

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company Name
Insurance Company Address
City, State, Zip Code

Dear Claims Department,

I am writing to formally request a claim for disability insurance benefits under my policy with you. My policy number is [Your Policy Number].

Due to [briefly describe your condition or accident], I have been unable to work since [date]. Attached to this letter, you will find all relevant documentation, including medical records and a letter from my physician confirming my current disability status.

Please let me know if you require any additional information to process my claim. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,
[Your Name]