

Notice of Award or Denial of Disability Insurance Benefits

Date:

Recipient Name:

Address:

Dear ,

We have completed the review of your recent application for Disability Insurance Benefits under claim number .

☐ **Award**

☐ **Denial**

(Check one)

If awarded:

Congratulations, your application for Disability Insurance Benefits has been **approved**. You will begin receiving benefits starting on

. The initial monthly benefit amount is \$.

If denied:

We regret to inform you that your application for Disability Insurance Benefits has been **denied** for the following reasons:

If you have any questions regarding this notice, please contact our office at .

Sincerely,