

# Formal Appeal Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

Date: [Date]

## **Social Security Administration**

[Office Address]

[City, State, ZIP Code]

Subject: Formal Appeal for Social Security Assessment - [Your Social Security Number]

Dear Sir/Madam,

I am writing to formally appeal the decision made regarding my Social Security benefits, as I believe that my case has not been adequately assessed. My name is [Your Name] and my Social Security Number is [Your SSN].

On [Date of Initial Decision], I received a notice indicating that my application for [specific benefits] was denied based on [brief reason given in the denial notice]. However, I believe this decision does not fully consider the circumstances of my case.

To support my appeal, I have enclosed [list documents, e.g. medical records, employment history, etc.]. I respectfully request a review of my case and consideration of the additional information provided.

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

Sincerely,

[Your Signature]

[Your Printed Name]