

Social Security Administration

Date: [Insert Date]

[Recipient Name]

[Recipient Address]

[City, State, ZIP Code]

Notice of Social Security Dependency Benefits

Dear [Recipient Name],

We are writing to inform you about the Social Security dependency benefits that you may be eligible to receive. This letter serves as a formal notice regarding your benefits and any necessary actions you may need to take.

Your application has been reviewed, and we are pleased to inform you that you are entitled to receive benefits based on your relationship to [Beneficiary Name].

Details of Benefits:

- Benefit Amount: \$[Insert Amount]
- Effective Date: [Insert Date]
- Payment Frequency: [Insert Frequency]

Please ensure that you comply with any reporting requirements related to your benefits. If you have any questions or need further assistance, feel free to contact our office at [Insert Phone Number].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

Social Security Administration