

[Your Name]  
[Your Employee ID Number]  
[Your Home Address]  
[Your Phone Number]  
[Your Email Address]

[Date]

[Manager Name or HR Representative Name]  
[Department Name]  
[Company/Organization Name]  
[Company Address]

**Subject: Application for Medical Retirement - [Your Full Name]**

Dear [Mr./Ms./Mx. Last Name],

Please accept this letter as my formal application for medical retirement from my position as [Your Job Title] at [Company Name], effective [Last Working Date].

This decision follows a period of significant health challenges related to [Name of Chronic Illness/Condition]. Despite undergoing medical treatment and exploring various workplace accommodations, my condition has progressed to a point where I am no longer able to fulfill the essential duties and physical/mental requirements of my role.

Attached to this letter, you will find documentation from my primary healthcare provider, [Doctor's Name], which outlines the nature of my chronic illness and the medical necessity for my retirement. I have also completed the required [Name of Retirement Form/Benefit Form] attached to this application.

I am committed to ensuring a smooth transition during my remaining time here. Please let me know the necessary steps regarding the processing of my pension, disability benefits, and the handover of my current projects.

I would like to express my gratitude for the opportunities I have had while working at [Company Name] and for the support shown to me during my illness.

Thank you for your understanding and assistance with this matter.

Sincerely,

[Your Signature (if printing)]

[Your Typed Name]