

Duplicate Coverage Refund Request

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Claims Department or Customer Service]
[Insurance Company Address]
[City, State, ZIP Code]

Dear [Claims Department/Specific Contact Name],

I am writing to formally request a refund for duplicate coverage under my group insurance plan. My policy number is [Your Policy Number], and I have recently realized that I have been paying for duplicate coverage that I do not need.

The specifics of the situation are as follows:

- Group Policy Name/ID: [Group Policy Name/ID]
- Names of covered individuals: [Names]
- Dates of coverage: [Coverage Dates]

I have attached copies of all relevant documents, including policy statements and payment receipts, to support my request. I kindly ask you to review this matter and initiate a refund for the duplicate payment at your earliest convenience.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]