

Initial Beneficiary Decision Correspondence

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Beneficiary's Name]

[Beneficiary's Address]

[City, State, Zip Code]

Subject: Initial Decision Regarding Your Beneficiary Request

Dear [Beneficiary's Name],

We are writing to inform you of our initial decision regarding your request for benefits under [Program/Policy Name]. After careful consideration of the information provided, we have made the following determination:

Decision: [Approved/Denied/More Information Required]

If approved, please find enclosed details about the benefits you will receive. If denied, we have included the reasons for this decision and your rights to appeal. Should we require more information, we will specify what is needed below:

[Details of additional information required]

We encourage you to review the enclosed documents thoroughly and reach out if you have any questions or require further assistance.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Organization Name]