

Student Health Insurance Plan Revision

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. My name is [Your Name], and I am a student at [Your University/College Name], currently enrolled in the [Your Program Name]. I am writing to request a revision of my health insurance plan for the academic year [Insert Academic Year].

After reviewing the current policy, I believe that certain aspects of the plan require adjustments to better align with my healthcare needs and to ensure adequate coverage.

Specifically, I would like to address the following points:

- [Point 1: Description]
- [Point 2: Description]
- [Point 3: Description]

I kindly ask for your assistance in revising these aspects of my health insurance plan. I believe these changes would significantly enhance the plan's effectiveness for students like myself.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Student ID]

[Your Contact Information]