

Formal Claim for Critical Illness Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Formal Claim for Critical Illness Coverage

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for critical illness benefits under my policy with your company, policy number [Insert Policy Number].

On [Insert Date of Diagnosis], I was diagnosed with [Insert Name of Illness], which is covered under the terms of my critical illness policy. Enclosed are copies of all relevant medical documentation, including my diagnosis and treatment records.

I kindly request the processing of this claim at your earliest convenience. Should you require additional information or documentation, please do not hesitate to contact me at the above phone number or email address.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]