

# Application for Insurance Premium Waiver

Date: [Insert Date]

To,

The Insurance Manager,  
[Insurance Company Name]  
[Company Address]  
[City, State, ZIP Code]

Subject: Application for Waiver of Insurance Premium

Dear Sir/Madam,

I, [Your Name], a student of [Your Institution's Name] enrolled in [Your Course/Program], am writing to formally request a waiver for my insurance premium for the academic year [Insert Year].

As a full-time student, I am currently facing financial constraints due to [briefly explain your situation, e.g., loss of income, increased tuition fees, etc.]. I have been a policyholder since [Insert Policy Start Date], and my policy number is [Insert Policy Number].

Given my current circumstances, I kindly request that you consider my application for a waiver of the insurance premium for this term. I have attached [mention any supporting documents like proof of income, financial aid letters, etc.].

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

Yours faithfully,  
[Your Name]  
[Your Contact Information]  
[Your Student ID] (if applicable)