

Application for Disability Insurance Benefits

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name or 'Claims Department'],

I am writing to formally apply for disability insurance benefits due to [briefly describe your condition, e.g., "a serious illness, injury, or medical condition"]. My condition has rendered me unable to work and I am seeking financial assistance during this challenging period.

Enclosed with this letter, you will find my completed application form, along with medical documentation from my healthcare provider, detailing my diagnosis and the effects on my ability to perform work-related tasks.

I appreciate your attention to my application and look forward to your prompt response. Please feel free to contact me via phone or email should you require any further information or documentation.

Thank you for your consideration.

Sincerely,

[Your Name]