

Life Insurance Beneficiary Dispute Appeal

Date:

To:

Company Name:

Claim Department Address:

Subject: Appeal of Life Insurance Beneficiary Determination

Policy Number:

Insured Name:

Claim Number (if known):

Dear Claims Department,

Statement of Dispute:

Reason for Appeal:

Relevant Attachments (list):

Requested Actions:

Sincerely,

Signature:

Printed Name:

Contact Information:
