

Death Benefit Claim Letter

[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]

Subject: Death Benefit Claim for [Deceased's Name]

Dear [Claims Officer's Name],

I am writing to formally submit a claim for the death benefit of my [relationship to the deceased, e.g., father, mother], [Deceased's Name], who passed away on [Date of Death]. The policy number is [Policy Number].

Enclosed are the necessary documents required for processing this claim:

- Copy of the death certificate
- Claim form duly filled
- Policy document
- Proof of identity

Please let me know if you require any further information or documentation to expedite the processing of this claim.

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

Sincerely,

[Your Name]