

Request for Duplicate Coverage Refund

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Customer Service],

I am writing to formally request a refund for duplicate health insurance coverage under my student health plan. I have recently discovered that I am covered by two separate health insurance policies for the same period, which has led to an unnecessary duplication of costs.

Details of my insurance coverage are as follows:

- Student ID: [Your Student ID]
- Policy Number 1: [First Policy Number]
- Policy Number 2: [Second Policy Number]
- Coverage Dates: [Start Date] to [End Date]

As a student, managing my finances is crucial, and I kindly request that the appropriate refund be processed for the duplicate coverage that I am currently facing. I have attached relevant documents, including both policy details, proof of payment, and my student enrollment verification for your reference.

Thank you for your prompt attention to this matter. I look forward to your response and the resolution of my refund request.

Sincerely,

[Your Name]