

# Letter of Appeal for Insurance Premium Waiver

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Date]

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Subject: Appeal for Insurance Premium Waiver

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally request a waiver for my insurance premium due to significant medical expenses that I have recently incurred. My policy number is [Your Policy Number].

Over the past few months, I have faced unforeseen medical challenges, including [brief description of medical condition and treatment]. As a result, my medical costs have significantly exceeded my budget, causing financial strain.

Given these circumstances, I kindly ask for your consideration in waiving my upcoming insurance premiums. This support would greatly assist me during this difficult time and ensure that I can maintain my coverage while managing my medical expenses.

Attached are the relevant medical documents and bills for your reference. I appreciate your understanding and support regarding this matter, and I look forward to your prompt response.

Thank you for your attention to this request.

Sincerely,  
[Your Name]