

Sender Name  
Sender Address Line 1  
Sender Address Line 2  
City, State ZIP  
Date: \_\_\_\_\_

To:  
[Recipient Name or Insurance Company]  
[Recipient Address Line 1]  
[Recipient Address Line 2]  
City, State ZIP

**Subject:** Income Verification Letter for Disability Insurance Evidence

To Whom It May Concern,

I am writing to verify my income as required for disability insurance evidence purposes. Please find below my income details:

- **Full Name:** \_\_\_\_\_
- **Social Security Number (Last 4 digits):** \_\_\_\_\_
- **Employer Name:** \_\_\_\_\_
- **Employer Address:** \_\_\_\_\_
- **Position/Title:** \_\_\_\_\_
- **Employment Dates:** \_\_\_\_\_
- **Average Monthly Income:** \$ \_\_\_\_\_
- **Pay Frequency:** \_\_\_\_\_

This information is true and accurate to the best of my knowledge. If further verification is needed, please contact me at the address or phone number provided above.

Thank you for your attention to this matter.

Sincerely,

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Signature

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Print Name

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Phone Number

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Date