

Request for Supplemental Health Benefits

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request consideration for supplemental health benefits under my current health insurance policy (Policy Number: [Insert Policy Number]).

Due to [briefly explain your reasons, e.g., medical circumstances, recent expenses, or changes in health], I believe additional support would greatly assist me in managing my healthcare needs more effectively.

I would appreciate it if you could provide information regarding the process of applying for these supplemental benefits, as well as any necessary documentation that I may need to submit.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]