

Disability Insurance Benefit Claim

Your Name: [Your Name]

Your Address: [Your Address]

Your City, State, Zip: [City, State, Zip]

Your Phone Number: [Your Phone Number]

Your Email: [Your Email]

Date: [Date]

Claims Department

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip]

Re: Disability Insurance Benefit Claim - Policy Number [Policy Number]

Dear Claims Adjuster,

I am writing to formally submit a claim for disability benefits under my policy due to a mental health condition. My doctor, [Doctor's Name], has diagnosed me with [specific mental health condition] on [date of diagnosis], and has recommended a course of treatment that prevents me from being able to perform my regular work duties.

Enclosed with this letter, you will find the following documents to support my claim:

- Completed claim form.
- Medical records from [Doctor's Name] detailing my diagnosis and treatment plan.
- A letter from my doctor confirming my inability to work.
- Any additional supporting documentation as required by policy.

I appreciate your attention to this matter and look forward to your prompt response. Please do not hesitate to contact me at [Your Phone Number] or [Your Email] should you require any further information.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]