

Health Insurance Dependent Addition Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Insurance Representative's Name],

I am writing to formally request the addition of a dependent to my health insurance plan. Below are the details of the dependent to be added:

- **Name:** [Dependent's Full Name]
- **Date of Birth:** [Dependent's Date of Birth]
- **Relationship:** [Relationship to Insured]
- **Social Security Number:** [Dependent's SSN]

My policy number is [Your Policy Number]. Please let me know if you require any additional information or documentation to process this request.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]