

Premium Tax Refund Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/ Department],

I am writing to formally request a refund of the premium tax associated with my health insurance policy (Policy Number: [Your Policy Number]).

As per the recent changes in my circumstances, I believe I am eligible for a refund due to [brief reason for refund request]. I have included all necessary documentation to support my claim.

Details of the tax premium charged:

- Coverage Period: [Start Date] to [End Date]
- Total Premium Paid: [Amount]
- Expected Refund Amount: [Amount]

I kindly request a thorough review of my claim and look forward to your prompt response regarding the next steps. Thank you for your attention to this matter.

Sincerely,

[Your Name]