

Interim Health Coverage Submission

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally submit my application for interim health coverage. Due to [briefly explain reason for request, e.g., change in employment, gap in coverage], I require immediate health coverage during this period.

Enclosed with this letter are the necessary documents, including:

- [Document 1]
- [Document 2]
- [Document 3]

I appreciate your prompt attention to this matter and look forward to your confirmation of my interim health coverage. If you need any further information, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

[Your Name]