

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

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

RE: Claim Status Update and Submission of Death Certificate

Policy Number: [Policy Number]

Insured Name: [Full Name of Deceased]

Dear Claims Department,

I am writing to request an update on the status of the life insurance benefit claim for the above-referenced policy. As the designated beneficiary, I would like to ensure that all necessary steps are being taken to process this claim.

Please find attached the certified copy of the death certificate for [Full Name of Deceased], as previously requested or required for your records.

If there are any additional forms, documents, or information needed to finalize this claim, please let me know at your earliest convenience. Otherwise, please provide an estimated timeline for when the benefit payout will be issued.

Thank you for your assistance and prompt attention to this matter. I look forward to hearing from you soon.

Sincerely,

[Your Signature]

[Your Printed Name]