

Request for Expedited Processing

Date: [Insert Date]

To: [Insurance Company Name]

Attn: [Department/Contact Person]

Address: [Insurance Company Address]

Dear [Contact Person's Name],

I am writing to request expedited processing of my application for the insurance assistance program under policy number [Insert Policy Number]. Due to [briefly explain your urgent situation, e.g., financial hardship, medical emergency], I am in need of prompt assistance.

As supporting documentation, I have included [list any attached documents, such as medical bills, financial statements, etc.]. These documents illustrate the urgency of my situation and my need for immediate support.

I would greatly appreciate your attention to this matter and any assistance you can provide to expedite the processing of my request. Please feel free to contact me directly at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your timely consideration of my request.

Sincerely,

[Your Full Name]

[Your Address]

[Your Phone Number]

[Your Email Address]