

# Enduring Ailment Insurance Eligibility Assessment

Date: [Insert Date]

To: [Insured's Name]

Address: [Insured's Address]

Dear [Insured's Name],

We are writing to inform you about the assessment for your enduring ailment insurance eligibility. Your application has been received and is currently under review.

Please find enclosed the necessary documents and guidelines required for the evaluation:

- Completed Medical History Form
- Recent Medical Reports
- Proof of Diagnosis
- Additional Information (if required)

Our team is working diligently to process your application and will notify you of our decision within [Insert Time Frame]. If you have any questions or require further assistance, please contact us at [Insert Contact Information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]