

Request for Extension of Dental Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally request an extension of my dental coverage due to significant life changes that have recently impacted my circumstances. As [briefly explain your life changes, e.g., "I have recently lost my job," or "I am experiencing a healthcare situation that requires ongoing dental treatment"], I believe an extension of my coverage is necessary to ensure I receive the essential dental care I require.

Currently, my dental coverage is set to expire on [insert expiration date]. However, with these changes, I anticipate needing continued coverage until [insert desired coverage extension date]. I would greatly appreciate your consideration of my request.

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

Sincerely,

[Your Name]