Decision to terminate benefit

Customer's Surname

Customer's other names

NINO

I have decided to terminate benefit, as detailed below.

Name of benefit

is terminated

Use if end date is known   from   /   /

because

Reason for termination

Signature

Name **IN BLOCK CAPITALS**

Date   /   /

Date customer notified   /   /

Reconsideration of decision to terminate benefit

I have re-examined the above decision. I have revised the decision disallowing benefit, and benefit is awarded from

Date benefit awarded from   /   /

Reason for re-awarding benefit

Signature

Date   /   /

Date customer notified   /   /