

Insurance Coverage Confirmation for Dependents

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to confirm the insurance coverage for my dependents as part of my policy with [Insurance Company Name]. Below are the details regarding the coverage:

- **Policy Number:** [Insert Policy Number]
- **Dependents Covered:** [List Dependents' Names]
- **Coverage Period:** [Insert Coverage Period]
- **Type of Coverage:** [Describe Type of Coverage]

If you require any additional information or documentation, please do not hesitate to contact me.
Thank you for your attention to this matter.

Sincerely,

[Your Name]