

Request for Critical Illness Coverage Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request an extension of my critical illness coverage under policy number [Insert Policy Number]. Due to [briefly explain reason for request], I believe that extending my coverage is essential for my peace of mind and financial security.

I appreciate the support and services provided by [Insurance Company Name], and I would like to discuss my options regarding this request. Please let me know the necessary steps I need to take to facilitate this extension.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]