

Application for Duplicate Health Insurance Card

Date: [Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Contact Person's Name or "Claims Department"],

I am writing to request a duplicate of my health insurance card. My name is [Your Name], and my policy number is [Policy Number]. Unfortunately, I have lost my original card and require a replacement for my records and to access medical services.

Attached to this letter are copies of my identification and any other required documents to process my request.

Thank you for your attention to this matter. I look forward to receiving my duplicate health insurance card at your earliest convenience.

Sincerely,

[Your Name]