

Request for Family Health Policy Premium Breakdown

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Premium Breakdown for Family Health Policy

Dear [Recipient's Name or Insurance Representative],

I hope this message finds you well. I am writing to request a detailed breakdown of the premium costs associated with my Family Health Policy, with policy number [Insert Policy Number]. This information is essential for my financial planning and understanding of my coverage.

Specifically, I would like to know:

- The total annual premium amount
- The breakdown of costs for each family member covered
- Information on any discounts or subsidies that may apply
- Any additional fees or costs not included in the premium

Your assistance in providing this information at your earliest convenience would be greatly appreciated. Please feel free to contact me at [Your Phone Number] or [Your Email] if you require any additional information.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]