

Request for Duplicate Coverage Card

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact],

I am writing to formally request a duplicate coverage card for my insurance policy.

Policy Number: [Insert Policy Number]

Unfortunately, I have misplaced my original card and need a replacement for my records and to ensure continued access to my benefits.

I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this request.

Sincerely,

[Your Signature]

[Your Printed Name]