

Letter to Challenge Insurance Policy Decision

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email Address]
[Your Phone Number]

[Recipient's Name]
[Recipient's Title]
[Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally challenge the decision regarding my recent claim for [brief description of the claim, e.g., medical expenses] under the employer's insurance policy [insert policy number]. The decision dated [insert date of decision] indicated that [briefly summarize the decision or reasoning provided].

Upon reviewing the terms of the policy and the information surrounding my claim, I believe there has been a misunderstanding. Specifically, [detail specific reasons why you believe the decision was incorrect, including any supporting evidence].

Accordingly, I request a thorough re-evaluation of my claim based on the following points:

1. [Point 1]
2. [Point 2]
3. [Point 3]

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [your phone number] or [your email address] should you need any further information.

Thank you for your consideration.

Sincerely,
[Your Name]