

[Representative's Name]
[Representative's Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Letter of Representation for Continuing Disability Review (CDR)
Claimant Name: [Claimant's Full Name]
Claimant SSN: [Claimant's Social Security Number]

To Whom It May Concern:

Please be advised that I represent [Claimant's Name] regarding their Continuing Disability Review (CDR). Attached to this letter, please find Form SSA-1696 (Appointment of Representative) signed by the claimant.

As the authorized representative, I request that all future correspondence, notices, and requests for information regarding this medical re-evaluation be sent directly to my office.

We are currently assisting the claimant in gathering updated medical records and completing the necessary CDR forms (SSA-454 and/or SSA-455). If there are specific deadlines or additional requirements regarding this review, please notify me immediately.

Thank you for your cooperation in this matter.

Sincerely,

[Signature]
[Representative's Printed Name]

Enclosure: Form SSA-1696