

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

Social Security Administration

[Office Address]  
[City, State, ZIP Code]

Subject: Appeal for SSDI Denial - [Your Name]

Claim Number: [Your Claim Number]

Dear Sir/Madam,

I am writing to formally appeal the denial of my Social Security Disability Insurance (SSDI) claim dated [date of denial letter]. My claim was denied based on [reason provided in the denial letter], and I believe that the decision was made based on insufficient evidence regarding my medical condition.

[Paragraph detailing your medical condition, treatments, and how it affects your daily life. Be specific about your limitations and how they share impact your ability to work.]

I have attached [list documents you are including, such as medical records, letters from doctors, and other relevant evidence] that provide further support for my appeal. These documents illustrate my ongoing health issues and their implications on my functional capacity.

I respectfully request that you review my case again, taking into consideration the additional information provided. I believe that upon reevaluation, it will be clear that I meet the criteria for SSDI benefits due to my medical condition.

Thank you for your time and attention to this matter. I look forward to your response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]