[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Recipient Name or Department]
[Insurance Company or Benefits Provider Name]
[Company Address]

Subject: Notification of Change in Marital Status and Request for Coverage Reevaluation

To Whom It May Concern,

I am writing to formally notify you of a change in my marital status. As of [Date], I am [legally separated / divorced].

Due to this life event, I would like to request a formal reevaluation of my current insurance policy/benefit plan (Policy Number: [Policy Number]). I am seeking to update my coverage to reflect my current circumstances. Specifically, I would like to:

- Remove [Former Spouse's Name] as a dependent/covered individual.
- Update my primary beneficiary designations.
- Review and adjust coverage limits as necessary.
- Update my billing and contact information if applicable.

I have attached the required legal documentation (e.g., Divorce Decree or Separation Agreement) to verify this change. Please let me know if any additional forms or information are needed to process these updates.

Please confirm once these changes have been applied and provide me with an updated summary of my coverage and any adjustments to my premiums.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]