

# Appeal Letter for Retirement Benefits Decision

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company or Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my retirement benefits communicated to me on [Insert Date of Decision]. My identification number is [Your ID Number].

After reviewing the details of my case, I believe that there was an oversight in evaluating my eligibility for benefits. Specifically, [briefly explain your reason for appeal and any pertinent information].

In support of my appeal, I have attached [list any supporting documents, if applicable]. I kindly request that you review my case again and reconsider the decision based on the additional information I have provided.

Thank you for your attention to this matter. I look forward to your prompt response and resolution of my appeal.

Sincerely,

[Your Name]