

Letter of Submission for Insurance Payment Plan Change

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request a change to my current insurance payment plan for policy number [Insert Policy Number].

Due to [brief reason for the request, e.g., financial hardship, change in circumstances], I am unable to maintain my existing payment structure. I would like to propose [insert proposed changes, e.g., a different payment schedule, a lower monthly amount].

I believe that this adjustment will allow me to continue my coverage without interruption. I appreciate your understanding and consideration of my request.

Attached to this letter are any necessary documents that support my request. Please let me know if you need any further information.

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

Sincerely,

[Your Name]