

Notice of Appeal for Social Security Benefits

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

Social Security Administration

[Office Address]

[City, State, Zip Code]

Subject: Appeal of Denial of Social Security Benefits

Dear [Recipient's Name],

I am writing to formally appeal the decision made on [date of decision] regarding my Social Security benefits application. My Social Security number is [Your SSN]. I have received a letter (reference number [reference number]) stating that my application for benefits was denied due to [brief reason for denial].

I believe that this decision was made in error due to [provide reason or context]. I have enclosed additional information and documentation that supports my claim for benefits, including [list documents, e.g., medical records, employment history].

I request that you review my application and the accompanying documents. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]