

Disability Insurance Benefit Claim Submission

Date: [Insert Date]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Submission of Disability Insurance Benefit Claim Documentation

Dear [Claims Adjuster's Name],

I am writing to formally submit my claim for disability insurance benefits due to [briefly state the reason for the claim, e.g., illness, injury]. My policy number is [insert policy number].

Enclosed, please find the necessary documentation to support my claim, including:

- Completed claim form
- Medical records and reports
- Proof of income
- Other relevant documents

Please confirm receipt of my claim and let me know if you require any further information or documentation to process my claim. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]