

Request for Health Insurance Premium Reduction

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 [Insurance Company/Representative's Name],

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

Unfortunately, I have been facing [briefly explain your financial situation, such as job loss, medical expenses, etc.]. This situation has greatly impacted my ability to meet my financial obligations, including my monthly insurance premium.

I value the coverage and benefits provided by your health insurance plan, and I would like to continue my policy, but I am struggling to maintain the current premium amount. Therefore, I am respectfully requesting any available assistance to reduce my premium.

Thank you for considering my request. I appreciate your understanding and support during this challenging time. I look forward to your prompt response.

Sincerely,

[Your Name]