

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Notice of Approval for Disability Retirement

Dear [Employee Name],

This letter is to formally notify you that your application for disability retirement has been reviewed and approved, effective [Effective Date].

Based on the medical documentation provided and the review process conducted by [Department/Insurance Carrier Name], it has been determined that you meet the eligibility requirements for disability retirement benefits under the [Company Name/Pension Plan Name] policy.

Please find the details regarding your retirement transition below:

- **Last Day of Employment:** [Date]
- **Monthly Benefit Amount:** [Amount]
- **Benefit Commencement Date:** [Date]
- **Health Insurance Coverage:** [Details regarding continuation or termination]

Enclosed with this letter are the final processing documents. Please sign and return the [Specific Form Names] to the Human Resources department no later than [Due Date] to ensure there is no delay in your benefit payments.

We thank you for your years of service with [Company Name] and wish you the very best. If you have any questions regarding your benefits or the transition process, please contact [HR Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of HR Representative]
[Title]
[Company Name]