

# Notification of Change in Disability Benefits Circumstances

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Agency/Organization Name]

[Agency Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally notify you of a change in my circumstances regarding my disability benefits. My current situation has altered due to [describe the reason for the change, e.g., improvement in health, change in financial status, etc.].

Effective [Insert Date of Change], I would like to inform you that [provide details about the change, any relevant documentation, and how it affects the current benefits].

Attached are the relevant documents supporting my notification, including [list the documents you are enclosing or attaching].

Please let me know if any further information or documentation is required to process this change. 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]