

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

[Recipient Name]
[Recipient Title]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Subject: Justification of Benefits Denial - [Claim Number/Policy Number]
Dear [Recipient Name],

I am writing to formally address the denial of benefits related to [specific claim or benefit], as communicated in your letter dated [date of denial letter].

[Paragraph explaining the claim or benefit in question, including relevant dates and details. Mention why the benefits were expected, and any supporting information or documentation that was submitted.]

I understand that the denial was based on [briefly state the reason for denial as mentioned in their letter]. However, I believe there are valid grounds for reconsideration based on the following points:

1. [Point 1: Provide a detailed explanation or evidence that counters the reason for denial.]
2. [Point 2: Include any additional supporting information or documentation that supports your case.]
3. [Point 3: Mention any relevant policies, laws, or regulations that may apply.]

I respectfully request a thorough review of my case, as I am confident that the additional information provided will support the approval of the benefits.

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]
[Your Title/Position (if applicable)]
[Your Claim/Policy Number]