

Appeal for Retroactive Benefit Adjustment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Title/Position]

[Agency/Organization Name]

[Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally appeal the decision regarding my benefit adjustments. My case reference number is [Insert Case Number].

On [Insert Date], I received a notice indicating that my benefits would be adjusted due to [insert reason]. However, I believe there has been an oversight in my case which warrants a retroactive adjustment to my benefits.

According to the documentation submitted, I have provided all necessary evidence to support my claim, including [briefly list any key documents]. I kindly request a review of the decision made and consideration for a retroactive adjustment to my benefits.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]