

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

[Date]

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

Subject: Request for Replacement of Lost Health Insurance Policy Document

Dear Customer Service Team,

I am writing to formally request a replacement copy of my health insurance policy document. Unfortunately, the original document has been lost or misplaced.

My policy details are as follows:

- **Policyholder Name:** [Your Full Name]
- **Policy Number:** [Your Policy Number]
- **Date of Birth:** [Your Date of Birth]

Please send the duplicate policy document to my registered mailing address listed above. If there is an option to receive a digital copy via email, please send it to: [Your Email Address].

Please let me know if there are any administrative fees associated with this request or if any additional forms need to be signed to complete this process.

Thank you for your prompt assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]