

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

[Recipient's Name]
[Recipient's Position]
[Company/Organization Name]
[Address]
[City, State, Zip Code]

Subject: Disability Appeal for [Your Case Number/Reference Number]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my disability claim, reference number [Your Case Number/Reference Number], which was denied on [Date of Denial]. I believe that this decision was made without fully considering the relevant facts and evidence.

I am providing additional information and documentation that support my claim:

1. [Brief description of the first piece of evidence or documentation being submitted]
2. [Brief description of the second piece of evidence or documentation being submitted]
3. [Brief description of any other supporting information]

Given the severity of my condition, which includes [a brief description of your disability], I respectfully request that my claim be reviewed again in light of the additional information provided.

Thank you for your attention to this matter. I appreciate your consideration and look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]