

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name or Department]
[Organization/Agency Name]
[Organization Address]

RE: Notice of Claim for Disability and Retirement Benefits

Policy/Account Number: [Your Number]
Social Security Number: [Your SSN]

Dear [Contact Person Name],

I am writing to formally submit my claim for disability benefits and to initiate my retirement process effective [Date].

Due to a medical condition, [Name of Condition], I am no longer able to perform the duties of my occupation. My last day of work was [Last Work Date]. I have attached the necessary medical documentation and physician statements to support this disability claim.

In conjunction with my disability claim, I would like to apply for my retirement benefits. Please provide the necessary forms and a summary of the benefit options available to me, including any applicable survivor benefits or lump-sum distributions.

Please let me know if you require any further information or additional documentation to process these requests. I look forward to receiving a confirmation of receipt and a timeline for the processing of my benefits.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [List attached documents, e.g., Medical Records, Birth Certificate, etc.]