

Letter of Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Revised Coverage Initiation Date

Dear [Insurance Representative's Name or "Claims Department"],

I am writing to formally appeal the initiation date of my coverage under policy number [Insert Policy Number]. My coverage was initially set to begin on [Insert Original Initiation Date], but I believe that this date should be revised to [Insert Requested Initiation Date] due to [briefly explain the reason for your request, e.g., delays, errors, etc.].

According to the documentation I have provided, [include any supporting information or documentation that reinforces your request]. I hope this evidence illustrates the basis for my appeal and facilitates a favorable review of my case.

Thank you for your attention to this matter. I appreciate your timely consideration of my appeal and look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]