

Health Condition Update

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 provide an update on my health condition as it pertains to my temporary disability benefits. Since my last correspondence, my medical situation has undergone some changes.

As of [insert date], I have been diagnosed with [insert condition] which has affected my ability to [explain how it affects your daily activities or work]. I am currently under the care of [insert healthcare provider's name] and following their recommended treatment plan.

My health status is [insert current status, e.g., improving, stable, etc.], and I am [insert any relevant actions you are taking, such as attending therapy, undergoing treatment, etc.]. However, I anticipate needing additional time for recovery. My doctor has advised that I may require [insert estimated duration] more weeks before I can return to work or perform regular activities.

I have included documentation from my healthcare provider to support this update. Please let me know if any further information is required or if there are forms I need to complete to ensure my temporary disability benefits continue without interruption.

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

Sincerely,

[Your Name]