

Death Benefit Claim Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Death Benefit Claim for Spouse

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for the death benefit associated with the policy number [Policy Number] held by my late spouse, [Spouse's Name], who passed away on [Date of Death].

Enclosed are the necessary documents required to process this claim, including:

- Copy of the death certificate
- Copy of the insurance policy
- Completed claim form
- Proof of identification

As the beneficiary, I respectfully request the processing of this claim at your earliest convenience. If you have any questions or require further information, please do not hesitate to contact me at the phone number or email address listed above.

Thank you for your attention to this matter.

Sincerely,

[Your Name]