

Insurance Benefits Confirmation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name] Claims Department,

I am writing to request confirmation of my insurance benefits for policy number [Insert Policy Number]. I would appreciate your assistance in providing the details regarding the coverage and benefits associated with my policy, including any limitations or exclusions.

Please send the requested confirmation to the address listed above or via email at [Your Email]. I would appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]