

Life Insurance Claim Dispute

Your Name

Your Address
City, State, ZIP Code
Email Address
Phone Number
Date: [Insert Date]

Insurance Company Name

Claims Department
Company Address
City, State, ZIP Code

Dear [Claims Adjuster's Name],

Subject: Dispute of Life Insurance Claim - Policy Number [Insert Policy Number]

I am writing to formally dispute the denial of my life insurance claim regarding the above-referenced policy. On [insert date of claim denial], I received a letter stating that my claim was denied due to [insert reason given by the insurance company].

I believe this decision is unjustified because [insert your reasoning and any supporting information]. I have attached additional documentation to support my position, including [list documents, e.g., death certificate, medical records, etc.].

I kindly request that you review my case and reconsider the claim in light of the provided information. I would appreciate a prompt response to this matter. If needed, I am available for a discussion at your convenience.

Thank you for your attention to this important matter.

Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]

Attachments: [List attachments]