

Disability Insurance Benefit Claim for Workplace Injury

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date: [Insert Date]

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

Dear [Claims Adjuster Name or "To Whom It May Concern"],

I am writing to formally submit a claim for disability insurance benefits due to an injury sustained while on the job. My policy number is [Your Policy Number].

On [Date of Injury], I experienced an injury at [Location of Incident] while performing my duties as [Your Job Title]. The nature of my injury is [Brief Description of Injury], which has rendered me unable to perform my work-related tasks.

I have attached the following documentation to support my claim:

- Medical records and documentation from my healthcare provider.
- Incident report filed with my employer.
- Proof of employment and salary.

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

Thank you for your assistance.

Sincerely,
[Your Name]