

Notification for Dependent Inclusion

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally notify you of my intention to include the following dependents under my insurance policy [Policy Number]:

- Name: [Dependent Name 1], Relationship: [Relationship]
- Name: [Dependent Name 2], Relationship: [Relationship]

Please find attached the necessary documentation to process this request. I request that this inclusion be effective as of [Effective Date].

If you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Policy Number]