

[Date]

[Applicant Name]

[Applicant Address]

[City, State, Zip Code]

Subject: Pre-Qualification for Disability Pension Benefits

Dear [Applicant Name],

This letter is to formally notify you that based on our preliminary review of your employment history and submitted medical documentation, you have been **pre-qualified** for disability pension retirement benefits under [Name of Pension Fund/Organization].

Our initial assessment indicates that you meet the following criteria:

- Active participation in the retirement plan for the required minimum of [Number] years.
- Current medical evidence supporting a condition that meets the plan's definition of disability.
- Completion of the mandatory waiting period, if applicable.

Please note that this pre-qualification is a preliminary determination. Final approval is subject to the following remaining steps:

1. Verification of final salary and service credit calculations.
2. A formal review by the [Medical Board/Pension Committee].
3. Submission of [Form Name/Additional Document], if not already provided.

Your estimated monthly benefit amount is calculated to be [Amount], with an effective retirement date of [Date]. This amount is an estimate and may change upon final audit.

If you have any questions regarding this notice or the next steps in the process, please contact the Benefits Department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Representative]

[Title]

[Organization Name]