

Beneficiary Appeal for Reconsideration

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization Name]

[Organization Address]

[City, State, ZIP Code]

Subject: Appeal for Reconsideration of [Specific Decision/Claim Number]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally appeal the decision made on [date of decision] regarding my [specific claim/benefit]. After careful consideration and subsequent developments, I believe it is important to present new evidence that may affect the outcome of my case.

Since the original decision, I have gathered [briefly describe the new evidence, e.g., medical records, legal documents, additional testimonials, etc.], which I believe greatly supports my claim for [specific benefit]. This new evidence includes:

- [List the new evidence item 1]
- [List the new evidence item 2]
- [List the new evidence item 3]

I respectfully request that you review this new information and reconsider your previous decision regarding my application. I am confident that this evidence will provide a clearer understanding of my situation and support my eligibility for the [specific benefit].

Thank you for your attention to this matter. I am hopeful for a positive resolution and am looking forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]