

Subject: Request for Issuance of Second Insurance Card

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date: [Insert Date]

[Insurance Company Name]
[Insurance Company Address]
City, State, Zip Code

Dear [Insurance Company Representative's Name],

I am writing to formally appeal for the issuance of a second insurance card for my account (Policy Number: [Your Policy Number]). Due to [brief explanation of the reason, e.g., "the loss of my original card" or "the need to provide coverage for my dependent"], I require an additional card to ensure uninterrupted access to services.

My details are as follows:

- Name: [Your Name]
- Policy Number: [Your Policy Number]
- Date of Birth: [Your DOB]

I kindly ask you to process this request at your earliest convenience. Please let me know if any additional information is required. Thank you for your prompt attention to this matter.

Sincerely,
[Your Name]