

# Verification Request for Beneficiary Benefits

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request verification of benefits for [Beneficiary's Name], who is currently enrolled in your program. This request is made to ensure that [Beneficiary's Name] continues to receive the appropriate support and services provided by your organization.

Please provide the following information regarding [Beneficiary's Name]:

- Current benefit status
- Duration of benefits received
- Any additional relevant information pertaining to eligibility

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]