

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

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

Re: Appeal for SSDI Claim - [Your Claim Number]

Dear [Recipient's Name or "Appeals Officer"],

I am writing to formally appeal the decision regarding my Social Security Disability Insurance (SSDI) claim, which was denied on [Date of Denial].

My claim number is [Your Claim Number].

I believe the denial was made based on [briefly explain the reason for denial, e.g., insufficient medical evidence, ability to work, etc.]. I have gathered additional information that I would like to present for your review, including [list any new medical records, doctors' statements, employment records, etc.].

I respectfully request that my claim be reconsidered in light of this new evidence. I have been diagnosed with [Your Medical Condition], and it continues to affect my ability to work due to [explain how it affects you, including specific examples of limitations].

Please find enclosed the following materials to support my appeal:

1. [Document 1]
2. [Document 2]
3. [Document 3]

I appreciate your attention to my case and would like to request a hearing if necessary. Please confirm receipt of this letter and my appeal.

Thank you for your time and assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Social Security Number] (optional)