

Death Benefit Claim Letter

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Date: [Insert Date]

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

Dear [Claims Department/Specific Name],

I am writing to formally submit a claim for the death benefits under the insurance policy #[Policy Number] for the late [Deceased's Full Name], who passed away on [Date of Death]. As the [Your Relationship to Deceased], I am the rightful claimant for the benefits associated with this policy.

Enclosed please find the following supporting documents for your review:

- Original death certificate
- Completed claim form
- Copy of the insurance policy
- Proof of identity (copy of my ID)
- Any additional documentation as required

I kindly request that you process this claim at your earliest convenience. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information or documentation.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]