

Health Condition Disclosure Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Health Condition Disclosure

Dear [Insurance Company Representative's Name],

I am writing to formally disclose my health condition as a part of the insurance application process. I understand the importance of providing accurate and complete information regarding my health.

My health condition is as follows:

- Condition: [Name of Condition]
- Date of Diagnosis: [Date]
- Treatment History: [Brief Description]
- Current Status: [Brief Description]

Please find attached supporting medical documents for your review. I am committed to transparency and wish to ensure that all relevant information has been provided.

Should you require any further information or clarification, please feel free to reach out to me at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]