

# Chronic Illness Insurance Evaluation Request

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

Insurance Company Name  
Insurance Company Address  
City, State, Zip Code

Dear [Insurance Adjuster's Name],

I am writing to formally request an evaluation of my chronic illness insurance policy, [Policy Number], due to [specific reasons related to your chronic illness]. As outlined in my policy, I believe I am eligible for coverage based on the following details:

- Diagnosis: [Your Diagnosis]
- Date of Diagnosis: [Date]
- Ongoing Treatment: [Details of treatment]
- Impact on Daily Life: [Brief description]

I have attached relevant medical documentation and reports from my healthcare provider to support my request. I kindly ask for your prompt attention to this matter, as it is crucial for my ongoing treatment and well-being.

Thank you for your consideration. I look forward to your timely response.

Sincerely,  
Your Name