

Support Request for Disability Benefits Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Title/Position]

[Agency/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request your support for my disability benefits claim. I have been suffering from [mention your medical condition(s)] which has severely impacted my ability to [describe how it affects your daily life and work].

Enclosed with this letter are my medical records and any additional documents that substantiate my claim. I believe that these documents will provide a clearer picture of my condition and the challenges I face every day.

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

Sincerely,

[Your Name]