

Disability Benefits Appeal Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Title]

[Company/Agency Name]

[Company/Agency Address]

[City, State, Zip Code]

Subject: Appeal for Disability Benefits Rejection - [Your Case Number]

Dear [Recipient Name],

I am writing to formally appeal the decision made on [Date of Rejection Letter] regarding my application for disability benefits (Case Number: [Your Case Number]). I was informed that my application was denied due to [specific reason cited in the rejection letter].

I respectfully disagree with this decision and would like to provide additional information and documentation to support my claim. [Briefly explain your condition and why you believe you are eligible for benefits. Mention any new evidence or medical reports that support your case.]

Attached to this letter, please find:

- [Document 1]
- [Document 2]
- [Document 3]

I appreciate your attention to this matter and hope for a favorable reconsideration of my application. Should you require any further information or documentation, please do not hesitate to contact me.

Thank you for your time and assistance.

Sincerely,

[Your Name]