

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

Social Security Administration

[Office Address]
[City, State, ZIP]

Subject: Request for Reassessment of SSDI Benefits

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

I hope this letter finds you well. I am writing to formally request a reassessment of my Social Security Disability Insurance (SSDI) benefits.

My case number is [Your Case Number].

Since my last assessment on [Date of Last Assessment], there have been significant changes in my health and circumstances that I believe warrant a reevaluation of my eligibility for benefits. [Briefly explain the changes in your condition or situation that may affect your benefits, including any new diagnoses, treatments, or financial changes.]

I have attached relevant medical documentation and reports from my healthcare providers to support my request. [List any attachments or enclosures, if applicable.]

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]