

# Death Benefit Claim Appeal

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

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

Dear [Claim Adjuster's Name],

I am writing to formally appeal the decision regarding the death benefit claim for [Deceased's Name], policy number [Policy Number], which was submitted on [Date of Claim Submission].

I was informed that my claim was denied due to [reason for denial]. However, I would like to provide additional information and clarification regarding this matter. [Briefly explain the reasons for your appeal and any supporting evidence you may have.]

I request that you reevaluate my claim based on the enclosed documents, including [list of any attached documents, if applicable]. It is my hope that we can resolve this matter amicably and fairly.

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

Sincerely,

[Your Name]