

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

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

Subject: Appeal for Life Insurance Claim Denial - Policy #[Policy Number]

Dear [Claims Adjuster's Name or Appeals Committee],

I hope this letter finds you well. I am writing to formally appeal the denial of my life insurance claim under Policy #[Policy Number], related to the passing of [Insured Person's Name] on [Date of Death].

Upon reviewing the denial letter dated [Date of Denial], I would like to provide additional information and clarification regarding [specific reasons mentioned in the denial].

[Insert detailed explanation of why the claim should be approved, including any additional evidence or documentation that supports your appeal.]

I kindly request that you reevaluate this claim with the additional information provided. I believe this clarification will demonstrate that the claim meets the policy's requirements.

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]
[Relationship to the Insured]
[Policyholder's Name (if different from yours)]