

Benefits Eligibility Confirmation

Date: [Insert Date]

Recipient Name: [Insert Recipient Name]

Recipient Address: [Insert Recipient Address]

City, State, Zip Code: [Insert City, State, Zip Code]

Dear [Recipient Name],

We are pleased to inform you that your application for benefits has been reviewed, and you have been determined eligible for the following benefits:

- [Benefit 1]
- [Benefit 2]
- [Benefit 3]

The eligibility is effective from [Start Date] to [End Date].

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

Sincerely,

[Your Name]

[Your Title]

[Your Organization]