

# Death Benefit Claim Letter

Date: [Insert Date]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Dear [Claims Department/Specific Contact Name],

Subject: Death Benefit Claim for Policy Number [Insert Policy Number]

I, [Your Name], am the executor of the estate of [Deceased's Name], who passed away on [Date of Death]. I am writing to formally claim the death benefit under the above-mentioned policy.

Enclosed with this letter are the following documents to support the claim:

- Original death certificate
- Completed claim form
- Copy of the will and proof of executor status
- Any additional documents required by your company

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 Phone Number]

[Your Email Address]