

[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 Life Insurance Premium Waiver Due to Critical Illness

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally appeal for a waiver of my life insurance premiums due to a critical illness diagnosis. My policy number is [Policy Number].

Unfortunately, I have been diagnosed with [Specify Illness], which has resulted in significant medical expenses and has impacted my financial situation. Given these circumstances, I kindly request a waiver for my ongoing insurance premiums during this challenging time.

I have attached relevant medical documentation from my healthcare provider to support my request. I would greatly appreciate your prompt attention to this appeal, as it is crucial for me to maintain my coverage during my recovery.

Thank you for considering my appeal. I look forward to your positive response.

Sincerely,

[Your Name]