[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

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

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request an extension of the coverage dates for my policy #[Policy Number]. The current coverage period is set to expire on [Expiration Date], and I would like to extend it to [New Requested Date].

The reason for this request is [brief explanation of the reason, e.g., ongoing medical treatments, unforeseen circumstances, etc.]. I believe that an extension will ensure continued protection and allow me to manage my needs without disruption.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]