

Premium Overpayment Reimbursement Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Claims Department/Specific Contact Name],

I am writing to formally request reimbursement for an overpayment made on my insurance premium. My policy number is [Your Policy Number], and I noticed an excess payment of [Amount Overpaid] made on [Date of Payment].

Upon reviewing my account statements, I believe that the overpayment was due to [brief explanation of the reason for the overpayment, e.g., duplicate payment, billing error]. I have attached copies of relevant documents for your review, including payment receipts and account statements.

I kindly ask that you process this reimbursement at your earliest convenience. If you require any further information or documentation, please feel free to contact me using the details provided above.

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

Sincerely,

[Your Name]

[Your Policy Number]