

# Supporting Documents for Disability Claim

Date: [Insert Date]

To Whom It May Concern,

Attached to this letter, you will find the necessary supporting documents for my disability claim.

## List of Supporting Documents

- Completed Disability Claim Form
- Medical Records and Reports
- Physician's Statement
- Proof of Income
- Personal Identification
- Any Additional Supporting Documentation

If you require any further information or additional documents, please 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]

[Your City, State, Zip Code]