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

[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Request for Career Advancement Income Evaluation
Policy Number: [Your Policy Number]
Claim Number: [Your Claim Number, if applicable]

To Whom It May Concern,

I am writing to formally request an evaluation of my disability income benefits based on recent career advancement and a corresponding increase in my earned income. As per the terms of my policy regarding [Future Increase Option/Cost of Living Adjustment/Benefit Update], I am submitting documentation to support an upward adjustment of my monthly benefit amount.

Prior to my disability or during my current period of partial disability, my professional status has changed as follows:

- **New Job Title/Position:** [Title]
- **Effective Date of Promotion/Salary Increase:** [Date]
- **Previous Annual Income:** $[Amount]
- **New Annual Income:** $[Amount]

Attached to this letter, please find the following supporting documents:

- Recent pay stubs or W-2 forms.
- A signed letter from my employer confirming my promotion and new compensation structure.
- [Additional relevant financial documents].

I request that you review this information to ensure that my disability coverage accurately reflects my current earnings potential and career trajectory. Please notify me in writing of the results of this evaluation and any changes to my premium or benefit eligibility.

Thank you for your prompt attention to this matter. If you require further information, please contact me at [Your Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]