



ABC Insurance Company

1234 Main Street, Suite 500
City, State ZIP
Phone: (123) 456-7890
Email: contact@abcinsurance.com

Date: _____

To:

Name: _____
Address: _____
Policy Number: _____

Subject: Denial of Premium Waiver Request

Dear Policyholder,

We have received your request for a waiver of premium under your insurance policy referenced above. After a thorough review of your application and supporting documentation, we regret to inform you that your request for a premium waiver has been denied.

Reason for Denial:

If you have additional information that was not previously submitted, or if you believe this decision was made in error, you may submit a written appeal within 30 days of this notice. Please include any new supporting documents relevant to your request.

If you have any questions regarding this decision or the appeal process, please contact us at the details provided above.

Thank you for choosing ABC Insurance Company.

Sincerely,

Claims Department
ABC Insurance Company