

**New York City District Council of Carpenters Pension Fund  
395 Hudson Street  
New York, NY 10014  
(212) 366-7300**

Date: \_\_\_\_\_

**Dear Appeals Committee:**

**I wish to appeal the decision:**

---

---

---

**The reason that I am appealing is:**

---

---

---

**I am therefore asking the Appeals Committee to:**

---

---

---

**Very truly yours,**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Signature**