

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact],

I hope this message finds you well. I am writing to request confirmation of the current group insurance coverage provided under our policy [Policy Number] for [Group Name or Company Name].

As we approach the renewal date, it is imperative for us to verify the details regarding the coverage, benefits, and any changes that may have occurred in the policy terms.

Could you please confirm the following details:

- Coverage limits
- Premium rates
- Policy exclusions

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any additional information.

Looking forward to your prompt response.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]