

Health Benefits Renewal Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally request the renewal of my health benefits. My current policy (Policy Number: [Insert Policy Number]) is set to expire on [Insert Expiration Date]. I would like to ensure continuous coverage without any interruptions.

Please find attached all necessary documents supporting my application for renewal, including:

- Proof of income
- Previous benefit statements
- Any required medical documents

I appreciate your attention to this matter and look forward to your prompt response. Should you require any further information, please do not hesitate to contact me at the email or phone number provided above.

Thank you for your assistance.

Sincerely,

[Your Name]