

# Social Security Administration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Social Security Number]

To Whom It May Concern:

I am writing to formally request a review of my Social Security benefits. My name is [Your Name], my Social Security number is [Your SSN], and I am currently receiving benefits under [specify type of benefits, e.g., Social Security Disability Insurance, Supplemental Security Income].

Due to [briefly explain reason for review request, e.g., changes in financial situation, medical condition], I believe that my current benefit amount does not accurately reflect my current circumstances. I would like to provide additional documentation and evidence for your review.

Enclosed are the documents that support my case:

- [Document 1]
- [Document 2]
- [Document 3]

I kindly request a prompt review of my benefits and look forward to your response. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]