

# Letter of Dispute Resolution

**From:**

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Date]

**To:**

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative's Name],

I am writing to formally dispute the decision regarding my life insurance policy, [Policy Number], issued on [Issue Date]. I believe my claim submitted on [Claim Submission Date] has not been processed in accordance with the terms outlined in the policy.

Specifically, I would like to address the following points:

- [Detail your first point of dispute]
- [Detail your second point of dispute]
- [Detail any additional points if needed]

Attached are copies of all relevant documents supporting my position, including [list any documents you are including].

I kindly request a thorough review of my case and a prompt resolution to this matter. I look forward to your response within [specify a time frame, e.g., 30 days].

Thank you for your attention to this matter.

Sincerely,

[Your Name]