

12-MONTH ADVANCE LETTER – AB-BASIC/AB-PLUS

Date

Dear _____:

In {FILL RA MONTH, YEAR}, you completed an interview as part of the Accelerated Benefits (AB) Demonstration, a study sponsored by the Social Security Administration (SSA). At that time, you were selected to receive health benefits through the {AB Health Plan/ AB Health Plan Plus}. Thank you for your contribution to this important study.

We are now conducting the final interview for this study. An interviewer from Mathematica will call in a few days to interview you. The interview will take about 45 minutes to complete. To thank you for completing the interview, we will send you \$25.

As before, the information we collect is completely confidential. The information will be used for research purposes only. Only members of the study team—DRC, Mathematica, and the Office of Policy Development and Research at SSA—will have access to the information you provide. Your name will never be used in any reports.

Your opinions and experiences are very valuable to us. Your answers will help SSA learn more about the needs of people with disabilities. Your answers will also help SSA improve their services. You are critical to the study's success.

Thank you in advance for completing this important final survey. If you have any questions about the survey, or if you have a new phone number, please call Mathematica toll-free at xxx-xxx-xxxx and ask for Terry Mann. We look forward to speaking with you soon.

Best Wishes,



David Butler, Project Director
Accelerated Benefits Demonstration

ON REVERSE SIDE OF THIS LETTER

Privacy Act Statement -- The person(s) completing the interview will remain confidential as provided in the Privacy Act (5 U.S.C. 552a). You do not have to provide the information requested. However, the information you provide will allow the Social Security Administration (SSA) to better foster independence and community participation among persons with disabilities. The Privacy Act says that SSA will keep personally identifying information confidential unless disclosing that information is required by law or is necessary for purposes of litigation or other legal proceedings. The Privacy Act also allows SSA to share personally identifiable information with other agencies or researchers under specified circumstances. If you want information about the circumstances under which your information can be shared, please call MDRC toll free at 1-866-907-1936.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this study is 0960-0747. We estimate that it will take about **30** minutes to participate in this activity. Send **only** comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.