

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Re: Critical Illness Benefit Claim - [Claim Number]

Dear [Policyholder Name],

We are pleased to inform you that your claim for the Critical Illness Benefit regarding your recent diagnosis of [Diagnosis Name] has been approved. At [Company Name], our primary goal is to support you so you can focus entirely on your recovery.

A lump-sum payment in the amount of \$[Amount] has been issued to you. You should receive these funds via [Payment Method: Check/Direct Deposit] within [Number] business days. These funds are intended to help ease financial pressure, allowing you to prioritize your health and well-being during this time.

Please note the following details regarding your benefit:

- Benefit Type: [Full/Partial] Benefit Payment
- Date of Diagnosis: [Date]
- Tax Status: [Taxable/Non-Taxable information]

Your recovery is the most important priority. If there are any further documents required or if you have questions regarding additional support services included in your policy, please do not hesitate to contact your dedicated claims representative at [Phone Number] or via email at [Email Address].

We wish you strength and a steady path to health.

Sincerely,

[Sender Name]

[Title]

[Company Name]