

Health Insurance Modification Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Health Insurance Modification

Dear [Insurance Provider's Name],

I hope this message finds you well. I am writing to formally request a modification to my current health insurance policy (Policy Number: [Your Policy Number]) as a self-employed individual.

Due to [brief explanation of circumstances, e.g., changes in income, family status, health needs], I believe it is necessary to adjust my coverage. I am particularly interested in [specific changes you are requesting, e.g., increased deductibles, added coverage options, etc.].

I would appreciate if you could provide me with information regarding the options available to me, and any necessary steps I need to take to proceed with this modification.

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]