

Letter of Dispute: Occupational Insurance Limitation

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Employer's Name]

[Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Employer's Name],

I am writing to formally dispute the limitations placed on my occupational insurance coverage as outlined in your recent communication dated [date of employer's communication]. I believe that the objections raised regarding my eligibility for full benefits under my current occupational insurance policy are unfounded and warrant further review.

According to the policy documentation, I am eligible for [specific benefits] due to [brief explanation of situation]. However, your letter states that [mention the employer's objections]. I have provided the necessary documentation to support my claim, including [list any relevant documents, e.g., medical records, incident reports].

I respectfully request a reconsideration of my case, as the restrictions placed on my coverage appear to contradict the terms of the policy. I believe a meeting to discuss this matter would be beneficial in resolving the discrepancies.

Please let me know a suitable time for us to discuss this issue further. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for addressing this issue.

Sincerely,

[Your Name]