

# Request for Annual Fee Waiver

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request a waiver for the annual fee due to medical reasons that have significantly impacted my financial situation.

Due to [brief explanation of medical condition], I have incurred considerable medical expenses and have been unable to maintain regular employment. As a result, covering the annual fee is currently beyond my financial capabilities.

I kindly ask for your understanding and support in this matter. Attached to this letter are the relevant medical documents for your reference. I would greatly appreciate your consideration of my request.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]