

# Request for Update on Dependent Coverage Status

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 Contact/Customer Service],

I hope this message finds you well. I am writing to request an update on the coverage status of my dependent(s) under my insurance policy, [Policy Number].

Details of the dependent(s) are as follows:

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

It is important for me to confirm their coverage status for planning purposes. Please let me know if any additional information is required to facilitate this request.

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

Sincerely,

[Your Name]