

[Date]

[Applicant Name]

[Applicant Address]

[City, State, Zip Code]

Subject: Notice of Decision Regarding Your Life Insurance Application

Dear [Applicant Name],

Thank you for applying for life insurance coverage with [Insurance Company Name]. We have carefully reviewed your application, submitted on [Application Date], for [Policy Type/Amount].

We regret to inform you that we are unable to approve your request for coverage at this time. This decision was based on a review of the following information:

- [Reason 1: e.g., Medical history/underwriting guidelines]
- [Reason 2: e.g., Information obtained from a consumer reporting agency]

If our decision was influenced by information provided by a third-party agency, you have the right to obtain a free copy of your report if you request it within 60 days. You may contact them at:

[Agency Name]

[Agency Address/Phone Number]

Please note that this decision does not prevent you from applying for coverage with us again in the future should your circumstances change, nor does it necessarily reflect your eligibility with other insurance providers.

If you believe there has been an error or if you wish to provide additional information for our reconsideration, please contact our Underwriting Department at [Phone Number].

Sincerely,

[Sender Name/Signature]

[Title]

[Insurance Company Name]