

Date: [Insert Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Benefit Payout Breakdown - Policy #[Insert Policy Number]

Dear [Policyholder Name],

This letter provides a detailed breakdown of the supplemental insurance benefit payment issued for your recent claim. This payout is based on the terms of your [Insert Plan Type, e.g., Accident/Critical Illness] coverage.

Claim Information:

- **Claim Number:** [Insert Claim Number]
- **Date of Service/Incident:** [Insert Date]
- **Provider/Facility:** [Insert Name]

Payout Breakdown:

Benefit Category	Description	Amount Paid
[Benefit Name 1]	[Details/Days/Units]	[\$0.00]
[Benefit Name 2]	[Details/Days/Units]	[\$0.00]
[Benefit Name 3]	[Details/Days/Units]	[\$0.00]
Total Payout		[\$Total Amount]

Payment Details:

The total amount of \$[Total Amount] was issued via [Check/Direct Deposit] on [Insert Date]. Please allow 3-5 business days for processing if sent electronically.

If you have questions regarding this breakdown or believe an error has occurred, please contact our Claims Department at [Insert Phone Number] or visit [Insert Website].

Sincerely,

[Company Representative Name]
[Insurance Company Name]
[Department Name]