

Insurance Policy Confirmation

Policy Holder: [Name of Policy Holder]

Policy Number: [Policy Number]

Effective Date: [Effective Date]

Coverage Type: Disability Insurance

Dear [Name of Policy Holder],

We are pleased to confirm that your disability insurance policy has been successfully issued and is now in effect. Below are the details of your policy:

- **Coverage Amount:** [Coverage Amount]
- **Monthly Benefit:** [Monthly Benefit]
- **Elimination Period:** [Elimination Period]
- **Maximum Benefit Period:** [Maximum Benefit Period]

If you have any questions or require further assistance, please do not hesitate to contact our customer service team at [Customer Service Phone Number] or [Customer Service Email].

Thank you for choosing [Insurance Company Name]. We appreciate your trust in us.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Insurance Company Address]

[Insurance Company Phone Number]