Dependent Coverage Request

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],

I am writing to formally request the addition of my dependent(s) to my current insurance policy. My policy number is [Your Policy Number].

The details of my dependent(s) are as follows:

- Name: [Dependent's Name]
  Date of Birth: [Dependent's DOB]
  Relationship: [Relationship to You]

Attached are the necessary documents for proof of eligibility. Should you require any additional information, please do not hesitate to contact me at the number or email listed above.

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

Sincerely,

[Your Name]