

Disability Insurance Claim Challenge

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

Date: [Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Challenge to Disability Insurance Claim Denial - [Claim Number]

Dear [Adjuster's Name or Claims Department],

I am writing to formally challenge the denial of my disability insurance claim (Claim Number: [Claim Number]), submitted on [Submission Date]. I received a denial letter dated [Denial Date], and I believe this decision was made in error.

According to the information provided in the denial letter, the basis for denial was [insert reason for denial]. However, I would like to present additional documentation that supports my claim, including:

- [Document 1]
- [Document 2]
- [Document 3]

Given the severity of my condition and the impact it has on my daily life, I kindly request a reconsideration of my claim. I believe that the evidence I am providing will clarify my situation and support my eligibility for benefits.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]