

# Benefit Confirmation under the Military Service Relief Act

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

We are pleased to inform you that your application for benefits under the Military Service Relief Act has been approved. This act is designed to provide financial assistance and relief to eligible service members and their families during times of military service.

Your benefits will commence on [Insert Start Date] and will include the following:

- Financial assistance amounting to [Insert Amount]
- Coverage for [Insert Coverage Details]
- Period of eligibility from [Insert Start Date] to [Insert End Date]

Please ensure that you retain this letter for your records. Should you have any questions regarding your benefits or require further assistance, do not hesitate to contact our office at [Insert Phone Number] or [Insert Email Address].

Thank you for your service to our country.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Organization Address]

[City, State, ZIP Code]