



TWILIGHT CONFIRMATION LETTER

Date:

Tiffany M. Gabuya
Insurance Head

Dear Mrs. Gabuya,

I hope this letter finds you in good health and high spirits. This is to inform your good office the condition of Ms./Mr. _____, member of Cooperative/Twilight Program member.

Ms./Mr. _____ is totally and permanently unable from performing his/her regular occupation and impair activities of daily living due to following condition(s)
_____.

Regards,

Branch Coordinator