

Health Insurance Coverage Alteration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Alteration of Health Insurance Coverage for Dependents

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request an alteration in the health insurance coverage for my dependents under my policy number [Your Policy Number].

Due to [briefly explain reason: change in marital status, addition of a new dependent, etc.], I would like to update the coverage to include/exclude [list dependents' names and any relevant details].

Please let me know the necessary steps to process this request and any documentation you may require from my end. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]