

Disability Insurance Appeal Letter Template

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Appeal for Disability Claim Denial

Dear [Insurance Company Contact Name],

I am writing to formally appeal the denial of my disability insurance claim (Claim Number: [Insert Claim Number]) dated [Insert Date of Denial]. I have reviewed the decision and believe that it is incorrect based on the following grounds:

1. Relevant Medical Evidence

[Briefly describe the medical evidence that supports your claim, including doctors' notes or test results.]

2. Policy Coverage

[Reference specific sections of your policy that you believe cover your condition.]

3. Impact on Daily Life

[Describe how your disability affects your daily life and ability to work.]

Enclosed are copies of my medical records, as well as any additional documentation that supports my appeal. I respectfully request that you review my case and reconsider your decision. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Enclosures: List of documents attached]