

# Formal Appeal for Employer-Sponsored Insurance Coverage

**Date:** [Insert Date]

**Your Name:** [Your Name]

**Your Address:** [Your Address]

**City, State, Zip Code:** [City, State, Zip Code]

**Email:** [Your Email]

**Phone Number:** [Your Phone Number]

**Recipient's Name:** [Recipient's Name]

**Company Name:** [Company Name]

**Company Address:** [Company Address]

**City, State, Zip Code:** [City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the recent decision regarding my employer-sponsored insurance coverage. My request for coverage was denied on [insert date of denial], and I believe this decision warrants further review.

As a dedicated employee of [Company Name], I have consistently contributed to my role and have adhered to company policies. My reasons for seeking coverage are based on [briefly explain your situation and reasons for the appeal, such as medical needs or financial reasons].

I kindly ask that you revisit my application. Attached are [list any relevant documents or evidence supporting your claim]. I believe these documents will illustrate the necessity of my appeal.

Thank you for your attention to this matter. I hope to resolve this issue amicably and appreciate your understanding. Please feel free to contact me at [Your Phone Number] or [Your Email] should you need further information.

Sincerely,

[Your Name]