

# Death Benefit Claim for Dependent Children

Date: [Insert Date]

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

Subject: Claim for Death Benefit - Policy No. [Insert Policy Number]

Dear [Claims Department/Specific Person's Name],

I am writing to formally submit a claim for the death benefit under the policy mentioned above, following the unfortunate passing of my [relation], [Deceased's Name], who died on [Date of Death].

[Deceased's Name] was the policyholder, and the beneficiaries of this policy are my dependent children, [Children's Names]. As their legal guardian, I am filing this claim on their behalf.

Enclosed are the necessary documents to process this claim:

- Original Death Certificate
- Copy of the Insurance Policy
- Proof of Relationship (e.g., Birth Certificates of Beneficiaries)
- Claim Form (if applicable)

Please process this claim at your earliest convenience. Should you require any further information or documentation, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,  
[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Signature (if sending a hard copy)]