

Date: [Insert Date]

To Whom It May Concern,

Subject: Verification of Permanent Disability Pension Income

This letter is to officially confirm that **[Recipient Full Name]**, with Social Security Number/ID **[ID Number]**, is currently receiving permanent disability pension benefits.

The details of the pension payments are as follows:

- **Benefit Type:** Permanent Disability Pension
- **Benefit Start Date:** [Insert Date]
- **Payment Frequency:** [e.g., Monthly/Bi-weekly]
- **Gross Payment Amount:** [Insert Amount]
- **Net Payment Amount:** [Insert Amount]
- **Status:** Permanent / Long-term

These benefits are scheduled to continue indefinitely, subject to the terms and conditions of the [Name of Pension Fund/Insurance Company/Agency].

If you require any additional information or further documentation, please contact our office at [Insert Phone Number] or via email at [Insert Email Address].

Sincerely,

[Signature]

[Printed Name]

[Title]

[Organization Name]