

Request for Health Insurance Information

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Customer Service],

I am writing to request detailed information regarding my health insurance policy (Policy No: [Your Policy Number]). I would like to obtain clarification on the following:

- Coverage details
- Premium amounts and payment options
- Claim process and required documentation

Please send the requested information to my address listed above or via email at [Your Email Address]. Thank you for your attention to this matter.

Sincerely,

[Your Name]