

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

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

Subject: Life Insurance Claim - [Policy Number]

Dear [Claims Adjuster's Name/Claims Department],

I am writing to formally submit a claim for the life insurance policy held by [Deceased's Name], under policy number [Policy Number].

[Provide a brief explanation of the situation, including the date of death, cause of death, and any relevant details.]

Enclosed, please find the following documents to support my claim:

1. A certified copy of the death certificate
2. A completed claim form
3. Any additional relevant documents (e.g., medical records, proof of identity)

I kindly request that you process this claim at your earliest convenience. Please feel free to contact me via phone or email if you require any further information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Relationship to the Deceased]