

# Health Insurance Premium Adjustment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request an adjustment to my health insurance premium for the policy [Policy Number]. Due to [brief explanation of your situation, e.g., a change in financial circumstances, employment status, or any other relevant reason], I am finding it increasingly difficult to maintain my current premium payments.

I would appreciate your consideration of my situation and the possibility of adjusting my premium to a more manageable rate. I have been a loyal customer since [year] and have always fulfilled my payment obligations.

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

Sincerely,

[Your Name]