

# **Inquiry Regarding Family Coverage Extension**

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 Provider's Name or Customer Service],

I hope this message finds you well. I am writing to inquire about the possibility of extending family coverage under my current insurance plan, policy number [Insert Policy Number]. With the recent changes in our family circumstances, I would like to understand the options available to ensure continued coverage for my dependents.

Could you please provide me with detailed information regarding any required documentation, deadlines, and the process involved in extending the family coverage? Additionally, I would appreciate any information on potential changes in premiums or coverage benefits that may occur as a result of this extension.

Thank you for your assistance. I look forward to your prompt response so that I can ensure my family's health coverage remains uninterrupted.

Sincerely,

[Your Name]