

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

[Recipient Name]  
[Recipient Title]  
[Company/Organization Name]  
[Address]  
[City, State, Zip Code]

Subject: Declaration of Loss of Earnings

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally declare my loss of earnings due to [briefly explain reason, e.g., illness, accident, unemployment].

As a result of this situation, I have experienced a significant reduction in my income. [Include specific details about your earnings before the incident and the current status, if applicable.]

I hereby declare that my total loss of earnings amounts to [specify amount, if known] for the period from [start date] to [end date].

Please let me know if you require any additional information or documentation to process my claim.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]