

Health Insurance Premium Assessment Appeal

[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's Name],

I am writing to formally appeal the recent assessment of my health insurance premium dated [insert date of assessment]. I believe that the premium amount of [insert assessed amount] is not in alignment with my current situation and the information previously provided.

To support my appeal, I would like to present the following information:

- Reason 1: [Explain reason]
- Reason 2: [Explain reason]
- Reason 3: [Explain reason]

I kindly request a review of my case and a re-evaluation of my health insurance premium. I am happy to provide additional documentation or information if needed.

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

Sincerely,

[Your Name]