Mandatory Reconsideration Letter Template

A starting template for requesting a Mandatory Reconsideration of a PIP or Universal Credit decision. Text in *red brackets* should be replaced with your own details — everything else can stay as a structure to follow.

Before you use this template

1. Check your deadline first: you usually have one calendar month from the date on your decision letter to request a Mandatory Reconsideration (14 days from a written statement of reasons, if you requested one).
2. Request your assessment report (for PIP) or check your decision letter and journal (for Universal Credit) before writing your reasons, so you know exactly which activities or descriptors to challenge.
3. Be specific rather than general — reference the exact activity, the points scored, and the evidence that contradicts it.
4. Keep a copy of everything you send, and use recorded delivery or your online journal so there's a clear record of when you sent it.

[Your name]
[Your address]
[National Insurance number]
[Date]

Department for Work and Pensions
[Address from your decision letter]

Re: Request for Mandatory Reconsideration — [PIP / Universal Credit] decision dated [date of decision letter]

Dear Sir/Madam,

I am writing to request a Mandatory Reconsideration of the decision dated [date], regarding my [PIP / Universal Credit] claim, National Insurance number [NI number].

I disagree with this decision because [state clearly what you disagree with — e.g. “I do not believe the assessment accurately reflects the level of difficulty I have with managing my daily living activities” or “I do not believe I should have been found fit for work”].

Specifically, I disagree with the scoring/decision on the following:

[Activity/descriptor 1, e.g. “Preparing food — scored 0 points”]: [Explain why you disagree, and what actually happens — e.g. “I am unable to stand at the cooker for more than a few minutes due to pain, and need to sit down and rest partway through preparing any meal. My GP letter (enclosed) confirms this.”]

[Activity/descriptor 2, if applicable]: [Repeat the same structure — what was scored, why you disagree, and what evidence supports your view.]

I am enclosing the following evidence in support of my request: [list evidence, e.g. GP letter, specialist report, care plan, completed symptom diary, prescription list].

I would be grateful if you could reconsider this decision in light of the above. Please contact me if you require any further information.

Yours faithfully,

[Your signature]
[Your printed name]