
(Date of Letter)

(Insurance Company Name)

(Claims Department)

(Street Address)

(City, State and Zip Code)

RE:

(Name of Insured)

(Claim Number)

(Date of Loss)

(Death Claim)

Dear Claims Adjuster:

On the ____ day of _____ (month/year), the loss of life occurred to _____ (name of decedent) as a result of

(cause of death). The decedent was ____ years of age at the time of death, and a certified copy of the death certificate is enclosed for your information and file. The above-referenced policy was in effect at the time of death. The policy of insurance, as above-referenced, was issued in the name of _____ (name of insured) by and through your company or one of its subsidiaries identified as _____ (name of insurer). A claim arises pursuant to said policy by virtue of the following (circle appropriate item):

1. LIFE INSURANCE DEATH BENEFIT, WHOLE LIFE:

2. _____
LIFE INSURANCE DEATH BENEFIT, COMBINATION POLICY:

3. _____
LIFE INSURANCE DEATH BENEFIT, TERM POLICY:

4. _____
LIFE INSURANCE DEATH BENEFIT, GROUP POLICY:

5. _____
ANNUITY BENEFITS:

6. _____
RETIREMENT POLICY BENEFITS:

7. _____
THIRD PARTY CLAIM:

8. _____
OTHER: (Specify)

Kindly acknowledge to the undersigned receipt of this Notice of Loss, and kindly initiate file process and claim proceedings. Once confirmation of the foregoing is acknowledged by your office, a copy of the policy and details relating to the claims made thereunder may be directed to you. Additional information relating to any pending estate matters will also be provided when appropriate and upon request.

Should there be any concerns which you may have relative to the coverage or the policy, kindly address those to the undersigned. Your courteous response will be most appreciated. Thank you.

Very truly yours,

(Signature)

(Address)

(City, State and Zip Code)

(Phone Number)

LAWCHEK, LTD. LETTER PRO Samples, Copyright 2000

This is not a substitute for legal advice. An attorney must be consulted.