

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 Total Disability

Dear Claims Adjuster,

I am writing to formally submit my claim for disability insurance benefits due to my total disability. My policy number is [Insert Policy Number]. I have attached all necessary medical documentation and forms required to process my claim.

As a result of my condition, I have been unable to work since [Insert Date of Disability Onset]. My doctor, [Doctor's Name], has diagnosed me with [Insert Diagnosis] and has provided a detailed assessment of how this condition affects my ability to perform my job duties.

I kindly request that you expedite the processing of my claim, as financial assistance during this time is crucial. Should you need any further information or documentation, please feel free to reach out to me at [Your Phone Number] or [Your Email].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]