

Letter of Request for Temporary Health Coverage Enrollment

Date: [Insert Date]

[Your Name] [Your Address] [City, State, Zip Code] [Email Address] [Phone Number]

[Insurance Company Name] [Insurance Company Address] [City, State, Zip Code]

Dear [Insurance Company Representative],

I am writing to formally request enrollment in temporary health coverage. Due to [insert reason, e.g., a recent job loss, a transition between health plans, etc.], I find myself in need of immediate health insurance coverage.

My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Current Address: [Your Current Address]
- Policy Number (if applicable): [Your Policy Number]

Given the circumstances, I would greatly appreciate your assistance in enrolling me in temporary coverage as soon as possible. If you require any additional information or documentation to process my request, please do not hesitate to contact me at [Your Phone Number] or via email at [Your Email Address].

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]