

Health Insurance Premium Reimbursement Request

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Request for Reimbursement of Health Insurance Premium

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request the reimbursement for the health insurance premium that I have paid for the period of [Insert Period].

Details of the premium payment are as follows:

- Insured Individual's Name: [Your Name]
- Policy Number: [Your Policy Number]
- Payment Amount: [Insert Amount]
- Payment Date: [Insert Payment Date]

Attached are the relevant documents, including the payment receipt and policy details, for your reference.

I kindly request you to process this reimbursement at your earliest convenience. If you need any additional information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]