

Disability Insurance Benefit Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Disability Insurance Benefit Claim for Chronic Illness

Dear [Claim Adjuster's Name or Customer Service],

I am writing to formally submit my claim for disability insurance benefits due to a chronic illness that has significantly impaired my ability to work. My policy number is [Insert Policy Number].

I have been diagnosed with [Name of Chronic Illness] as of [Diagnosis Date]. My healthcare provider, [Doctor's Name], has provided me with treatment, including [Treatment Details], that has been ongoing since [Start Date of Treatment].

As a result of my condition, I am unable to fulfill my job duties as [Your Job Title] at [Your Employer's Name]. I have attached all relevant medical documentation, including my diagnosis, treatment history, and physician's statements to support my claim.

I appreciate your prompt attention to this matter and look forward to your response. Please feel free to contact me at [Your Phone Number] or [Your Email] should you need further information.

Thank you for your assistance.

Sincerely,

[Your Name]