

# Long-Term Care Insurance Claim Update Inquiry

Your Name  
Your Address  
City, State, ZIP Code  
Email Address  
Phone Number  
Date

Claim Department  
Insurance Company Name  
Company Address  
City, State, ZIP Code

Dear Claims Manager,

I am writing to inquire about the status of my long-term care insurance claim (Claim Number: [Your Claim Number]). I submitted my claim on [Submission Date], and I would like to get an update regarding the progress.

In order to assist you in processing my claim effectively, please let me know if additional information or documentation is required from my side.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,  
[Your Name]