

[Date]

[Beneficiary Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Instructions for Filing a Life Insurance Claim - Policy #[Policy Number]

Dear [Beneficiary Name],

We are writing to provide you with the necessary instructions and documentation required to file a claim for the life insurance proceeds regarding the late [Deceased Name].

To process your claim, please submit the following documents:

- **Certified Death Certificate:** An original or certified copy featuring a raised seal.
- **Claimant's Statement:** The enclosed form completed and signed by you.
- **Policy Document:** The original life insurance policy (if available).
- **Identification:** A copy of your valid government-issued photo ID (e.g., Driver's License or Passport).

Please mail the completed forms and supporting documentation to the following address:

[Insurance Company Name]

[Attn: Claims Department]

[Address Line 1]

[City, State, Zip Code]

Once we receive all required documents, the review process typically takes [Number] business days. You will be notified via mail regarding the status of the claim and the available payment options, such as a lump-sum check or electronic transfer.

If you have any questions or need assistance completing the forms, please contact our Claims Support Team at [Phone Number] or email us at [Email Address].

Sincerely,

[Your Name/Signature]

[Your Title]

[Insurance Company Name]