

# Beneficiary Eligibility Confirmation

**Date:** [Insert Date]

**To:**

[Beneficiary's Name]

[Beneficiary's Address]

[City, State, Zip Code]

Dear [Beneficiary's Name],

We are pleased to inform you that your eligibility for benefits under [Program Name] has been confirmed. After a thorough review of your application and supporting documentation, we have determined that you meet all necessary criteria.

Your unique beneficiary ID is: [Beneficiary ID]

This confirmation is valid as of [Effective Date] and will remain in effect until [Expiration Date], provided that you continue to meet eligibility requirements.

If you have any questions or need further assistance, please do not hesitate to contact us at [Contact Information].

Thank you for your continued cooperation.

Sincerely,

[Your Name]

[Your Title]

[Agency/Organization Name]

[Agency/Organization Address]

[City, State, Zip Code]