

Disability Insurance Coverage Confirmation

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to confirm your short-term disability insurance coverage with [Insurance Company Name]. This letter serves as a formal acknowledgment that your coverage is active and in good standing.

Your short-term disability policy details are as follows:

- Policy Number: [Insert Policy Number]
- Coverage Start Date: [Insert Start Date]
- Benefit Amount: [Insert Benefit Amount]
- Duration of Coverage: [Insert Duration]

Should you experience a qualifying event that necessitates a claim, please contact our claims department at [Claims Department Phone Number] or visit our website at [Website URL] for further instructions.

If you have any questions regarding your coverage or policy details, please feel free to reach out to our customer service team at [Customer Service Phone Number].

Thank you for choosing [Insurance Company Name] for your disability insurance needs. We wish you all the best.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]