

Health Insurance Renewal Details Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Name],

I hope this message finds you well. I am writing to request details regarding the renewal of my health insurance policy, policy number [Your Policy Number], which is due for renewal on [Renewal Date].

Specifically, I would like to inquire about:

- The renewal premium amount
- Any changes to coverage or terms
- Discounts available for early renewal

Your prompt response would be greatly appreciated as it will help me in making an informed decision regarding my health insurance coverage.

Thank you for your attention to this matter.

Sincerely,

[Your Name]