

Application for Family Health Insurance Premium Clarification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to request clarification regarding the premium charges for my family health insurance policy, [Policy Number], which I currently hold with your esteemed company.

Upon reviewing my recent statements, I have noticed discrepancies in the premium amounts charged compared to what was agreed upon during the enrollment process. I would greatly appreciate it if you could provide a detailed breakdown of the current premium rates and any factors that may have contributed to the changes.

Your assistance in this matter is crucial for my budgeting and planning purposes. Should you require any additional information from my side, please do not hesitate to reach out.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]