[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

Date: [Date]

ATTN: Life Insurance Claims Appeals Department
[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

RE:	**Life Insurance Claim Appeal**
Insured's Full Name:	[Deceased's First and Last Name]
Policy Number:	[Policy Number] | **Claim Number:** [Claim Number]
Date of Death:	[Date of Death]

To Whom It May Concern,

I am writing to formally appeal the denial of the life insurance death benefit under the above-referenced policy. I received your denial letter dated [Date of Denial Letter], which states that the claim was denied due to [State the reason given by the insurer, e.g., material misrepresentation / lapse of coverage / exclusion].

I disagree with this decision, and I am requesting a full, fair, and comprehensive review of this claim in accordance with state insurance regulations [and/or ERISA federal guidelines, if applicable].

[USE THIS SECTION IF THE DENIAL WAS FOR MEDICAL MISREPRESENTATION]

The denial letter alleges that the insured made a material misrepresentation regarding [e.g., high blood pressure / tobacco use]. However, this condition was either *[Option A: entirely immaterial to the cause of death]* or *[Option B: a minor, unintentional oversight that does not legally void the contract]*. I have enclosed updated medical records from Dr. [Doctor's Name] confirming that [briefly explain the evidence, e.g., the condition was well-controlled and did not contribute to the cause of death].

[USE THIS SECTION IF THE DENIAL WAS FOR LAPSE / MISSED PREMIUM]

The denial letter alleges the policy lapsed due to non-payment. However, *[Option A: the insured passed away within the statutory 30-day grace period, during which coverage remains fully active]*. / *[Option B: The insurance company failed to provide the mandatory pre-lapse notification to the designated secondary contact as required by state law]*. I have enclosed proof of payment / banking records showing the policy should have been considered in-force.

[MANDATORY REQUEST FOR THE CLAIM FILE - DO NOT REMOVE]

Pursuant to my rights under federal and state insurance laws, I hereby request a complete and unredacted copy of the **entire administrative and claim file**. This request includes, but is not limited to, all internal underwriting guidelines, medical reviewer reports, investigator notes, telephone logs, and any documentation or statements relied upon to issue this denial. If this policy is governed by ERISA, please note that I am entitled to these documents free of charge.

Please review the enclosed supporting documentation:

1. Copy of the original denial letter.
2. [List your evidence, e.g., Certified medical records from Dr. XYZ].
3. [List additional evidence, e.g., Proof of premium payments / Autopsy report clarification].

Please be advised that if this wrongful denial is not overturned during this administrative appeal, I am prepared to escalate this matter to the [State Name] Department of Insurance and pursue all available legal remedies to protect my rights as a beneficiary.

I look forward to your written response within the legally mandated timeframe (typically 30 to 60 days). Thank you for your prompt attention to this urgent matter.

Sincerely,

[Your Signature]

[Your Printed Name]
Relationship to the Insured: [e.g., Spouse, Child, Beneficiary]

Enclosures: [List the attached documents again here]