

# Disability Insurance Coverage Confirmation

Date: [Insert Date]

[Veteran's Name]

[Veteran's Address]

[City, State, Zip Code]

Dear [Veteran's Name],

We are pleased to inform you that your application for disability insurance coverage has been successfully processed. Your coverage is now active and effective as of [Effective Date]. This letter serves as confirmation of your current disability insurance benefits.

## Coverage Details:

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

If you have any questions regarding your coverage or need further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your service.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Contact Information]