

[Date]

[Beneficiary Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Claim Investigation

Insured Name: [Name of Deceased]

Policy Number: [Policy Number]

Claim Number: [Claim Number]

Dear [Beneficiary Name],

We have received your claim for the life insurance proceeds regarding the policy of [Name of Deceased]. Please accept our condolences for your loss.

This letter is to inform you that we are currently initiating a formal investigation into this claim. As part of our standard review process, we must verify all facts surrounding the policy application and the cause of death. This process is necessary because [mention reason, e.g., the policy was issued within the two-year contestability period / the nature of the death requires further documentation].

To assist us in this review, we require the following additional information:

- [Required Document 1, e.g., Certified Death Certificate]
- [Required Document 2, e.g., HIPAA Authorization for Medical Records]
- [Required Document 3, e.g., Completed Claimant Statement]

Please return these documents to our office by [Deadline Date] to ensure a timely review. Once we have received and evaluated all necessary information, we will notify you in writing of our decision regarding the benefit payment.

The commencement of this investigation does not imply a denial of the claim. We are simply fulfilling our obligation to ensure all policy terms and conditions have been met.

If you have any questions, please contact the Claims Department at [Phone Number] or [Email Address].

Sincerely,

[Representative Name]

[Title]

[Insurance Company Name]