

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department]

[Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to inquire about the status of my disability claim submitted on [submission date] under the claim number [claim number]. It has been [duration] since I filed my claim, and I have not yet received an update regarding its progress.

I appreciate your attention to this matter and would be grateful if you could provide me with any information regarding my claim status. If any further documentation is required on my part, please do not hesitate to let me know.

Thank you for your assistance.

Sincerely,

[Your Name]