

Life Insurance Denial Appeal Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Subject: Appeal for Denied Life Insurance Claim - Policy # [Insert Policy Number]

Dear [Claims Adjuster's Name or "Claims Department"],

I am writing to formally appeal the denial of my life insurance claim under policy number [Insert Policy Number], which was denied on [Insert Denial Date]. The reason provided for the denial, as stated in your letter dated [Insert Letter Date], was [Insert Reason for Denial].

I respectfully disagree with this decision due to the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

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

- [Document 1]
- [Document 2]
- [Document 3]

I kindly ask that you review my appeal and reconsider the decision based on the information provided. I believe that the claim deserves reconsideration based on the merits of the situation.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]