

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

Dear [Recipient Name],

I hope this letter finds you well.

I am writing to inquire about the disability policy that I hold with [Insurance Company/Organization Name], policy number [Policy Number]. Specifically, I would like to understand the following aspects of the policy:

1. [Inquiry 1]
2. [Inquiry 2]
3. [Inquiry 3]

I would appreciate any documentation or resources you can provide that outline the terms and coverage of the policy, as well as any processes I should follow for claims or additional inquiries.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]