

Insurance Payment Extension Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative],

I hope this letter finds you well. I am writing to formally request an extension for my insurance payment due to my current unemployment situation.

My policy number is [Your Policy Number], and I have been a policyholder since [Start Date of Policy]. Unfortunately, I have recently lost my job and am facing financial difficulties. Despite my efforts to secure new employment, I require additional time to make my upcoming payment.

I kindly ask for an extension of [number of days/weeks] on my premium payment, which is due on [Original Due Date]. I assure you that I am committed to maintaining coverage and will make my payment promptly within the extended time frame.

Thank you for considering my request. I appreciate your understanding and support during this challenging time. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information.

Sincerely,

[Your Name]