

Coverage Verification Letter

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Verification of Disability Insurance Coverage

Dear [Insurance Representative's Name],

I am writing to formally request verification of my disability insurance coverage under policy number [Insert Policy Number]. As I am currently experiencing [briefly state the reason or condition], I would like to confirm the details of my coverage including:

- Effective date of coverage
- Exclusions and limitations
- Benefit amounts and duration
- Process for filing a claim

Please send the requested information at your earliest convenience. If you need any further information from my side, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]