

Social Security Appeal Request

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

Social Security Administration

[City, State, ZIP Code]

Subject: Appeal Request for Claim #[Claim Number]

Dear Sir/Madam,

I am writing to formally appeal the decision made regarding my Social Security claim, submitted on [Submission Date]. My claim was denied on [Denial Date], and I believe this decision was made in error.

According to the notice I received, my claim was denied based on [Reason for Denial]. I would like to provide additional information and evidence that support my eligibility for benefits, which includes [Brief Description of Additional Evidence or Information].

Attached to this letter, you will find copies of [List of Attached Documents]. I kindly request that you review this information as part of my appeal.

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

Sincerely,

[Your Name]