

Health Insurance Eligibility Inquiry

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, ZIP Code]

Dear [Insurance Representative's Name],

I hope this letter finds you well. I am writing to inquire about my eligibility for health insurance coverage under [specific plan name or policy number, if applicable]. I would like to understand the criteria and process involved in determining my eligibility.

Please provide me with the necessary information regarding my eligibility, including any documentation that may be required. Additionally, if there are any deadlines or specific steps I need to follow, I would appreciate your guidance.

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

Sincerely,

[Your Name]