[Date]

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

RE: Acknowledgment of Appeal
Claim Number: [Claim Number]
Policy Number: [Policy Number]
Deceased Insured: [Name of Insured]

Dear [Claimant Name],

We are writing to formally acknowledge receipt of your appeal request dated [Date of Appeal Letter], regarding the denial of the life insurance claim associated with the policy mentioned above.

Your appeal has been assigned to our Appeals Review Committee. We are currently conducting a thorough review of your file, including any new documentation or information you provided in your request. Our goal is to ensure a fair and comprehensive evaluation of the claim.

Please be advised that the review process typically takes [Number of Days, e.g., 30 to 60] business days. If additional information is required from third parties (such as medical providers or law enforcement), the process may take longer. We will notify you in writing if an extension is necessary.

Once a final determination has been reached, we will contact you immediately with a formal decision and an explanation of our findings.

If you have any questions or wish to submit further information while the review is pending, please contact our Appeals Department at [Phone Number] or via email at [Email Address].

Sincerely,

[Name of Representative]
[Title]
[Insurance Company Name]