

# Request for Temporary Insurance Premium Waiver

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Department],

I hope this message finds you well. I am writing to formally request a temporary waiver of my insurance premium due to the financial hardships caused by the ongoing pandemic.

My policy number is [your policy number]. Since the onset of the pandemic, I have experienced [briefly describe your situation, e.g., job loss, reduced income], which has impacted my ability to meet my financial obligations, including my insurance premium.

I kindly ask for your understanding during this challenging time and request a waiver of my premium payments for [specify the duration, e.g., three months]. I assure you that I will resume my payments as soon as my circumstances improve.

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

Sincerely,

[Your Name]