

Disability Insurance Coverage Confirmation

Date: [Insert Date]

[Employee Name]

[Employee Address Line 1]

[Employee Address Line 2]

[City, State, Zip]

Dear [Employee Name],

We are pleased to confirm your enrollment in the group disability insurance plan provided by [Company Name]. This letter serves as official confirmation of your coverage details.

Coverage Details:

- Policy Number: [Insert Policy Number]
- Effective Date: [Insert Effective Date]
- Coverage Type: [Short-Term/Long-Term]
- Monthly Benefit: [Insert Amount]
- Elimination Period: [Insert Period]

If you have any questions regarding your coverage or benefits, please feel free to contact our HR department at [HR Contact Phone Number] or [HR Email Address].

Thank you for being a valued member of [Company Name].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]