

Social Security Administration

Date: [Insert Date]

Recipient Name: [Insert Recipient Name]

Address: [Insert Recipient Address]

City, State, ZIP: [Insert City, State, ZIP]

Notice of Termination of Benefits

Dear [Recipient Name],

We are writing to inform you that your Social Security benefits have been terminated effective [Insert Termination Date]. This action has been taken due to [insert reason for termination, e.g., change in income, failure to comply with reporting requirements, etc.].

If you believe this decision is incorrect, you have the right to appeal. To do so, please submit your appeal within 60 days from the date of this notice. You can send your appeal to:

Social Security Administration
[Insert Address for Appeals]
[Insert City, State, ZIP]

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
Social Security Administration