

# Letter of Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Social Security Administration

[Address of the Social Security Office]

[City, State, Zip Code]

## **Subject: Appeal for Denial of Social Security Benefits**

Dear [Appeals Officer's Name],

I am writing to formally appeal the decision regarding my application for Social Security benefits, which was denied on [Insert Date of Denial]. My Social Security number is [Your SSN].

I believe my denial was based on [briefly state reason for denial]. However, I feel that my case warrants reconsideration due to [provide reasons or additional information supporting your appeal].

Enclosed, please find [list documents or evidence you are including to support your appeal]. I believe these documents will further substantiate my claim and demonstrate my eligibility for benefits.

I respectfully urge you to review my case again and grant the benefits I am entitled to. Thank you for your time and consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]