

Mandatory Reconsideration Request

Fill in this form and take or send it to the office that sent you the decision.

1. About you

Title Mr/Mrs/Miss/Ms/Other (please state)

Surname

All other names

Date of birth

National Insurance (NI) number

Get this from your NI number card, payslips,
tax papers or letters from Jobcentre plus.

Your present address

_____ Postcode

Daytime phone Number
Code Number

2. About a child

If this reconsideration is about a child, please tell us all the details:

Child's name-

Child's date of birth

Child's (NI) number

(if they have one)

3. About your representative

Have you arranged for someone to represent you?

No Yes If Yes, please tell us their name and address

Their Full name
Their address

_____ Postcode

Their Phone
Number

Code

Number

Sign this box to give this
person permission to act
for you

4. About the decision

Name of the benefit or benefits

Date at the top of the letter about
the decision

/ /

5. About the reconsideration request

- Use the space at the end of the form to say why you don't agree with the decision.
- You must say why you think the decision is wrong. It is not enough to say 'I don't agree with this decision', 'the money is not enough' or 'My GP says I'm unwell'.
- The reason you give should be like these examples:
 - 'I think you have used the wrong figures to work out my mortgage interest. The right figures are...'
 - 'You have paid me from 4 July but I think I should be paid for two weeks before that because....'
 - 'My Disability Living Allowance should be more because I need attention at least eight times a day – not "infrequently" as you have said'.
- If you are disputing more than one decision, you must say why you disagree with each one.

6. Reasons

- Use this space to say why you don't agree with the decision
- You must say **why** you think the decision is wrong.
Use BLOCK CAPITALS

- Remember to put your name and National Insurance number on any extra sheets of paper.
- **Make sure you have filled in the other side of this form and signed it.**
- Take or send this form to the office that sent you the decision.

7. You should sign below

- Make sure you have told us on the other side of this form why you don't agree with this decision.
- Take or send this form to the office that sent you the decision.
- It will help if you write 'mandatory reconsideration request' on the front of the envelope.
- Remember, your reconsideration request must reach the office within one month of the date at the top of the letter telling you about the decision.

8. You should sign below

Please sign here

Date

9. I am/will not be sending any further evidence (please circle answer)

- **Note: If you do not have evidence available to send, it can delay the reconsideration.**

10. PLEASE SEND A COPY OF THE MANDATORY RECONSIDERATION DECISION TO THE REPRESENTATIVE