

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

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

Dear [Recipient's Name],

I am writing to formally request confirmation of my eligibility for disability benefits as per the guidelines set forth by [mention relevant organization or agency]. My application, submitted on [submission date], was based on [briefly describe your condition or situation].

I would appreciate it if you could provide me with an update regarding the status of my eligibility, as well as any necessary steps I may need to take moving forward.

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)]