

Subject: Appeal for Extension of Family Health Insurance

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal for an extension of our family health insurance policy, [Policy Number], which is set to expire on [Expiration Date]. Due to [briefly explain reason - e.g., unforeseen circumstances, financial difficulties, medical needs], we are seeking your understanding and support in this matter.

Our family has been reliably covered under your plan for [duration of coverage], and we have greatly appreciated the quality of care provided. Extending our coverage is crucial for us to maintain our health without interruption, especially as [provide additional context or reasons].

We kindly ask you to consider our request for an extension of our policy for [desired duration]. We are committed to continuing our partnership with [Insurance Company Name] and are hopeful for a favorable resolution.

Thank you for your attention to this matter. I look forward to your prompt response. Please feel free to contact me at [your phone number] or [your email address] should you require any more information.

Sincerely,

[Your Name]