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 am writing to request a (late) mandatory reconsideration of the decision of the DWP dated the … of …. 2022 which provides that I am not eligible for PIP/ that I am fit for work/have only limited capability for work and not work related activity. I was unable to make this request within one month of the date of the decision because……

I suffer with the following health conditions:

Arthritis

Anxiety and depression

I am currently taking the following medication and/or undergoing the following treatment:

Zapain

Weekly physiotherapy

I do not agree with this decision because:

Explain why you think you are eligible for the benefit

The health assessor did not take into consideration the following information and/or has recorded certain information incorrectly.

\*\*\*\*\*\* 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.

I look forward to hearing from you in relation to the above. Should you require any further information please contact me, my telephone number is …..

Yours faithfully

Jane Doe