

YOUR NAME
YOUR ADDRESS
YOUR ADDRESS
YOUR POSTCODE
TODAY'S DATE

Dear NAME OF MP

YOUR NAME. YOUR DATE OF BIRTH. YOUR NATIONAL INSURANCE NUMBER

Since xxxx I have signed off work due to a number of health issues, see below:

LIST HEALTH ISSUES. PROVIDE PROOF IF YOU CAN- YOU CAN OFTEN ACCESS THIS INFORMATION FOR FREE ONLINE FROM YOUR GP.

EG.

Illness one. Diagnosed xxxx

Illness two. Diagnosed xxxxx

Illness three. Diagnosed xxxx

Illness four. Diagnosed xxxx

Illness four. Diagnosed xxxx

My medication is as follows:

LIST THE MEDS YOU ARE ON AT THE MOMENT. INCLUDE A COPY OF YOUR PRESCRIPTION / LIST FROM YOUR GP.

I have been re-assessed X number of times in X number of years.

Each time I have been re-assessed it has caused immense stress and hardship to me / me and my family. USE AS APPROPRIATE

IF APPROPRIATE STATE YOU HAVE SUFFERED SUICIDAL THOUGHTS/ DEPRESSION / LACK OF SELF WORTH

I / my family in in fear of letters from the DWP because of the chaos they may generate in my / our lives. I feel I am being persecuted and bullied by the DWP to prove I am ill and constantly have to prove I am disabled which is not conducive to my health or recovery pathway.

I am led to believe the Government has clearly stated that those with long term health issues, who are enduring significant long term conditions life threatening/ life shortening and terminally ill conditions which will not improve should not be continually re assessed.

Yours

YOUR NAME