

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

Subject: Insurance Request for NVDA Coverage

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request insurance coverage for my NVDA (Non-Visual Desktop Access) software. As a visually impaired individual, this software is essential for my daily activities and productivity.

Details of the request are as follows:

- **Policyholder Name:** [Your Name]
- **Policy Number:** [Your Policy Number]
- **Type of Coverage Requested:** NVDA Software

I have attached relevant documentation, including proof of purchase and medical records, to support my request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]