

Notice of Request for Dental Policy Benefit Increase

Date: [Insert Date]

To Whom It May Concern,

I hope this message finds you well. I am writing to formally request an increase in the benefits under my current dental policy, Policy Number: [Insert Policy Number].

Given the rising costs associated with dental care and the importance of maintaining optimal oral health, I believe an increase in coverage is essential for ensuring that my dental needs are met adequately.

Additionally, I have noticed that advancements in dental procedures and treatments often require greater financial support. An adjustment to my policy would greatly assist in managing these future expenses.

I request a review of my current benefits and would appreciate any guidance on the process to consider this increase.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]