

# Appeal for Denied Job Loss Insurance Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Claims Department

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Subject: Appeal for Denied Job Loss Insurance Claim - Claim Number [Insert Claim Number]

Dear Claims Department,

I am writing to formally appeal the recent denial of my job loss insurance claim, referenced above. I was notified on [Insert Denial Date] that my claim was denied due to [Briefly Explain Reason for Denial].

I believe that my claim was unjustly denied for the following reasons: [Insert Reasons or Evidence Supporting Your Claim]. I have attached [list any supporting documents, such as pay stubs, termination letters, etc.] for your review.

Given the circumstances surrounding my job loss, I kindly request that you reassess my claim in light of the information provided. I am hopeful for a favorable resolution and would appreciate your prompt attention to this matter.

Thank you for your consideration. I look forward to your timely response.

Sincerely,

[Your Name]