

Notification of Critical Illness Claim

Date: [Insert Date]

To:

[Claimant's Name]

[Claimant's Address]

[City, State, Zip Code]

Dear [Claimant's Name],

We are writing to inform you that we have received your claim for critical illness benefits related to your diagnosis of [Insert Illness]. We understand that this is a challenging time, and we are here to assist you.

Please provide the following documents to process your claim:

- Medical records related to your diagnosis.
- Completed claim form.
- Any additional documentation as requested.

Upon receipt of the required documents, our claims team will begin processing your claim immediately. You can expect a response within [Insert Time Frame].

If you have any questions or need assistance, please do not hesitate to contact us at [Insert Contact Phone Number] or [Insert Email Address].

Thank you for your attention to this matter. We wish you a speedy recovery.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]