

# Request for Backdating Disability Insurance Policy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I hope this message finds you well. I am writing to formally request the backdating of my disability insurance policy, which was initiated on [Policy Start Date]. My policy number is [Policy Number].

Due to [brief explanation of circumstances leading to request], I believe that backdating my policy to [Desired Backdate] would be in my best interest, allowing me to receive the appropriate coverage during this critical time.

I appreciate your consideration of my request and kindly ask you to let me know if additional information is needed to facilitate this process. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]