

Application for Health Insurance Premium Reduction

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Insurance Company Representative's Name],

I am writing to formally request a reduction in my health insurance premium due to my recent job loss. My policy number is [Insert Policy Number].

As of [Insert Job Loss Date], I have been unable to secure employment, which has significantly impacted my financial situation. I have always been committed to maintaining my health coverage, but the current circumstances make it challenging to meet the existing premium payments.

Attached are the necessary documents, including proof of my job loss and my current financial status, to support my request. I kindly ask you to review my situation and consider adjusting my premium accordingly.

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

Thank you for your understanding.

Sincerely,

[Your Full Name]

[Your Address]

[Your City, State, Zip Code]