

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

**Subject: Request for Release of Critical Illness Benefit**

Dear [Claims Department/Specific Name],

I hope this letter finds you well. I am writing to formally request the release of my critical illness benefits as per my policy [Policy Number]. I have been diagnosed with [specific illness] on [date of diagnosis] and have attached all the necessary medical documentation to support my claim.

As per the terms of my policy, I understand that I am eligible for a benefit payout due to my critical illness diagnosis. I would appreciate your prompt attention to this matter as the funds will assist me in covering medical expenses and necessary treatments.

Please let me know if any additional information is required to expedite this process. I look forward to your timely response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]