

## Notice of Award or Denial of Disability Insurance Benefits

Date: [ ]

Recipient Name: [ ]

Address: [ ]

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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,

[ ]  
[ ]