

# Disability Insurance Coverage Confirmation

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]

## **Subject: Confirmation of Long-Term Disability Insurance Coverage**

Dear [Insurance Company Contact/Representative Name],

I am writing to confirm my long-term disability insurance coverage under policy number [Insert Policy Number]. As per our recent conversation on [Insert Date of Conversation], I would like to confirm the details of my coverage as follows:

- Coverage Start Date: [Insert Start Date]
- Monthly Benefit Amount: [Insert Amount]
- Elimination Period: [Insert Period]
- Benefit Duration: [Insert Duration]

Please let me know if there are any further steps I need to take or any additional information required.

Thank you for your assistance.

Sincerely,

[Your Name]