

Request for Replacement of Insurance ID Card

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally request the replacement of my insurance ID card for my new policy with [Insurance Company Name], effective as of [Start Date of the Policy].

Details of my policy are as follows:

- Policy Number: [Your Policy Number]
- Name of Policyholder: [Your Full Name]
- Date of Birth: [Your Date of Birth]

Unfortunately, I have not received my insurance ID card. I would appreciate it if you could expedite the replacement process at your earliest convenience.

Thank you for your attention to this matter. Please feel free to contact me if you require any further information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Policyholder ID (if applicable)]