

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Recipient Name
Company/Organization Name
Address
City, State, Zip Code

Dear [Recipient Name],

I am writing to formally request an extension of the grace period for my health insurance policy (Policy Number: [Your Policy Number]). Due to [brief explanation of circumstances causing the request, e.g., financial hardship, medical issues], I am currently unable to meet the payment deadline.

As a loyal policyholder with [Insurance Company Name], I understand the importance of maintaining my coverage, and I am committed to resolving this matter as quickly as possible. Therefore, I kindly request an extension of the grace period for an additional [number of days/weeks].

I appreciate your consideration of my request and I am hopeful for a favorable response. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your attention to this matter.

Sincerely,
[Your Name]