

Claim Request for Critical Illness Insurance

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

[Date]

[Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Claims Adjuster/Insurance Company Name],

I am writing to formally submit a claim for benefits under my critical illness insurance policy, policy number [Policy Number]. I have been diagnosed with [specific illness], and I believe I meet the criteria for making a claim as outlined in my policy.

I have attached the following documents to support my claim:

- Copy of my critical illness diagnosis report
- Medical history from my healthcare provider
- Claim form duly filled and signed
- Any additional required documentation

Please process this claim as soon as possible. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your cooperation.

Sincerely,

[Your Name]