

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

[Date]

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

RE: Approval of Life Insurance Claim

Insured Name: [Name of Deceased]

Policy Number: [Policy Number]

Claim Number: [Claim Number]

Dear [Beneficiary Name],

Please accept our deepest condolences for your loss. We are writing to inform you that your claim for the life insurance benefits of [Name of Deceased] has been reviewed and approved.

The total payment amount has been calculated as follows:

- Base Death Benefit: \$[Amount]
- Accrued Interest (if applicable): \$[Amount]
- Other Adjustments: \$[Amount]
- **Total Payment Issued: \$[Total Amount]**

Payment Issuance Details:

The payment has been issued via [Check / Electronic Funds Transfer] on [Date]. [If check: Please allow 5-7 business days for delivery. / If EFT: Please allow 2-3 business days for the funds to reflect in your account.]

Enclosed with this letter, you will find [a summary of benefits / an explanation of interest calculations]. Please keep this document for your records as it may be needed for tax purposes.

If you have any questions regarding this payment or require further assistance, please contact our Claims Department at [Phone Number] between [Hours of Operation].

Sincerely,

[Signature]
[Name of Representative]
[Title]
[Company Name]