

# Occupational Insurance Limitation Dispute Letter

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Dispute Regarding Occupational Insurance Limitations

Dear [Insurance Company Representative's Name],

I am writing on behalf of the union members regarding the recent limitations placed on our occupational insurance policy, policy number [Insert Policy Number]. We believe these limitations are unjust and do not adequately support the needs of our members.

In particular, we are concerned about the following limitations:

- [Detail limitation 1]
- [Detail limitation 2]
- [Detail limitation 3]

We urge you to reconsider these limitations and provide a solution that ensures full coverage for our members. Please find attached a list of members affected and the details of their circumstances.

We request a meeting to discuss this matter further and hope to resolve it amicably. Please contact me at [Your Phone Number] or [Your Email Address] to set up a convenient time.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Union Name]

[Union Contact Information]