



Your name
Your Address
Your City, State, Zip Code

Today's Date

Insurance Company Name
Address
City, State, Zip Code
Attention: Claims Department

Regarding: _____
(Deceased's Name)

Policy Number: _____

To Whom It May Concern:

I am writing to inform you of the death of my _____, on
_____. I have enclosed a copy of the death certificate. The policy is
held in the deceased's name and social security number _____.

Please contact me to discuss the current benefits, as well as any outstanding premiums that may
be due or to be refunded. I can be reached at the address listed above or by telephone at
_____.

Thank you for your assistance in this matter.

Sincerely,

Sample only

(Your Name)