



# SOCIAL SECURITY ADMINISTRATION

REGIONAL OFFICE OF QUALITY ASSURANCE  
Assistance and Insurance Program Quality Branch P.O. Box 31208 Oakland, CA 94604  
(800) 521-3365 FAX (510) 970-0041

Form Approved  
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Date: February 21, 2008

Claim Number:  
Beneficiary:

Dear \_\_\_\_\_,

Every month 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. This month, we picked your name by chance, **NOT** because we have any special question about you.

To make sure the amount each person receiving is correct; **I would like to telephone you at your home on:**

## **What Will Happen When I Call You**

- I will identify myself by name as shown at the bottom of this letter.
- I will ask you some questions about your benefits. Enclosed with this letter is an explanation of the Social Security law that allows me to call and ask you questions.

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

I have enclosed a page that shows the kinds of papers you should have ready. Please have the items that are checked and apply to you available when I call.

Also enclosed with this letter is a copy of the earnings record for your Social Security Number. Please review the earnings and compare them with your records. I will discuss this with you when I call.

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

**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 \_\_\_\_\_ a.m. and \_\_\_\_\_ p.m. My telephone number is (800) 521-3365 ext. \_\_\_\_\_. Thank you for your help.

Sincerely,

Quality Reviewer

Enclosures:

## THE EARNINGS RECORD

Benefits are computed by giving credit for any earnings, since 1937, that were covered under the Social Security Act. As part of our review, we check the record for accuracy.

The earnings record shows yearly amounts for 1951 through recent years. In the years not shown, no earnings were reported to Social Security. Earnings during 1937 -- 1950 are shown as a separate total.

Please compare the earnings amounts to any records you have. Pay particular attention to:

- Years with no earnings
- Years with earnings much higher than the ones before and after them
- Years with earnings much lower than the ones before and after them

**If you disagree with any of these earnings, please have your records available at the time of the interview. W2 forms are the best evidence of wages. Tax returns and proof of payment of the taxes are the best evidence of self-employment earnings.**

## 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 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 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 above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**