

Application for Short-Term Health Insurance

Date: [Insert Date]

To,

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Agent's Name],

I am writing to apply for short-term health insurance coverage. My name is [Your Name], and I currently reside at [Your Address]. I am seeking temporary health insurance due to [reason for needing short-term insurance, e.g., job transition, school enrollment, etc.].

I would like to inquire about the options available to me, including coverage details, premiums, and any exclusions that may apply. Additionally, I would appreciate any information regarding the application process and required documents.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Your Phone Number]

[Your Email Address]