

# Student Insurance Policy Change Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally request a change to my current student insurance policy.

Policy Number: [Insert Policy Number]

Current Coverage: [Describe Current Coverage]

Requested Change: [Describe Requested Change]

Due to [reason for change], I believe that this adjustment is necessary to ensure that I am adequately covered. I have attached any relevant documentation to support my application.

I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]