PERSONAL INDEPENDENCE PAYMENT (PIP) APPEAL LETTER

To: _____

From: _____

Reference Number: _____

Subject: Appeal against PIP decision

I am writing to formally appeal the decision made regarding my Personal Independence Payment (PIP) claim. I believe that the decision does not accurately reflect my current health condition and its impact on my daily living and mobility.

Background Information

I originally submitted my PIP claim on the basis of the difficulties I experience due to my health condition. Since the assessment, my circumstances and health have either remained the same or deteriorated, contrary to the findings stated in the decision letter.

Grounds for Appeal

Medical Condition and Impact

The medical evidence provided, including reports from my GP and relevant specialists, clearly demonstrates the extent of my condition. These reports confirm the limitations I face in daily living activities and mobility that were not fully considered.

Assessment Procedure

I believe the assessment did not appropriately take into account all aspects of my health, including fluctuating symptoms, pain levels, and mental health impact. The assessor may have failed to observe or record important information.

Daily Living Difficulties

I require assistance with tasks such as preparing food, washing and bathing, dressing and undressing, and managing treatments. These challenges justify the award of the enhanced daily living component.

Mobility Challenges

Due to my condition, I face significant difficulties moving around both indoors and outdoors, including walking, planning and following journeys, and managing unfamiliar routes. These issues merit the enhanced mobility component.

Supporting Evidence

Additional evidence, including witness statements from carers and family members, medical letters, and any other pertinent documentation, support my appeal.

Request for Reconsideration

I respectfully request a full reconsideration of my PIP claim in light of the information and evidence provided. Should it

be necessary, I am willing to attend a further face-to-face assessment or provide any additional documentation to support my case.

Contact Information

Please address all correspondence regarding this appeal to the contact details provided above. I appreciate your prompt attention to this matter and look forward to a favourable reconsideration.

Yours faithfully,

Appealing Person's Signature

Signature: _____

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