

Request for Insurance Premium Waiver

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]

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 unforeseen financial hardship. My policy number is [Your Policy Number].

Due to [briefly explain your situation, e.g., job loss, medical emergencies, etc.], I am currently facing difficulties in meeting my financial obligations. It has become increasingly challenging to keep up with my insurance payments, which I regard as essential for my family's security.

I kindly ask you to consider my request for a premium waiver during this challenging time. I am committed to resuming my payments as soon as my financial situation improves. Supporting documents that outline my financial hardship are enclosed for your review.

Thank you for considering my request. I look forward to your understanding and support. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information.

Sincerely,

[Your Name]