

Request for Disability Insurance Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally request coverage under my disability insurance policy #[Policy Number]. Due to [briefly explain your medical condition or circumstance], I am unable to perform my regular duties and am seeking financial assistance to support myself during this period.

Please find attached all necessary documentation, including medical reports and any forms required for your review. I kindly request that you expedite the processing of my claim, as my financial obligations are pressing.

If you need any further information or clarification, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]