

[Date]

[Disability Insurance Company Name]  
[Claims Department Address Line 1]  
[Address Line 2]  
[City, State, ZIP]

**Re: Proof of Recovery Letter for Disability Insurance Reinstatement**

**Policy Number: [Policy Number]**

**Claim Number: [Claim Number]**

To Whom It May Concern,

I am writing to provide formal notification of my recovery from the disability that previously rendered me unable to perform my occupational duties and for which I received disability insurance benefits under the above-referenced policy.

As of [date of recovery], I have resumed all essential duties of my occupation and have been cleared to return to work by my healthcare provider, [Provider Name]. Attached is documentation from my healthcare provider confirming my medical recovery and current ability to work without restriction.

I respectfully request that my disability insurance policy be considered for reinstatement, effective immediately. Please advise if you require any additional information or documentation to process this reinstatement.

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Address]  
[City, State, ZIP]  
[Phone Number]  
[Email Address]