

Letter of Submission for Temporary Disability Benefits

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally submit the documentation related to my claim for temporary disability benefits, as per the requirements outlined in your correspondence dated [insert date of correspondence].

Enclosed with this letter, you will find the following documents:

- Completed application form
- Medical documentation from my healthcare provider
- Proof of income during the disability period
- [Any other relevant documents]

I appreciate your attention to this matter and look forward to your prompt confirmation of receipt. Should you require any additional information or further documentation, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your assistance and understanding.

Sincerely,

[Your Name]