

Request for Student Health Insurance Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Insurance Provider/School Office Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this letter finds you well. My name is [Your Name], and I am a student at [Your School Name], currently enrolled in [your program/year]. I am writing to formally request enrollment in the student health insurance coverage offered by the institution.

As a student, I understand the importance of having proper health insurance to ensure that I can focus on my studies without the added concern of unexpected medical expenses. I have reviewed the insurance plan and believe it fits my needs well.

Please let me know the necessary steps to complete my enrollment and any forms or documentation that I need to provide. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Student ID (if applicable)]