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

[Date]

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

RE: Life Insurance Claim for [Deceased Person's Full Name]
Policy Number: [Policy Number]

To the Claims Department,

I am writing to formally notify you of the passing of the insured, [Deceased Person's Name], who passed away on [Date of Death]. I am identified as a beneficiary under the aforementioned life insurance policy.

Please initiate the claim process and send the necessary claim forms and instructions to my address listed above. I have enclosed a certified copy of the death certificate to facilitate the processing of this claim.

If there are additional requirements or specific documents needed-such as the original policy document or specific identification forms-please let me know as soon as possible.

Thank you for your prompt assistance during this difficult time. I look forward to receiving the claim package shortly.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosure: Certified Copy of Death Certificate