

# Request for Guidance on Overlapping Benefits

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your 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 seek your guidance regarding the potential overlap of benefits that I am currently receiving. I am a participant in [Program/Benefit Name] and have recently discovered that I may also qualify for [Other Program/Benefit Name].

Given the complexities surrounding overlapping benefits, I would greatly appreciate any information or advice you could provide on how to proceed in this situation. Specifically, I would like to understand:

- The eligibility criteria for both benefits
- How these benefits might interact with each other
- Any necessary steps I need to take to ensure compliance

Thank you for your assistance in this matter. I look forward to your prompt response so that I can make informed decisions regarding my benefits.

Sincerely,

[Your Name]