

Request for Additional Information on Disability Benefits

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization/Agency Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request additional information regarding my application for disability benefits submitted on [Insert Application Date].

Specifically, I would like to inquire about the following:

- Current status of my application
- Any pending documents or information required from my end
- Expected timeline for the decision-making process

Your assistance in providing this information would be greatly appreciated as it will help me understand the next steps in this process.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]