

Letter of Submission for Family Health 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 Company Contact/Department],

I am writing to formally request an extension of my family's health coverage under policy number [Your Policy Number]. Due to [brief explanation of circumstances necessitating the extension, e.g., job loss, financial hardship, etc.], we find ourselves in need of continued coverage beyond the standard expiration date.

Please find enclosed the necessary documentation supporting our request, including [list any attached documents, e.g., proof of income, letters of termination, etc.]. We greatly appreciate your consideration of our situation and hope to continue our health coverage without interruption.

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

Sincerely,

[Your Name]