

Your Name
Address
City, MD. Zip Code

[Insert Date]

The Honorable [Insert Senator or Delegate Name]
Address
District

Dear Senator/Delegate [Insert Last Name]:

My name is [Insert Your Name] and I reside at [Insert Your Address] in [Insert Your City], Maryland.

I am writing you to ask that you help make infertility medical coverage for single women a requirement for insurance providers.

Under Health Insurance § 15-810, Maryland already requires insurers to cover fertility services to married couples if the plan covers other pregnancy-related benefits; however, these benefits are limited to married couples, either opposite or same sex. Single women have been omitted, and as a result, their coverage is below the standard coverage for married couples. Whether this be intentional or mere oversight, it is discriminative. According to the State's policy of non-discrimination, it does not discriminate on the basis of marital status, and will take steps to eliminate prohibited conduct, prevent its recurrence and remedy its effects.

(Tell your representative why the issue is important to you and how it personally affects you, your family member and your community.)

As your constituent, I request that you explore this issue, advocate for an inclusive and non-discriminative policy on fertility benefits, and ultimately vote YES for any bill which extends fertility benefits to single women.

Thank you for your time and considering my request.

Sincerely,

[Insert Your Name]
Print your name
Street address
City, State, Zip code