

Application for Adding Dependents

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company/Representative Name],

I am writing to formally request the addition of dependents to my current health insurance policy. Below are the details of my policy and the dependents I wish to add:

Policy Holder Information:

Policy Number: [Insert Policy Number]

Name: [Your Name]

Date of Birth: [Your Date of Birth]

Dependent Information:

1. Name: [Dependent Name]

Date of Birth: [Dependent Date of Birth]

Relationship: [Relationship to Policy Holder]

2. Name: [Dependent Name]

Date of Birth: [Dependent Date of Birth]

Relationship: [Relationship to Policy Holder]

I have attached the necessary documents required for this process, including birth certificates and any other relevant identification.

Please let me know if you require any further information or documentation to process my request. I appreciate your assistance in this matter.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,

[Your Name]