

Dental Coverage Extension Request for Dependent Family Member

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request the extension of dental coverage for my dependent family member, [Dependent's Name], who is currently enrolled in my insurance plan.

Due to [brief explanation of the reason for the extension request, e.g., change in circumstances, upcoming dental treatment, etc.], I believe it is important to extend their coverage to ensure they receive the necessary dental care.

Please find attached relevant documents supporting this request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Address]

[Your City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]