

# Verification Request for Group Health Insurance

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's Name],

I am writing to request verification of group health insurance coverage for myself and my dependents under the group plan provided by [Employer's Name]. Below are the details of my request:

**Employee Information:**

Name: [Your Full Name]  
Employee ID: [Your Employee ID Number]  
Position: [Your Position]  
Department: [Your Department]

**Dependent Information:**

[List Dependents' Names and Dates of Birth]

Please send the verification confirming the coverage details as soon as possible. If further information is required, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,  
[Your Name]