

Request for Long-Term Care Insurance Claim Assistance

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Claim Adjuster's Name or "Claims Department"],

I am writing to request assistance with my long-term care insurance claim, policy number [Your Policy Number]. Due to [brief explanation of the circumstances, e.g., a medical diagnosis, hospitalization, etc.], I am seeking guidance and support in navigating the claims process.

Specifically, I would appreciate clarification on the following points:

1. [Specific question or concern #1]
2. [Specific question or concern #2]
3. [Specific question or concern #3]

I have attached all relevant documents, including [list documents, e.g., medical records, previous correspondence, etc.], for your review. If there are additional forms or information needed to proceed with my claim, please let me know.

Thank you for your assistance. I look forward to your prompt response to help resolve my claim efficiently.

Sincerely,

[Your Name]