

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

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

Subject: Life Insurance Claim - [Policy Number]

Dear [Claims Department/Specific Recipient's Name],
I am writing to formally submit a claim under the life insurance policy held by [Policyholder's Name], who was my [relationship to the policyholder]. The policy number is [Policy Number].

[Provide a brief explanation of the circumstances surrounding the claim, including the date of the policyholder's passing and any relevant details.]

Attached to this letter are the necessary documents required for processing the claim, including:

1. A certified copy of the death certificate
2. Completed claim form
3. Any additional documentation as needed (e.g., medical records, policy documents)

Please let me know if you require further information to facilitate the processing of this claim. I look forward to your prompt response regarding this matter.

Thank you for your attention to this claim.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Your Relationship to the Deceased]