

Confirmation of Disability Insurance Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter serves as a confirmation of your disability insurance coverage through [Insurance Company Name]. We are pleased to inform you that your policy has been successfully issued and remains active.

Policy Number: [Insert Policy Number]

Coverage Start Date: [Insert Start Date]

Coverage Amount: [Insert Coverage Amount]

If you have any questions or require further details about your coverage, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name]. We appreciate your trust in us to safeguard your financial well-being.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]