

# Disability Insurance Coverage Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Provider's Name],

I am writing to confirm my disability insurance coverage under policy number [Policy Number].  
I would like to request an update on my policy to ensure that all details are current and accurate.

Please provide me with the following information:

1. Current policy benefits and coverage details.
2. Any recent changes to terms and conditions.
3. Next steps for ensuring continuous coverage.

Thank you,

[Your Name]