

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Disability Insurance Claim

Dear [Claims Adjuster's Name],

I am writing to formally file a claim for disability benefits under my policy #[Policy Number]. Due to [briefly describe your disability and how it impacts your ability to work], I am unable to perform my job duties. As per the requirements of the policy, I have included the necessary documentation, including:

1. Completed claim form
2. Medical documentation from [Doctor's Name]
3. Any additional relevant records

Please let me know if you require any further information to process my claim. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]