

Letter of Appeal for Reconsideration of Life Insurance Coverage

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Claims Adjuster/Manager's Name],

I am writing to formally appeal the recent decision made regarding my life insurance claim (Policy Number: [Your Policy Number]). I received a notification on [Date of Notification] stating that my coverage was denied due to [reason for denial].

After reviewing my policy and the circumstances surrounding my case, I believe that the decision warrants reconsideration based on the following points:

1. [Point 1: Explanation]
2. [Point 2: Explanation]
3. [Point 3: Explanation]

I have included supporting documentation that outlines my position, including [list any documents, such as medical records, policy documents, etc.]. I kindly request that you review this information and reassess my claim.

Thank you for your attention to this matter. I look forward to your prompt response and a resolution to this appeal.

Sincerely,
[Your Name]