

Request for Review of Employer Insurance Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Employer's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Employer's Name],

I hope this message finds you well. I am writing to formally request a review of my recent insurance claim, which was submitted on [insert submission date] and has the claim number [insert claim number].

Despite providing all necessary documentation related to the claim, I have received a notice indicating that my claim has been denied due to [insert reason for denial]. I believe that there are grounds for reconsideration as [briefly explain your reasoning].

I respectfully ask that you review the documentation attached and consider my request for a reevaluation of my claim. If further information or documentation is required, please do not hesitate to reach out.

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

Sincerely,

[Your Name]

[Your Job Title]