

Request to Renew Health Insurance Policy

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the renewal of my health insurance policy, policy number [Policy Number], which is set to expire on [Expiration Date]. I would like to ensure that there is no lapse in my coverage and to continue receiving the benefits provided by this policy.

Over the past year, I have greatly appreciated the support and services offered by [Insurance Company Name]. I am keen to maintain my coverage and explore any available options for policy adjustments or improvements.

Please let me know the necessary steps I need to take to complete the renewal process and if there are any documents or information needed from my side.

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

Sincerely,
[Your Name]