

# Social Security Administration

Date: [Insert Date]

Claimant Name: [Insert Claimant Name]

Claimant Address: [Insert Claimant Address]

Claim Number: [Insert Claim Number]

## Denial Notice

Dear [Insert Claimant Name],

We regret to inform you that your application for Social Security benefits has been denied. After careful consideration of your claim, we have determined that you do not meet the eligibility requirements as set forth by the Social Security Administration.

### Reason for Denial:

[Insert Reason for Denial]

You have the right to appeal this decision. If you wish to appeal, you must do so within 60 days from the date of this notice. Please refer to the instructions enclosed for more details on how to file an appeal.

If you have any questions or require further assistance, please contact our office at [Insert Phone Number] or visit our website at [Insert Website URL].

Sincerely,

[Insert Name]

[Insert Title]

Social Security Administration