

# Appeal for Denial of Life Insurance Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

Claims Department

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to formally appeal the denial of my life insurance claim (Claim Number: [Insert Claim Number]) for the policy held by [Insured's Name], which was issued on [Policy Start Date]. I received your denial letter dated [Denial Letter Date], and I would like to contest the decision based on the following grounds:

[Outline the reasons you believe the denial was unjust. Include any supporting details, documents, or evidence that may strengthen your case.]

I respectfully request you to review my appeal and reconsider your decision. I am also including copies of relevant documents for your reference.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]