

Health Insurance Premium Discount Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, ZIP Code]

Dear [Insurance Company's Contact Name],

I am writing to formally request a discount on my health insurance premium. My policy number is [Insert Policy Number]. I have been a loyal customer since [Insert Year], and I am grateful for the coverage and service I have received.

Due to [briefly explain your reason for requesting the discount, e.g., changes in financial circumstances, low income, etc.], I am experiencing difficulties in maintaining my current premium payments.

I would greatly appreciate if you could consider my request for a premium discount to ease my financial burden. I am open to discussing this further and providing any necessary documentation to support my application.

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

Sincerely,

[Your Name]