

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department]

[Company Address]

[City, State, Zip Code]

Subject: Request for Status Update on Supplemental Insurance Claim

Dear Claims Department,

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

It has been [Number of Weeks/Days] since my submission, and I would appreciate any updates regarding the processing of my claim. If any further information is required from my side to expedite the process, please do not hesitate to let me know.

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

Sincerely,

[Your Name]