

Request for Re-evaluation of Insurance Benefits

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 [Claims Adjuster/Insurance Representative's Name],

I am writing to formally request a re-evaluation of my insurance benefits related to [specific policy number or claim number]. I believe that due to [briefly explain the reason for the re-evaluation request, e.g., changes in circumstances, overlooked information], my current benefits may not accurately reflect my eligibility.

Enclosed are documents that support my request, including [list any attached documents, e.g., medical records, financial statements, etc.]. I kindly ask that you review this information and reconsider the evaluation of my benefits.

I appreciate your attention to this matter and look forward to your prompt response. Should you need any further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email].

Thank you for your time and assistance.

Sincerely,

[Your Name]