Formal Disability Denial Letter

Subject: Disability Claim Denial Notification

Dear [Recipient Name],

We regret to inform you that after careful review, your disability claim has been denied. Our evaluation concluded that the documentation provided does not meet the criteria established under our policy.

You have the right to appeal this decision within 30 days from the date of this letter. Please refer to the enclosed instructions for submitting an appeal and the required documentation.

Sincerely,

[Your Name]

[Position]

[Organization Name]

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