

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

Social Security Administration

[Address of the SSA office handling your case]  
[City, State, Zip Code]

Subject: Appeal for SSI Discontinuation/Denial - Case Number [Insert Case Number]

Dear Sir/Madam,

I am writing to formally appeal the decision regarding my Supplemental Security Income (SSI) benefits, as communicated to me in the letter dated [Insert Date of Decision Letter]. I believe that my case warrants reconsideration due to [briefly state the reason for the appeal, e.g., new medical information, misunderstanding of your condition, etc.].

[Paragraph 1: Explain your situation and the reasons for your appeal in detail. Include any medical conditions, personal circumstances, or changes that may have impacted your eligibility.]

[Paragraph 2: Mention any additional supporting documents you are including with your appeal, such as medical records, expert opinions, or any relevant evidence that supports your claim.]

[Paragraph 3: Request a reconsideration of your case based on the evidence provided and express your willingness to cooperate further if needed.]

Thank you for your attention to this matter. I look forward to your prompt response regarding my appeal.

Sincerely,

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