

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally request an extension of the payment terms for my insurance policy number [Your Policy Number]. Due to [brief explanation of your circumstances, e.g., financial hardship, unexpected medical expenses], I am currently facing challenges that make it difficult for me to meet the original payment schedule.

To maintain my coverage and ensure continued protection, I am kindly asking if you could consider extending my payment deadline to [proposed new deadline] or offer an alternative solution that would allow me to manage my payments more effectively.

I appreciate your understanding and support during this time. Please let me know if you need any documentation or further information to process this request.

Thank you for your attention to this matter. I look forward to your favorable response.

Sincerely,

[Your Name]