

Insurance Claim Dispute Resolution

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: Dispute of Life Insurance Claim - Policy No: [Insert Policy Number]

Dear [Claim Adjuster's Name or Insurance Company],

I am writing to formally dispute the recent claim decision regarding policy number [insert policy number] submitted on [insert date of claim submission]. I received notification on [insert date of notification] indicating that my claim was denied due to [insert reason provided by the insurer].

After reviewing the policy details and the circumstances surrounding the claim, I believe that the denial is unfounded. According to the policy terms, [insert relevant policy provisions or arguments that support your position].

I have included copies of all relevant documents including [list of documents you are including, e.g., the death certificate, policy documents, correspondence, etc.].

I kindly request a thorough review of my case in light of the information provided. Please reach out to me at your earliest convenience should you need any additional information or clarification.

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

Sincerely,

[Your Name]