

LETTER TO SOCIAL SECURITY ADMINISTRATION

Recipient: _____

Social Security Administration

Office of Disability Adjudication and Review

Address: _____

Subject:

Request for Review / Appeal / Correspondence Regarding Social Security Claim

Claimant Information:

Full Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Representative Information (if applicable):

Full Name: _____

Relationship to Claimant: _____

Address: _____

Phone Number: _____

Claim Details:

Claim Number / SSN: _____

Type of Claim (e.g. Disability, Retirement, Medicare): _____

Date of Initial Claim / Decision (if known): _____

Purpose of this Letter:

I am writing to request a review and reconsideration of my Social Security claim or to provide additional information relevant to my case. Please find attached all relevant documents and evidence supporting my position. I respectfully ask that my case be reviewed promptly and fairly in accordance with applicable Social Security laws and regulations. If any further information is required, please contact me at the above phone number or address.

Attachments:

- Copies of previous decisions and notices
- Medical records and reports
- Personal statements or affidavits
- Any other supporting documents

Declaration and Signature:

I declare under penalty of perjury that the information provided in this letter and any attached documents is true and correct to the best of my knowledge and belief.

Signature:

Printed Name:

Date:

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