

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

[Date]

[Insurance Company Name]
[Insurance Agent Name (if known)]
[Company Address]
[City, State, Zip Code]

RE: Policy Separation and Coverage Modification

Policy Number(s): [List Policy Numbers, e.g., Auto, Home, Health]

Policyholder Name(s): [Current Names on Policy]

To Whom It May Concern,

I am writing to formally notify [Insurance Company Name] of a change in my marital status due to a legal divorce, effective [Date of Divorce].

Please update my records and modify the existing coverage as follows:

- **Policy Separation:** Please remove [Former Spouse's Full Name] from the aforementioned policy/policies effective [Date].
- **New Policy Issuance:** I wish to maintain my coverage and request that a new individual policy be issued in my name only: [Your Legal Name].
- **Address Update:** Please update the primary residence and billing address on my account to: [Your New Address].
- **Vehicle/Asset Removal:** (Optional) Please remove the following assets from my coverage: [Description of Vehicle/Property to be removed].
- **Beneficiary Update:** (If Life Insurance) Please update the primary beneficiary to [New Beneficiary Name] and the contingent beneficiary to [Contingent Name].

I have attached a copy of the [Divorce Decree / Separation Agreement] as proof of this change. Please provide me with the updated policy documents and any necessary adjustments to my premium payments.

Please confirm receipt of this request and let me know if additional forms or information are required to complete these modifications.

Sincerely,

[Your Signature]

[Your Printed Name]