



SOCIAL SECURITY ADMINISTRATION

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Office of Quality Assurance and  
Performance Assessment  
(Office Address)

(Date)

(ADDRESS)

On (fill-in), I spoke with you regarding the review of (fill-in). In order to proceed with the review, the following is needed:

(FILL-IN)

Please send the requested documents in the enclosed self-addressed, postage-paid envelope. We will return your documents immediately.

If you have questions about this request, contact me at (fill-in) between 8:00 a.m. and 4:00 p.m. Monday through Friday.

Thank you for your cooperation.

Sincerely,

Social Insurance Specialist

Enclosure(s)