

# Letter of Dispute

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Company/Agency Name]

[Company Address]

[City, State, Zip Code]

## **Subject: Dispute of Denied Retroactive Benefit Claim**

Dear [Recipient Name],

I am writing to formally dispute the denial of my retroactive benefit claim, reference number [Insert Claim Number], submitted on [Insert Submission Date]. I was notified of the denial on [Insert Denial Date], and I wish to provide additional information that I believe supports my eligibility for the benefits.

According to your letter dated [Insert Denial Date], the reasons cited for the denial were [Insert Reasons for Denial]. However, I would like to draw your attention to the following points that I believe warrant a reconsideration:

- [Point 1: Provide detailed explanation]
- [Point 2: Provide detailed explanation]
- [Point 3: Provide detailed explanation]

I have attached relevant documentation, including [List of Documents Attached], to support my case. I kindly request a review of my claim in light of this information.

Thank you for your attention to this matter. I look forward to your prompt response and a favorable resolution.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]