

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]
Subject: Loss of Income Claim

Dear [Claims Adjuster's Name or Sir/Madam],
I hope this letter finds you well. I am writing to formally submit a claim for loss of income under my policy #[Policy Number].
Due to [brief explanation of the event causing loss of income, e.g., an accident, illness, etc.], I have experienced a significant reduction in my earnings. My last day of work was [Date], and my estimated recovery time is [Duration].

In support of my claim, I have included the following documentation:

1. Proof of loss of income (e.g., pay stubs, tax returns)
2. Medical reports (if applicable)
3. Employer statement regarding my leave of absence

I kindly request that you process this claim at your earliest convenience. Please let me know if you require any additional information or documentation.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]