

Disability Claim Submission Request

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

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

Subject: Request for Disability Claim Submission

Dear [Claims Adjuster/Insurance Company Representative's Name],

I am writing to formally request the submission of my disability claim related to my recent health issues. I recently received notification regarding my eligibility for disability benefits and would like to proceed with the necessary documentation.

Enclosed you will find the following items:

- Completed disability claim form
- Medical records and reports
- Prescriptions
- Proof of income
- Any additional documents required

Please let me know if you require any further information or documentation to facilitate the processing of my claim. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]