

Insurance Overlap Correction Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Insurance Company Name]

Attn: Customer Service

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to request a correction regarding the overlap of my insurance coverage. My details are as follows:

Policy Number: [Insert Policy Number]

Claim Number: [If applicable, insert Claim Number]

Coverage Period: [Insert Coverage Dates]

It has come to my attention that my policy overlaps with another insurance plan, which may lead to confusion and complications in processing claims. I would appreciate your assistance in rectifying this situation.

Please find attached any necessary documents that provide further details regarding this matter.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]