

Occupational Insurance Limitation Dispute

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Dispute of Occupational Insurance Limitation

Dear [Insurance Company Contact/Claims Adjuster],

I am writing to formally dispute the limitations placed upon my occupational insurance coverage as a part-time worker employed at [Employer's Name]. My policy number is [Insert Policy Number].

On [Insert Date of Claim or Issue], I received notification regarding the limitations of my coverage, which I believe does not adequately reflect my contribution to the insurance policy nor my eligibility as a part-time worker.

According to the terms and conditions provided, part-time workers are eligible for appropriate coverage adjustments based on their working hours and contributions. As a dedicated employee, I have consistently met these criteria and would like to request a thorough review of my case.

I kindly ask for a detailed explanation of the rationale behind these limitations and to reconsider my situation based on the aforementioned terms.

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

Sincerely,

[Your Name]

[Your Job Title, if applicable]