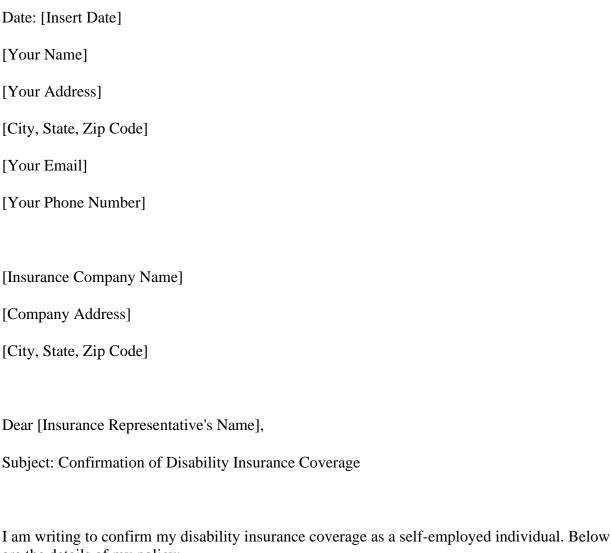
## **Disability Insurance Coverage Confirmation**



are the details of my policy:

- Policy Number: [Insert Policy Number]
- Effective Date: [Insert Effective Date]
- Coverage Amount: [Insert Coverage Amount]
- Premium Amount: [Insert Premium Amount]

Please let me know if you require any further information to verify this coverage. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]