

Beneficiary Benefit Claim Additional Information Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Subject: Additional Information Request for Benefit Claim

Dear [Recipient's Name],

We are in the process of reviewing your benefit claim submitted on [Claim Submission Date]. To proceed further, we require some additional information to complete the assessment. Please provide the following:

- [Detail specific information required, e.g., medical records, proof of income, etc.]
- [Any other required documentation or information]

We kindly ask that you submit the requested information by [Deadline Date], to avoid any delays in the processing of your claim.

If you have any questions or need assistance, feel free to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company/Organization Name]