

Letter of Appeal for Health Insurance Renewal Terms

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 Representative's Name],

I hope this message finds you well. I am writing to formally appeal the proposed terms for the renewal of my health insurance policy (Policy Number: [Your Policy Number]). After reviewing the renewal terms, I have some concerns that I would like to address.

Firstly, I would like to express my satisfaction with the coverage I have received during the past year. However, the new premium increase and changes in coverage options are concerning for my current financial situation.

I kindly request a reconsideration of the renewal terms, particularly regarding the premium increase. My circumstances [briefly describe any relevant changes in circumstances] have made it difficult for me to afford the proposed rates.

I appreciate your attention to this matter and look forward to your prompt response. I am hopeful that we can come to an agreeable resolution.

Thank you for your understanding.

Sincerely,

[Your Name]