

# Appeal for Reconsideration of Denied Benefits

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title]  
[Company/Organization Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision made on [Date of Denial] regarding my benefits application (Reference Number: [Reference Number]). I was notified that my application was denied based on [reason for denial], and I would like to request a reconsideration of this decision.

I believe that my application meets the necessary criteria due to [briefly explain reasons or provide additional information that supports your case]. I have attached supporting documentation and evidence for your review.

I appreciate your attention to this matter and hope for a favorable reconsideration of my case. Thank you for your understanding and support.

Sincerely,  
[Your Name]