

RE: DISABILITY INSURANCE DENIAL “ APPEAL

Dear

I am writing to formally appeal the denial of my disability insurance claim, policy number . I received your denial letter dated , and I respectfully request a review of my case.

My disability is the result of , which has prevented me from performing my job duties since . I believe that the denial of my claim was made in error. I have included additional documentation from my healthcare providers to support my appeal.

I kindly ask that you reconsider your decision based on the enclosed evidence. Please let me know if you require any further information or documentation to assist in your review.

Thank you for your prompt attention to this matter.

Sincerely,