

Subject: Appeal for Addition of Spouse to Insurance Plan

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the decision regarding the addition of my spouse, [Spouse's Name], to my current insurance plan [Policy Number].

[Briefly explain the reason for the addition and any relevant circumstances or changes in situation that necessitate this request.]

Recognizing the importance of comprehensive healthcare coverage for my spouse, I kindly ask you to reconsider this request. I believe that [include any supporting documents or evidence, if applicable].

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]