

Request for Insurance Premium Waiver

Date: [Insert Date]

To,
[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

Subject: Request for Waiver of Insurance Premium

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally request a waiver of the insurance premiums for my policy, [Policy Number], due to my current status as a senior citizen.

I have been a policyholder since [Year], and I have always made timely payments. However, due to the financial challenges that often accompany aging, I am seeking your assistance in waiving my insurance premiums.

I would greatly appreciate your understanding and support in these trying times, allowing me to maintain my coverage without the financial burden of premium payments.

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

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