

Date: [Date]

[Recipient Name]

[Recipient Title/Organization]

[Address]

[City, State, Zip Code]

Subject: Referral for Newborn Life Insurance Coverage - [Child's Name]

Dear [Recipient Name],

I am writing to formally refer [Parent's Names] and their newborn child, [Child's Name], born on [Child's Date of Birth], to your network for life insurance consultation and enrollment.

As part of our commitment to comprehensive family planning and financial security, we recommend that the family explores the permanent life insurance options available through your network. Providing coverage at this early stage ensures the child's future insurability and establishes a long-term financial foundation.

The parents are interested in learning more about:

- Whole Life or Universal Life policies for infants.
- Guaranteed insurability riders.
- Cash value accumulation features for future education or expenses.

Please contact the family directly to schedule an initial consultation:

Parent/Guardian Name: [Name]

Phone Number: [Phone Number]

Email Address: [Email Address]

Thank you for providing your expertise and assisting this family with their insurance needs. Please notify my office once the initial contact has been established.

Sincerely,

[Your Name]

[Your Title]

[Your Organization/Agency]

[Your Phone Number]