

# Statement of Disability Benefits Intent

Date:

To Whom It May Concern,

I, , hereby submit this statement of my intent to apply for disability benefits. I am unable to maintain regular employment due to my medical condition(s) and seek assistance as provided under applicable laws and regulations.

Please find my details below:

- Full Name:
- Date of Birth:
- Address:
- Contact Number:

I respectfully request your consideration of my application for disability benefits. If you require further information or medical documentation, please let me know.

Sincerely,

Signature:

Date: