

# Health Insurance Policy Summary Request

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative],

I am writing to request a summary of my health insurance policy. My policy number is [Your Policy Number]. I would appreciate if you could provide me with information regarding the coverage, benefits, and any pertinent details related to my policy.

Please let me know if you require any additional information from my side to process this request. You can reach me at the contact information provided above.

Thank you for your assistance.

Sincerely,

[Your Name]