

Date: _____

Policy Number: _____

To: _____

Insurance Company Name

Address: _____

Subject: Waiver of Premium Request Due to Disability

Dear Sir/Madam,

I am writing to request a waiver of premium for my disability insurance policy listed above. Due to my current disability, I am unable to work and meet the premium payments as stipulated in the policy.

Please find attached the necessary medical certificates and documentation required to process my request. I kindly ask you to review my application for the waiver of premium provision as per the policy terms and conditions.

Should you need any further information or documentation, please let me know. Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Signature: _____

Address: _____

Phone Number: _____

Email: _____