

Request for Clarification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to request clarification regarding the documentation submitted for my disability benefits claim, reference number [Insert Reference Number].

Upon reviewing the correspondence I received, I noticed some discrepancies that I would like to address to ensure my application is complete and accurate. Specifically, I am looking for clarification on the following points:

- [Point 1: Detail the specific issue]
- [Point 2: Detail another issue, if applicable]
- [Point 3: Any additional issues]

Understanding these details will greatly assist me in providing any necessary information and expedite the review process.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]