

Long-Term Care Insurance Claim Submission

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Claim Submission for Long-Term Care Insurance Policy #[Policy Number]

Dear Claims Department,

I am writing to formally submit a claim for my long-term care insurance policy (Policy Number: [Policy Number]). Due to [briefly describe the reason for the claim, e.g., "a recent hospitalization," "diagnosed chronic condition," etc.], I am seeking benefits as outlined in my policy.

Attached to this letter, you will find the necessary documentation to support my claim, including:

- Completed claim form
- Medical records
- Invoices or receipts for care expenses
- Any other relevant documents

Please confirm receipt of this claim and inform me of any additional information required to expedite the processing. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this claim.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]