

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

Social Security Administration  
[Address of the SSA Office that handled your claim]  
[City, State, Zip Code]

Re: Request for Reconsideration - SSDI Claim #[Claim Number]

Dear SSDI Reconsideration Office,

I am writing to formally request a reconsideration of my Social Security Disability Insurance (SSDI) claim that was denied on [date of denial]. My claim number is [Claim Number].

I believe the decision was based on [briefly explain your reasoning, e.g., "an incomplete medical assessment" or "overlooked evidence"]. Since the denial, I have gathered additional medical documentation that supports my claim, including:

1. [Document Name/Description]
2. [Document Name/Description]
3. [Document Name/Description]

I kindly ask that you review my case again, taking into consideration the new evidence along with my medical history and ongoing treatment.

Thank you for your time and attention to my request. Please inform me if there are any forms or additional information you require to facilitate this process.

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