

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

Social Security Administration  
[Office Address]  
[City, State, Zip Code]

Subject: Appeal of Social Security Benefit Decision  
[Your Social Security Number]

Dear [Name of the Recipient or "To Whom It May Concern"],

I am writing to formally appeal the decision dated [date of the decision] regarding my application for Social Security benefits. After reviewing the decision, I believe that my claim does meet the necessary criteria for the benefits I am seeking.

[In this paragraph, briefly explain the reason for your appeal, such as new evidence, misunderstanding, or additional context. Include specific details relevant to your case.]

Enclosed are copies of supporting documents [list documents briefly, e.g., medical records, employment history, etc.]. I believe this information substantiates my claim and demonstrates that I qualify for the benefits.

I respectfully request a review of my case and urge you to reconsider your decision. Please feel free to contact me at [your phone number] or [your email] should you require any further information.

Thank you for your time and consideration.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]