

# Claim Submission for Credit Card Life Insurance

Date: [Insert Date]

Your Name: [Insert Your Name]

Your Address: [Insert Your Address]

City, State, Zip Code: [Insert City, State, Zip]

Email Address: [Insert Your Email]

Phone Number: [Insert Your Phone Number]

**To: [Insurance Company Name]**

Claims Department

[Insurance Company Address]

[City, State, Zip Code]

**Subject: Life Insurance Claim Submission**

Dear Claims Department,

I am writing to formally submit a claim for the life insurance coverage associated with my credit card account. Please find the relevant details outlined below:

- **Policy/Account Number:** [Insert Policy/Account Number]
- **Cardholder Name:** [Insert Your Name]
- **Date of Incident:** [Insert Date of Incident]
- **Reason for Claim:** [Insert Reason for Claim]

Enclosed, you will find the required documentation to support my claim, including:

- Copy of the death certificate
- Proof of identity
- Any additional relevant documents

Please process this claim at your earliest convenience. If you require any further information, feel free to contact me via the information provided above.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if mailing a hard copy)]

[Your Printed Name]