

Proposal for Modified Insurance Payment Schedule

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Proposal for Modified Insurance Payment Schedule

Dear [Recipient Name],

I hope this message finds you well. I am writing to propose a modification to my current insurance payment schedule due to [reason for modification, e.g., financial hardship, loss of employment, etc.].

Currently, my insurance policy number is [Policy Number], and I am scheduled to make payments of [Current Payment Amount] on [Current Payment Schedule]. I would like to propose the following modified payment schedule:

- New Payment Amount: [Proposed Payment Amount]
- Payment Frequency: [e.g., monthly, quarterly]
- Proposed Start Date: [Start Date]
- Duration of Modified Schedule: [Duration]

I believe this adjusted schedule will allow me to maintain my insurance coverage while also managing my current financial situation more effectively. I am committed to fulfilling my financial obligations and appreciate your consideration of this request.

I would be grateful if we could discuss this proposal further. Please feel free to contact me at [Your Phone Number] or [Your Email Address] at your earliest convenience.

Thank you for your attention to this matter, and I look forward to your positive response.

Sincerely,

[Your Name]