

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Department Name, if applicable]
[Address]
[City, State, Zip Code]

**RE: Evidence of Insurability for [Policy Type, e.g., Group Life Insurance]
Policy/Group Number: [Policy Number]
Applicant Name: [Full Name of Applicant]**

To Whom It May Concern,

I am writing to formally request an Evidence of Insurability (EOI) form for the purpose of [reason, e.g., increasing my current coverage / enrolling in a new supplemental insurance plan].

Please provide the necessary medical questionnaire and any additional documentation required to complete the underwriting process for the following coverage amount: \$[Total Coverage Amount Requested].

I would prefer to receive the forms via [email/mail]. If an online application portal is available, please provide the login instructions and any specific access codes required.

Thank you for your assistance with this request. I look forward to receiving the documents so that I may complete my application promptly.

Sincerely,

[Signature]

[Your Printed Name]
[Employee ID, if applicable]