

# Insurance Premium Waiver Request

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: Request for Insurance Premium Waiver Due to Disability Status**

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally request a waiver of my insurance premiums due to my current disability status.

Policy Number: [Insert Policy Number]

I have been diagnosed with [brief description of disability] and have attached documentation from my healthcare provider to support my request.

Given my circumstances, I kindly ask that you consider my request for a premium waiver under the [specific clause or provision in your policy, if applicable] of my policy.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]