



## Appeal of a Reduction of the Insurance Benefit

Mortgage Guaranty Insurance Corporation • MGIC Indemnity Corporation • P.O. Box 525, Milwaukee, WI 53201-0525

MGIC Certificate Number		Servicer Name	
Borrower Name(s)		Servicer Loan Number	

For each interest or expense item you would like us to reconsider, please complete the information below.

Interest or expense item	Dates affected, as applicable (start and end)	Amount	Appeal reason, including supporting documentation reference(s)

As noted in our Servicing Guide, please submit your appeal to MGIC no later than 90 days after the date you received the Explanation of Benefits (EOB) for the initial Claim payment.

Servicer Contact	
Servicer Telephone ( ) Ext.	Date

**Submit this form along with supporting documentation via secure email to [appeals@mgic.com](mailto:appeals@mgic.com)**