

Request for Temporary Disability Benefits

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

[Recipient's Name]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request temporary disability benefits due to a medical condition that has prevented me from performing my work duties. My healthcare provider, Dr. [Provider's Name], has diagnosed me with [specific medical condition] and has advised that I require a period of [duration] to recover.

Enclosed, you will find all necessary medical documentation supporting my claim, including my doctor's note and any relevant tests performed.

I kindly ask for your prompt assistance in processing my application for temporary disability benefits. Please let me know if you require any additional information to facilitate this request.

Thank you for your understanding and support during this challenging time. I look forward to your timely response.

Sincerely,

[Your Name]