

# Request for Retroactive Benefit Claim Submission

Date: [Insert Date]

[Your Name] [Your Address] [City, State, Zip Code] [Email Address] [Phone Number]

[Recipient's Name] [Recipient's Title] [Company/Organization Name] [Company Address] [City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the submission of a retroactive benefit claim for the period of [insert time period]. Due to [explain reason, e.g., oversight, illness], I was unable to submit my claim within the standard timeframe.

Based on my understanding of the eligibility criteria and guidelines provided by [Organization Name], I believe that I meet all necessary conditions for this benefit. I have attached all relevant documentation to support my claim.

I kindly request your assistance in processing this retroactive claim at your earliest convenience. Please let me know if further information or documentation is required.

Thank you for your attention to this matter.

Sincerely,

[Your Name]