Date: [Insert Date]

To: [Beneficiary Name]
[Beneficiary Address]
[City, State, Zip Code]

Subject: Instructions for Filing a Life Insurance Claim

Dear [Beneficiary Name],

Please accept our condolences for your loss. As a named beneficiary of the life insurance policy for [Deceased Name], we are providing you with the necessary steps to initiate the claim process.

Policy Information:

- **Insurance Company:** [Company Name]
- **Policy Number:** [Policy Number]
- **Insured Person:** [Deceased Full Name]

Required Documentation:
To process the claim, the insurance company typically requires the following documents:

1. **Certified Death Certificate:** An original certified copy (not a photocopy).
2. **Claim Form:** Also known as a "Statement of Beneficiary," which is attached to this letter.
3. **Policy Document:** The original insurance policy (if available).
4. **Identification:** A copy of your valid government-issued photo ID.

Submission Instructions:

Please mail the completed claim form and supporting documents to the address below:

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

Contact Information:
If you have any questions regarding the forms or the process, please contact the claims department at [Phone Number] or visit their website at [Website URL].

Sincerely,

[Your Name/Executor Name]
[Your Title/Relationship]
[Your Phone Number]