

# Letter of Appeal for Health Insurance Premium Adjustment

[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 formally appeal for an adjustment to my health insurance premium based on recent changes in my income. My policy number is [Your Policy Number].

Due to [brief explanation of the reason for income change, e.g., job loss, reduced hours, or other circumstances], my financial situation has changed significantly. As a result, I am finding it increasingly difficult to afford my current premium rate of [Current Premium Amount].

I kindly request a review of my circumstances and a reassessment of my premium based on my current income, which is now [Your New Income Amount]. I believe that an adjustment is warranted given my change in financial status.

Thank you for considering my appeal. I look forward to your prompt response and hope for a favorable resolution.

Sincerely,

[Your Name]