

Life Insurance Benefits 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/Claims Department],

I am writing to formally request the benefits under the life insurance policy of [Deceased's Name], who passed away on [Date of Passing]. The policy number is [Policy Number].

Please find attached the necessary documentation including the death certificate and any other required forms.

If you need any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]