

# Occupational Insurance Limitation Dispute

Date: [Insert Date]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

Subject: Dispute of Limitation on Occupational Insurance Claim - Policy #[Policy Number]

I am writing to formally dispute the limitations placed on my occupational insurance claim regarding my pre-existing condition. The claim was filed on [Insert Claim Filing Date] for [Describe Incident or Illness], and was assessed under the policy terms outlined in my occupational insurance plan.

As per your recent correspondence dated [Insert Date of Correspondence], it has come to my attention that my claim has been limited based on my pre-existing condition of [Describe Condition]. I believe this limitation is not justified based on the following reasons:

- [Reason 1 - Provide specific details and evidence]
- [Reason 2 - Provide specific details and evidence]
- [Reason 3 - Provide specific details and evidence]

Additionally, I have attached all relevant medical records and documentation that support my position regarding the claim. I kindly ask for a thorough review of these documents and a reconsideration of your decision.

Thank you for your attention to this matter. I look forward to your prompt reply and a resolution to my claim. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Policy Number]