[Date]

[Claimant Name]
[Address Line 1]
[Address Line 2]

RE: Long Term Disability (LTD) Claim Status Update

Claim Number: [Policy/Claim Number]
Date of Disability: [Date]

Dear [Claimant Name],

We are writing to provide you with an update regarding the status of your Long Term Disability claim.

Current Status: [In Review / Pending Information / Approved / Partially Approved]

Summary of Progress:
[Insert brief description of what has been completed, e.g., medical record review, employer statement received, or vocational assessment.]

Outstanding Requirements:
To continue the evaluation of your claim, we still require the following documentation:

- [Requirement 1]
- [Requirement 2]

Next Steps:
Once the items listed above are received, our clinical team will conduct a final review. You can expect a formal decision or further notification by [Date].

If you have any questions or have recently submitted the requested information, please contact your Case Manager, [Name], at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Sender Name]
[Title]
[Company Name]