

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Social Security Administration]
[Address]
[City, State, Zip Code]
Subject: Notice of Disapproved Claim for SSDI
Dear [Your Name],

We are writing to inform you that your application for Social Security Disability Insurance (SSDI) benefits has been denied. After careful consideration of your medical records, work history, and other relevant information, we regret to inform you that we found insufficient evidence to conclude that you meet the Social Security Administration's definition of disability.

Your claim was evaluated under the following criteria:

1. Medical Evidence: [Brief description of medical evidence considered]
2. Work History: [Brief description of work history and ability to perform past work]
3. Functional Limitations: [Brief description of limitations and ability to perform other work]

The specific reasons for the denial include:

- [Reason 1]
- [Reason 2]
- [Reason 3]

You have the right to appeal this decision. If you wish to file an appeal, please complete the enclosed appeal form and submit it within 60 days from the date of this letter. You may also request a hearing before an administrative law judge if you disagree with our decision.

For further assistance, feel free to contact our office or visit our website at [website link].

Sincerely,

[Your Caseworker's Name]
[Title]
Social Security Administration