Address the letter to the address that the decision letter was sent from.

Today’s date

Dear

# Jane Doe, Date of Birth 01/01/1995, NINO JK112233L

## 13, No fixed abode, Cwmbran, NP44 2AS

I write to formally request a Mandatory Reconsideration in respect of your decision dated the 8 December 2015 in relation to my Employment and Support Allowance/Limited Capability for work/Personal Independence claim.

It is my opinion that material facts from my medical assessment, which would have been pivotal to any decision, were taken out of context and misreported. Namely:

\*\*\*\*\*\* give reasons as to why you disagree with the medical assessment report.

Please find attached further evidence in support of my request for Mandatory Reconsideration/I have no further evidence at the current time.

Thank you for your time and consideration.

Yours faithfully

Jane Doe