

[Your Name]
[Your Employee ID Number]
[Your Home Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Recipient Name or Department Name, e.g., Director of Human Resources]
[Company or Organization Name]
[Company Address]
[City, State, Zip Code]

Subject: Application for Permanent Disability Retirement

Dear [Recipient Name],

I am writing to formally apply for permanent disability retirement from my position as [Your Job Title] at [Company Name], effective [Last Working Date].

Due to a permanent medical condition, I am no longer able to perform the essential duties of my role. Attached to this letter, please find the required medical documentation and certifications provided by my healthcare provider, which outline the nature of my disability and the medical necessity for this retirement.

I request that you begin the formal process for disability retirement benefits as outlined in the company policy and my employment contract. Please let me know which additional forms I need to complete or if further information is required to expedite this application.

I would like to express my gratitude for the opportunities I have had while working with [Company Name]. I look forward to your guidance regarding the next steps in this transition.

Sincerely,

[Your Signature (if sending by mail)]

[Your Printed Name]