

Coverage Period Reassessment Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request a reassessment of the coverage period for my policy, [Insert Policy Number]. After reviewing the details of my coverage, I believe there may be a discrepancy concerning the duration of my policy that requires further evaluation.

Specifically, I would like to inquire about [briefly describe the specific issues or concerns related to the coverage period]. I believe [explain the reason for reassessment].

Could you please provide clarification regarding this matter? Additionally, I would appreciate any documentation that outlines the coverage terms associated with my policy.

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

Sincerely,

[Your Name]