

# Appeal Letter for Social Security Benefit Determination

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

Social Security Administration  
Address of the Local SSA Office  
City, State, Zip Code

Dear Sir/Madam,

I am writing to formally appeal the decision made regarding my Social Security benefit application dated [insert date]. I received a notice on [insert date] stating that my application was denied due to [briefly state reason for denial].

I believe this decision is incorrect for the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

Enclosed, you will find supporting documents that substantiate my appeal, including [list of documents].

Thank you for your attention to this matter. I look forward to your prompt response and a fair review of my case.

Sincerely,  
[Your Name]  
[Your Signature (if sending a hard copy)]