

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

[Date]

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

Re: Group Health Insurance Claim Inquiry

Dear Sir/Madam,

I am writing to inquire about the status of my group health insurance claim. The details of my claim are as follows:

- Policy Number: _____
- Claim Number: _____
- Employee Name: _____
- Date of Submission: _____

I would appreciate it if you could provide me with an update regarding the progress of my claim, as well as any additional information or documentation that may be required from my end to expedite the process.

Kindly let me know if there are any further steps I need to take, or if any additional clarification is needed.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]