

Insurance Benefit Eligibility Inquiry

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Insurance Representative's Name],

I hope this message finds you well. I am writing to inquire about my eligibility for benefits under my insurance policy with [Insurance Company Name]. My policy number is [Policy Number].

Could you please provide me with detailed information regarding my coverage and any benefits for which I may be eligible? Additionally, I would appreciate any guidance on the process to follow should I need to file a claim.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]