

Group Insurance Eligibility Documentation 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]

To Whom It May Concern,

I am writing to request the documentation necessary to verify my eligibility for group insurance coverage under [Group Policy Name or Number].

My details are as follows:

- Name: [Your Full Name]
- Group Policy Number: [Your Group Policy Number]
- Employer Name: [Your Employer's Name]
- Employment Status: [Your Employment Status]

I kindly request that you provide the required documents at your earliest convenience. Please let me know if there are any specific forms or additional information needed to process this request.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]