

Insurance Claim Dispute Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

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

Dear [Claims Adjuster's Name or Appropriate Department],

I am writing to formally dispute the denial of the life insurance benefits for the claim submitted on [Date of Claim Submission] for the policy referenced above. I received your notification of denial dated [Date of Denial Letter], and I believe this decision to be unjustified for the following reasons:

[Outline your reasons for disputing the denial in detail, including any supporting evidence or documentation that reinforces your claim.]

In light of the information provided, I respectfully request a thorough review of my case. Attached please find copies of [list documents such as the policy, claim forms, and any other pertinent documents].

I hope we can reach a resolution promptly. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]