

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

[Recipient's Name]
[Recipient's Position]
[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

Subject: No Objection Certificate for Health Insurance

Dear [Recipient's Name],

I, [Your Full Name], son/daughter of [Parent's Name], residing at [Your Address], hereby declare that I have no objection to the issuance of a health insurance policy in favor of [Insured Person's Name], who is [relationship to you, e.g., my spouse, my child, etc.].

This certificate is issued upon the request of [Insured Person's Name] for the purpose of [state purpose, e.g., obtaining health insurance coverage]. I confirm that I do not have any objections regarding the processing and approval of the health insurance policy.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further information or clarification required.

Thank you.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]