

# Acknowledgment of Disability Claim Receipt

**Date:** [Insert Date]

**Claimant Name:** [Insert Claimant's Name]

**Claim Number:** [Insert Claim Number]

Dear [Claimant's Name],

We hereby acknowledge receipt of your disability claim submitted on [Insert Submission Date]. Your claim is currently being reviewed by our team.

Please allow us [insert estimated processing time, e.g., 4-6 weeks] to complete the review process. We will notify you of any updates or if further information is required.

If you have any questions regarding your claim, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your patience during this process.

Sincerely,

[Your Name]

[Your Title]

[Company Name]