recipient's Name]
[Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you of the decision regarding your request for a premium refund related to your recent claim. After a comprehensive review of your claim and policy details, we regret to inform you that your request for a premium refund has been denied.

The basis for this decision is the presence of pre-existing conditions as outlined in your policy agreement. According to the terms, any claims or refunds associated with pre-existing conditions are not eligible for coverage.

We understand that this may be disappointing news, and we want to assure you that our team made this decision after careful consideration of the policy's guidelines. Should you have further questions or wish to discuss this matter, please feel free to contact our customer service department at [Customer Service Phone Number] or [Customer Service Email].

Thank you for your understanding.

Sincerely,

[Your Name]
[Your Title]
[Insurance Company Name]