

Letter of Appeal for Denied Temporary Disability Benefits

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Appeal for Denied Temporary Disability Benefits

Dear [Recipient Name],

I am writing to formally appeal the denial of my temporary disability benefits dated [date of denial letter]. My case number is [your case number]. According to the denial letter, my claim was denied due to [briefly state the reason given for denial].

However, I believe that my condition meets the eligibility criteria for temporary disability benefits. [Briefly explain your medical condition and how it affects your ability to work, citing any relevant documentation or expert opinions if applicable].

Enclosed with this letter, I have included [list any additional documents, such as medical records, letters from healthcare providers, etc., that support your appeal]. I respectfully request that you review my case again in light of this information.

Thank you for your attention to this matter. I look forward to your prompt response to my appeal. Please feel free to contact me at [your phone number] or [your email address] should you require any further information.

Sincerely,

[Your Name]