

# Follow-Up on 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]

Dear [Claims Adjuster Name],

I hope this message finds you well. I am writing to follow up on my disability insurance benefit claim submitted on [Claim Submission Date], with the claim number [Claim Number]. I would like to inquire about the status of my claim and any additional information that may be required to expedite the review process.

As you know, my condition has [briefly describe your condition and its effects]. I appreciate your attention to this matter and any updates you can provide would be greatly appreciated.

Thank you for your assistance.

Sincerely,

[Your Name]