

Health Insurance Premium Breakdown Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request a detailed breakdown of the health insurance premiums associated with my policy, [Policy Number], for the policy period of [Start Date] to [End Date].

Specifically, I would like to understand the following:

- Base premium amount
- Any applicable discounts or adjustments
- Breakdown of specific coverage components
- Additional fees or charges if applicable

Thank you for your attention to this matter. I appreciate your assistance in providing the requested information at your earliest convenience.

Sincerely,

[Your Name]