

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

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

Subject: Approval of Social Security Disability Insurance (SSDI) Claim  
Dear [Your Name],

We are pleased to inform you that your application for Social Security Disability Insurance (SSDI) benefits has been approved. After careful review of your medical records, work history, and the information provided, we have determined that you meet the eligibility criteria for SSDI benefits.

Your benefits will commence as of [start date], and you will receive your first payment on [payment date]. Your monthly benefit amount will be [benefit amount].

Please ensure that your information remains up to date. Should your circumstances change, such as a change in address, employment, or medical condition, please notify us immediately.

If you have any questions or require further assistance, please do not hesitate to contact us at [SSA contact number] or visit our website at [SSA website].

Congratulations on your approval, and thank you for your commitment to the Social Security program.

Sincerely,

[Your Name]  
[Your Title]

Social Security Administration