

Student Insurance Policy Modification Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

[Insurance Company Name]

[Insurance 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 modification to my current student insurance policy, policy number [Insert Policy Number]. Due to [briefly explain the reason for the modification, e.g., a change in course load, change in personal circumstances], I believe that a modification is necessary to better suit my current needs.

Specifically, I would like to request the following modifications:

- [Modification detail 1]
- [Modification detail 2]
- [Modification detail 3]

Please let me know if you require any additional information or documentation to process my request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Student ID]