

Long-Term Care Insurance Claim Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Long-Term Care Insurance Claim

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

I am writing to formally request a claim for benefits under my long-term care insurance policy, policy number [Your Policy Number]. I have been receiving long-term care services due to [brief description of condition or reason for care]. As such, I believe I am eligible for benefits as outlined in my policy.

Please find attached the necessary documentation to support my claim, including:

- Proof of care services received
- Invoices from care providers
- Physician's statement regarding my condition
- Any additional relevant documents

I appreciate your attention to this matter and look forward to your prompt response. If you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]