

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Insurance Company/Agency Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],
I am writing to formally submit my disability claim for [specific condition or circumstances] that has resulted in my inability to work effectively.

****Personal Information:****

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Policy Number: [Your Policy Number]
- Claim Number (if applicable): [Your Claim Number]

I have been diagnosed with [describe your medical condition] by [Doctor's Name], and have been receiving treatment since [Date]. Enclosed are the medical documents supporting my claim, including:

- [List of enclosed documents: medical reports, test results, etc.]

****Impact on Work Ability:****

As a result of my condition, I have experienced [briefly describe how your condition affects your daily life and work abilities]. This has led to my inability to perform the essential functions of my job as [Your Job Title] at [Your Employer].

I kindly request that you review my claim and consider the enclosed documentation. Please let me know if you require any further information to process my claim.

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]

Enclosures: [List of enclosed documents]