

Request for Reconsideration of Health Insurance Premium

[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 hope this letter finds you well. I am writing to formally request a reconsideration of my health insurance premium associated with policy number [Policy Number]. Due to recent changes in my financial situation and increased medical expenses, I am finding it increasingly difficult to maintain my current premium payments.

Specifically, [briefly explain your increased expenses, such as unexpected medical bills, loss of income, etc.]. These unforeseen circumstances have placed a significant financial strain on my budget, and I am concerned about my ability to continue my coverage without assistance.

I kindly request a review of my current premium rate and consider a reduction or adjustment based on my circumstances. I believe that an adjustment would allow me to continue accessing the health care services I need without risking a lapse in coverage.

Thank you for your attention to this matter. I appreciate any consideration you can provide and look forward to your prompt response.

Sincerely,

[Your Name]