



**SOCIAL SECURITY ADMINISTRATION**  
OFFICE OF QUALITY PERFORMANCE  
«RGN\_ADDR»

Date:

Claim Number: XXX-XX-

**FOR**

«REP\_PAYEE\_ADDRESS»

Dear

**Replaced current introductory paragraph with the highlighted text below**

The Social Security Administration asks a few people who get benefit checks to help us make sure that we pay everyone the right amount of money. We picked [redacted] (for whom you are representative payee), for this review. This account was chosen by chance, NOT because we have any special questions.

To make sure the amount you are receiving is correct; **I would like to telephone you and**

**What Will Happen When I Call You**

I will identify myself by name as shown on the bottom of this letter.

I will ask you some questions about [redacted]'s benefits. Enclosed with this letter is an explanation of the Social Security law that allows me to call and ask you questions.

This review is done by the Office of Quality Performance, which is a special reviewing section of the Social Security Administration separate from the office that processed your claim initially. If you would like to verify that this is a legitimate letter, you can call any Social Security office.

**How You Can Get Ready For My Call**

I have enclosed a page that shows you the kinds of [redacted]'s papers you should have ready. I have checked the things I would like to talk about.

If you would like to have a friend or relative help you, please tell that person to be there when I call.

**Removed language regarding the copy of the earnings record from here - placed on the SSA-85 as explained in the Justification**

**Please Return The Enclosed Form To Me**

I have enclosed two forms for you to complete, sign and mail back to me in the envelope I have provided. You do not need to put a stamp on the envelope.

The first form is to let me know that you received this letter and whether or not you will be available when I call.

The second form gives me permission to contact custodians of records, employers, or other parties to obtain information to determine the accuracy with which your claim was processed.

If you have any questions, you may call me at my office between                      and                      . My telephone number is                      . Thank you for your help.

Sincerely,

Quality Reviewer

Enclosures:

# PRIVACY ACT STATEMENT

## Collection And Use Of Information

The Social Security Administration is authorized by law to collect the information in these reviews. The authorization is in sections 205(a) and 1631(d)(1) and (e) of the Social Security Act. Giving us the information is voluntary. However, your cooperation will make the review go more smoothly.

## How The Information Is Used

Information you give us, along with the information we get from other people we interview, helps us to know where there are problems in the programs for which the Social Security Administration is responsible. It also helps us to resolve these problems and recommend changes in the law.

Information we obtain about changes in your situation will be sent to your Social Security office. The people there will decide if your payments will be affected. We may routinely give out the information we obtain without your consent if:

1. We need to get more information to decide eligibility for benefits;
2. An agency needs this information to decide eligibility for a health or income program such as Supplemental Security Income (SSI), State supplementary payments, food stamps, Medicaid, emergency assistance, Veterans benefits, railroad unemployment insurance, or Basic Educational Opportunity Grants;
3. A Federal law requires that we give out this information;
4. Your congressman or the President's Office needs this information to answer questions you ask them;
5. Someone needs this information to do statistical research or audit reports for us related to the Social Security programs; or,
6. The Department of Justice needs the information to represent the Federal Government in a court suit related to the SSI program.

These and other reasons why information about you may be used or given out are explained in the Federal Register. If you would like more information about this, get in touch with 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 Paper 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 40-50 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate about to : SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the complete form.**

FORM: SSA L8554-U3