

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

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

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request disability benefits under [specific program/act] due to my [specific condition/disability].

I have been diagnosed with [provide brief description of condition] and have been experiencing [describe symptoms and impact on daily life]. This condition has significantly affected my ability to [explain how it affects work and daily activities].

Attached to this letter, you will find my medical documentation, including [list any included documents, such as diagnoses, treatment history, and any other relevant records]. These documents demonstrate the extent of my disability and support my request for benefits.

I kindly request that you review my application and consider my situation. If additional information or documentation is needed, please do not hesitate to contact me at [your phone number or email].

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]