

# Request for Insurance ID Card Replacement

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative],

I am writing to request a replacement for my insurance ID card that I have unfortunately lost. My policy number is [Your Policy Number], and my full name is [Your Full Name].

I would appreciate your assistance in issuing a new ID card at your earliest convenience. Please let me know if there are any forms to fill out or fees required for this process.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]