

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

[Date]

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

RE: Life Insurance Claim Settlement

Policy Number: [Policy Number]

Insured Name: [Full Name of Deceased]

Date of Death: [Date of Death]

To the Claims Department,

I am writing to formally request the final claim settlement for the life insurance policy mentioned above. I am the designated beneficiary of this policy.

Enclosed please find the following documents required to process this claim:

- Completed and signed Claim Form
- Certified copy of the Death Certificate
- Original Insurance Policy (if available)
- Copy of my Government-issued Photo Identification

Regarding the payment of the death benefit, I would prefer to receive the funds via: [Check / Direct Deposit / Other Method].

If you require any additional information or documentation to finalize this claim, please contact me immediately at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]