

Sample Letter to Disability Insurance Carrier

Hint: Avoid Re-typing – cut & paste the text from the online copy at:

www.ProBenefits.com/PBP/Forms/Disability_Letter.pdf

(Date)

Policyholder Service

_____ Insurance Company

(Address)

Ref: **Long Term Disability Coverage, Policy #**_____

Dear Policyholder Service:

Enclosed is an updated listing of all employees eligible for Long Term Disability coverage under our above referenced policy.

- Please verify in writing that all listed employees are enrolled for coverage.
- Please verify in writing that you have updated your records to insure the covered compensation we have listed.

The covered compensation we listed is gross contractual compensation for calendar year _____, prior to pre-tax salary reductions under our Flexible Benefit Plan.

Please verify in writing that our Long Term Disability policy defines “covered compensation” as “gross contractual compensation before Flexible Benefit Plan (Cafeteria Plan) contributions”.

Please advise of any other information you need, any new benefit options of which we should be aware, or anything else we should do to keep our Long Term Disability coverage current.

Thank you,

(Name)

Benefit Administrator

cc: (Your Insurance Agent)