STD benefits extension request

Subject: Short-Term Disability Extension Request

Dear Benefits Administrator,

I am writing to request an extension of my short-term disability benefits and corresponding medical leave. My current STD claim [claim number] is scheduled to end on [date].

Due to my ongoing medical condition, my physician has determined that I remain unable to perform the essential functions of my position and has recommended continued medical leave. I am requesting an extension of [duration] to allow for complete recovery.

I have submitted the required continuing disability forms to the insurance carrier and am awaiting their decision on benefit continuation. Regardless of the insurance determination, I am requesting that my employer-provided medical leave be extended to align with my medical needs.

Please find attached:

- Updated physician's statement
- Completed disability extension forms
- Treatment plan documentation

I will continue to provide regular updates on my condition and anticipated return date. Thank you for your assistance in processing this extension request.

Best regards,

[Your Name]

[Policy Number]