

Insurance Assistance Program Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to apply for assistance through the Insurance Assistance Program designed for seniors. As a senior citizen facing financial challenges, I am seeking support to help manage my healthcare expenses.

My details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your Birth Date]
- Current Insurance Provider: [Your Insurance Provider]
- Policy Number: [Your Policy Number]

The rising costs of medical care have significantly impacted my ability to pay for necessary treatments and prescriptions. Enclosed are relevant documents, including my current financial statement and medical records, to support my application.

Thank you for considering my application. I hope for a positive response so that I can continue to receive the medical care I need.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]