

Request for Insurance ID Card Replacement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Customer Service],

I am writing to formally request a replacement for the insurance ID card for my family member, [Family Member's Name], who is covered under my policy (Policy Number: [Insert Policy Number]).

The original card was lost on [Insert Date of Loss], and despite my best efforts, I have been unable to locate it. I kindly ask for your assistance in issuing a new ID card at your earliest convenience.

Thank you for your attention to this matter. Please let me know if any further information or documentation is required.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]