

Second Request

66666

- SAMPLE -

DATE: February 13, 2009

Disability Update Report

Social Security Administration, P.O. Box 4556, Wilkes-Barre, PA 18767-4556

FORM APPROVED OMB NO. 0960-0511

PAYEE'S NAME AND ADDRESS

7477 1AT 0.346 M4 C889S T:1669

PSC: 1

GLORIA J MORRIS FOR ANNAMARIE J STEWART 738 FENIMORE ST APT 6A BROOKLYN NY 11203-1802

REPORT PERIOD

From: AUGUST, 2006 To The Present

BENEFICIARY

ANNAMARIE J. STEWART

TELEPHONE NUMBER

347-546-9832

CLAIM NUMBER

111-66-9459 DC

NEW ***-**-9459 DL

111669459 DC/1982/2001/31800000/37--0/L/0000/082006/6/1/S97/127/BROOKLYN /NY/11210 /

NO CHANGE

Please be sure to use black ink or a #2 pencil to print your answers. Also, read the enclosed instructions before completing the form. Finally, remember that when answering the questions, the "REPORT PERIOD" for which we need information about you is from August, 2006 to the present. If you have already returned a report with the same report period as shown above, discard this report. If you have any questions, call 1-800-772-1213 or TTY for the hearing impaired at 1-800-325-0778.

1. a. Since August, 2006 have you worked for someone or been self-employed? YES NO

b. If you answered "YES" to 1.a., please complete the information below.

Table with columns: WORK BEGAN (Month, Year), WORK ENDED (Month, Year), MONTHLY EARNINGS (Dollars Only, No Cents). Rows 1, 2, 3 for most recent work.

2. Have you attended any school or work training program(s) since August, 2006? YES NO

3. Since August, 2006 to the present... (Please place an 'X' in one box only): my doctor and I have not discussed whether I can work. my doctor told me I cannot work. my doctor told me I can work.

4. Place an "X" in only one box which best describes your health now as compared to August, 2006. BETTER SAME WORSE

**QUESTION 3 -
Can You Work?**

Tell us if you have discussed with your doctor whether you can return to any kind of work, and if so, whether the doctor told you that you can return to work, even if the work permitted is less physically demanding and/or less stressful than your usual work. **Place an "X" in only 1 box.**

**QUESTION 4 -
How Is Your Health?**

We want to know how your overall health now compares to what it was at the beginning of the report period. You may feel that your health has gotten worse, has improved, or you may feel that your health is about the same and has not gotten better or worse. **Place an "X" in only 1 box.**

**QUESTION 5 -
Treatment By A Doctor Or Clinic**

A "doctor or clinic" can include treatment such as evaluations, checkups, counseling, providing prescriptions or medicine by a doctor, visiting nurse, family health center, psychologist, licensed counseling service, physical therapist, a chiropractor or other licensed health provider. Treatment may be provided in person or by telephone or other contact.

How To Answer Question 5.a.

If you have not been treated by a doctor or clinic during the report period, place an "X" in the box below "NO" and go on to question 6. If you have gone to a doctor or clinic during the report period, mark the box below "YES", and answer question 5.b.

**Question 5.b. -
Reason For The Visit**

Please start with the most recent visit and then work backwards in time. Print as much information as will fit, but keep a space between each word. Try to use the most important or key word(s), such as **ARTHRITIS** or **BAD BACK**, or **HYPERTENSION** or **HIGH BLOOD**. Your medical bills or doctor can provide a short, accurate description.

Date of Visit

Print the month and year you were treated. Complete all 4 boxes. For example, print September 10, 2003, as 09 03.

NOTE: If needed, use the "REMARKS" section on side 2 of the form.

**QUESTION 6.a -
Have You Been Hospitalized Or Had Surgery?**

Place an "X" in the box below "NO" if you have not been hospitalized or not had surgery during the report period. If you have been hospitalized or had surgery during the report period, then place an "X" in the box below "YES" and answer question 6.b.

**Question 6.b. -
Reason For Treatment**

Please report your most recent treatment first and then work backwards in time. Try to provide the most important information. Keep a space between each word. Your medical bills or doctor can provide short, accurate words.

Date of Treatment

Print the month and year you were hospitalized or had surgery. Be sure to use all four spaces. If you were hospitalized more than one month, print last month you were hospitalized.

NOTE: If needed, use the "REMARKS" section on side 2 of the form.

Remarks Section

If you need more room to answer questions 1.b., 5.b. and/or 6.b., or there are any other facts or statements you want us to consider, place an "X" in the box and write in this section. If necessary, use an extra piece of paper.

Signature, Date and Telephone Sections

Please sign the report form as you usually sign your name. Please provide a telephone number where you can be reached during the day.

**Social Security Administration
Disability Update Report**

Information and Completion Instructions

Why We Are Writing To You Now

The Social Security Administration must regularly review the cases of people getting disability benefits to make sure they are still disabled under our rules. It is time for us to review this case. Enclosed is a Disability Update Report for you to answer to update us about you (or the person for whom you are the representative payee), your health and medical conditions, any recent work activity, or any recent training.

What To Do First

Please read the following information, and the instructions for completing the report form, before you answer the questions.

When to Respond

Please complete the report, sign it and send it to us in the enclosed envelope within 30 days. If there is no return envelope with the report, please send the signed report to us at:

Social Security Administration
P.O. Box 4550
Wilkes-Barre, PA 18767-4550

What We Do With Your Answers

We consider the information you give us together with the information in your claim record to decide if we need to do a full medical review. We will tell you within 90 days after we receive the completed report whether or not we need to do a full medical review now.

If You Need Help To Answer The Report

It is important that information you give us is accurate. We have tried to make report questions easy to understand and answer. But, if you find that you do not understand a question or questions, please contact us, your authorized representative, a social service agency, your doctor or clinic, or some other person you trust.

If You Need To Contact Us

If you need to contact us, please call us toll-free at 1-800-772-1213 or TTY for the hearing impaired at 1-800-325-0778. We can answer most questions over the telephone. If you prefer to visit or call one of our offices, please use the 800 number to get the local office address and telephone number. Please have the Disability Update Report with you if you call or visit an office. It will help us answer your questions. Also, if you plan to visit an office, you should call ahead to make an appointment. This will help us serve you.

We May Need To Contact You

Sometimes, we may need more information from you. If so, we will try to call you. If you do not have a telephone, please give us a number where we can leave a message for you. Please print the telephone number in the section provided on the back of the report form.

If We Don't Hear From You

If you do not complete and return the report promptly, or tell us why you cannot respond, we may stop sending payments to you. If it is necessary to stop your payments, we will send you another letter telling you what we plan to do.

SEE BELOW

We consider the information you give us together with the information in your claim record to decide if we need to do a full medical review. After we receive the completed report, we will notify you whether or not we need to do a full medical review.

If We Do A Full Medical Review

If we decide to do a full medical review of your case, you can give us any information which you believe shows that you are still disabled, such as medical reports and letters from your doctors about your health. Then, we look at all your information in your case, including the new information you give us, and decide whether you continue to be disabled under our rules.

Appeals And Continued Benefits

When we review your case, we may find that you are no longer disabled under our rules, and your payments may stop. If your payments stop, you can appeal our decision or you can ask us to continue to make payments while you appeal.

If You Want To Work

Do you want to work, but worry about losing your payments or Medicare before you can support yourself? We want to help you go to work when you are ready. But, work and earnings **may** affect your benefits. Your local Social Security office can tell you more about work incentives, and how work and earnings can affect your benefits.

The Privacy And Paperwork Reduction Acts

Sections 205(a) and 1631(e)(1)(A) and (B) of the Social Security Act, as amended, and Social Security regulations at 20 C.F.R. 404.1589 and 416.989 authorize us to collect this information. The information you provide will be used to further document your claim and permit a determination about continuing disability.

The information you furnish on this report is voluntary. However, if you do not provide the requested information, a decision based on the evidence in your case can result in a determination that your disability has ceased.

We rarely ever use the information you supply on this report for any purpose other than making a determination relating to your disability. However, we may use it for the administration and integrity of the Social Security programs. We may also disclose information to another person or to another agency as follows:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and
4. To facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices or on-line at www.ssa.gov. If you want to learn more about this, contact any Social Security office.

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. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. Send only comments on our time estimate above to: SSA, 1558 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401
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