

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

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

Subject: Request for Disability Income Benefits

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request disability income benefits due to [briefly describe your medical condition or disability] that has rendered me unable to work since [date].

I have been diagnosed with [specific medical condition] by [Doctor's Name] on [date of diagnosis]. This condition has significantly impacted my daily life and ability to maintain my employment as [your job title] with [your employer's name]. I have attached supporting documents, including:

1. Medical records and documentation from [Doctor's Name/Clinic]
2. A statement of my work history and job duties
3. A completed disability benefits application form
4. Any additional relevant documentation (e.g., tests, evaluations)

Given my situation, I kindly request that you review my application for disability income benefits and consider my request for financial assistance. I am available for any further information you may need and can be reached at [your phone number] or [your email address].

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

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]