

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Date]

[Social Security Administration]

[Address of Local SSA Office]

[City, State, ZIP Code]

Subject: SSDI Eligibility Determination Letter

Dear [Recipient's Name or "To Whom It May Concern"],

This letter is to inform you of the determination regarding my application for Social Security Disability Insurance (SSDI) benefits, submitted on [Date of Application].

Eligibility Status:

After careful consideration of the information provided and the medical evidence submitted, it has been determined that you [are/are not] eligible for SSDI benefits.

Reasons for Determination:

- [Reason 1: Brief explanation]
- [Reason 2: Brief explanation]
- [Additional Reasons if applicable]

Next Steps:

If you disagree with this determination, you have the right to appeal. Please submit your appeal within [number of days] from the date of this letter. Instructions for the appeal process are included in the attached documentation.

For any further questions regarding this decision, feel free to contact us at [phone number] or [email address].

Sincerely,

[Your Name]

[Your Social Security Number] (if required)

[Your Signature (if sending a hard copy)]

Enclosures: [List of any enclosed documents]