

Request for Assistance

Date: [Your Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request assistance with enrolling in a health insurance plan. Due to [brief reason for needing assistance, e.g., recent life changes, complexity of options, etc.], I am finding it challenging to navigate the enrollment process.

Could you please provide guidance or refer me to someone who can assist me in understanding my options and completing the enrollment? I would greatly appreciate any support or resources you could offer.

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

Sincerely,

[Your Name]