

Letter of Appeal for Increased Critical Illness Benefits

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally appeal the current decision regarding my critical illness benefits under policy number [Your Policy Number]. I am requesting a review for an increase in the benefits provided.

Since the diagnosis and treatment of my condition [briefly describe your condition], I have faced unexpected medical expenses and financial hardship that far exceed the original coverage limits. In light of these circumstances, I believe that an increase in my critical illness benefits is both justified and necessary.

In support of my appeal, I have enclosed the following documents:

- Medical reports and bills
- Letters from my healthcare providers
- Evidence of expenses incurred
- [Any other relevant documentation]

Thank you for your attention to this matter. I am hopeful for a favorable resolution and look forward to your prompt response. Should you require any additional information or documentation, please do not hesitate to contact me directly.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]