

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Claim Department
Insurance Company Name
Company Address
City, State, Zip Code

Dear Claims Adjuster,

I hope this message finds you well. I am writing to follow up on my disability claim (Claim Number: [Your Claim Number]) that I submitted on [Submission Date]. I would like to inquire about the current status of my claim and whether any additional information is required from my side to facilitate the process.

I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,
[Your Name]