

Inquiry Regarding Eligibility Criteria for Insurance Assistance Program

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Insurance Assistance Program Name]

[Organization's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to inquire about the eligibility criteria for the Insurance Assistance Program offered by your organization. I am interested in understanding what requirements must be met to qualify for assistance, as well as any necessary documentation that may be needed for the application process.

Additionally, I would appreciate any information regarding the application timeline and any specific conditions that may affect eligibility, such as income limits or residency requirements.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]