

Date: _____

To:

[Insurance Company Name]

[Address Line 1]

[Address Line 2]

Subject: Disability Claim Waiver of Premium Authorization Letter

Policy Number: _____

To Whom It May Concern,

I, _____, am the policyholder of the above-mentioned insurance policy. I am writing to formally authorize and request the waiver of premium under the disability benefit provisions of my policy, as I am currently unable to work due to disability.

I authorize you to obtain, use, and disclose any information regarding my claim from relevant third parties, including my employer, attending physician(s), and any other person or institution that may have information about my disability.

Please find attached the required medical and supporting documents to process my waiver of premium request in accordance with the terms of my policy.

Kindly acknowledge receipt of this authorization letter and advise me regarding any further steps required.

Thank you for your attention to this matter.

Sincerely,

Signature

Name: _____

Address: _____

Phone: _____

Email: _____