

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

Social Security Administration
[Address of the Social Security Office]
[City, State, Zip Code]

Subject: Request for Reconsideration of SSDI Claim - [Your Claim Number]

Dear [Name of Caseworker or "To Whom It May Concern"],

I am writing to formally request a reconsideration of my Social Security Disability Insurance (SSDI) claim, which was denied on [Date of Denial].

My claim number is [Your Claim Number].

I believe my claim was denied due to [briefly state reason for denial, e.g., insufficient medical evidence, etc.]. Since the denial, I have obtained additional medical records, evaluations, and documentation that support my condition.

Enclosed are the following documents for your review:

1. [List additional medical records or evaluations]
2. [Any other relevant documentation]

I respectfully request that you review my case with this new information. I believe it clearly demonstrates my inability to work due to my medical condition.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]