

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Benefit Agency/Department]
[Address of Agency]

Subject: Request for Revision of Benefit Cap and Limitation - [Your National Insurance Number / Case Reference Number]

Dear Sir/Madam,

I am writing to formally request a revision of the benefit cap and limitation applied to my claim dated [Date of original decision].

I believe that the current limitation should be reviewed based on the following change in my circumstances:

- [Reason 1: e.g., Change in household members or children]
- [Reason 2: e.g., New health condition or disability status]
- [Reason 3: e.g., Exemption criteria met, such as starting work or receiving specific benefits]

Because of these factors, the application of the benefit cap is causing significant financial hardship. I have enclosed the following supporting documents as evidence: [List documents, e.g., medical letters, birth certificates, or wage slips].

Please review my case and provide a written explanation of your decision regarding this revision. If you require any further information, please contact me at the details provided above.

Thank you for your time and assistance.

Yours faithfully,

[Your Signature]

[Your Printed Name]