

Dependents Insurance Coverage Claim Form Request

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 Name],

I am writing to request the claim form for dependents insurance coverage for my [relationship to dependent, e.g., spouse, child]. Please find my policy details below:

Policy Number: [Insert Policy Number]

Insured Name: [Insert Your Name]

Please let me know if any additional information is required. I appreciate your prompt attention to this matter and look forward to receiving the necessary forms.

Thank you.

Sincerely,

[Your Name]