Request for Family Coverage Extension

[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 Provider/Agent's Name],

I hope this message finds you well. I am writing to formally request an extension of my family coverage under my current insurance plan, policy number [Your Policy Number]. Due to [brief explanation of the reason for extension, e.g., "a recent change in our family circumstances"], I seek to ensure that my family continues to receive uninterrupted coverage.

Please let me know the necessary steps I need to take to facilitate this request. I am more than willing to provide any additional information or documentation needed to assist in the review of this situation.

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

Sincerely,

[Your Name]