

[Company/Organization Name]
[Department Name]
[Street Address]
[City, State, Zip Code]

[Date]

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

Subject: Approval of Temporary Medical Hardship Relief

Dear [Recipient Name],

We are writing to inform you that your application for temporary medical hardship relief has been reviewed and approved. We understand that you are currently facing health-related challenges and are pleased to provide the following assistance to support you during this time.

The details of your relief plan are as follows:

- **Relief Type:** [e.g., Payment Deferral / Reduced Monthly Payments / Work Accommodation]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]
- **Specific Terms:** [Enter specific details of the arrangement here]

Please note that this relief is temporary. Your account or status will be reviewed on [Review Date] to determine if further assistance is required or if regular terms will resume. You are required to notify us immediately if your medical or financial situation changes before the expiration date.

If you have any questions regarding these terms or need to provide updated medical documentation, please contact our office at [Phone Number] or [Email Address].

We wish you a steady recovery.

Sincerely,

[Your Name]
[Your Title]
[Company/Organization Name]