

Inquiry About Supplemental Insurance Claim Processing

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Position]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the status of my supplemental insurance claim submitted on [Insert Submission Date] under policy number [Insert Policy Number].

It has been [Insert Time Duration] since the submission, and I have not yet received any updates regarding the processing of my claim. I would appreciate any information you can provide about the current status and estimated timeline for resolution.

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

Sincerely,

[Your Name]