

# Request for Reconsideration of Employer Insurance Claim

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Insurance Adjuster's Name],

I am writing to formally request a reconsideration of my recent claim, [Claim Number], submitted on [Date of Claim Submission]. I appreciate your prompt response regarding this matter, but I would like to address specific concerns that led to the denial of my claim.

The primary reasons given for the denial were [list the reasons]. I respectfully disagree with this decision for the following reasons:

1. [Reason 1]
2. [Reason 2]
3. [Reason 3]

In support of my request, I have included additional documentation that may assist in the reconsideration of my claim, including [list any included documents, such as medical records, invoices, etc.].

Thank you for your attention to this matter. I hope for a favorable reevaluation of my claim and look forward to your prompt response.

Sincerely,

[Your Name]