

# Claim Submission for Job Loss Insurance

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]

Subject: Job Loss Insurance Claim Submission

Dear [Insurance Company Representative's Name],

I am writing to formally submit a claim for my Job Loss Insurance policy, policy number [Insert Policy Number]. I was recently laid off from my position at [Company Name] on [Date of Job Loss]. Due to this unforeseen circumstance, I am seeking the benefits outlined in my insurance agreement.

Attached to this letter, you will find the necessary documentation to support my claim, including:

- A copy of my termination letter.
- Proof of prior employment (pay stubs, W-2 forms, etc.).
- A completed claim form as per your requirements.

Please let me know if any additional information is required to process my claim. I appreciate your attention to this matter, and I look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]