



**Social Security Administration  
Office of Quality Performance**

---

**(Address of Office)**

Date:

Beneficiary Name:

SSN:

**(Address)**

On **(fill-in 1)**, I spoke with you regarding the review of **(fill-in 2)**. In order to proceed with the review, the following is needed:

**(fill-in 3)**

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 1-800-\_\_\_\_\_ between 8:00 a.m. and 4:00 p.m., Monday through Friday.

Thank you for your cooperation.

Sincerely,

Social Insurance Specialist

Enclosure(s)

Please see revised PRA Statement below.

## PAPER REDUCTION ACT NOTICE

---

~~**Paperwork Reduction Act Statement** – This information collection meets the requirements of 44 U.S.C. section 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, 1338 Annex Building, Baltimore, MD 21235-0001.~~

*SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:*

**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 (OMB) control number. The OMB control number for this collection is 0960-0707. We estimate that it will take 5 minutes to read the instructions, gather the facts, and answer the questions. *Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*

*SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:*

### **Privacy Act Statement**

### **Request for Documents**

Section 1860 D-14 of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide, along with the information we receive from other people we interview, to conduct a quality review of applications and determine if we made the correct decision during the review process for those applicants who requested extra help with Medicare prescription drug costs.

The information you furnish on this form is voluntary. However, failure to provide all or part of the requested documents required affects our ability to proceed with the review of your request for extra help with Medicare prescription drug costs.

We rarely use the information you supply for any purpose other than for determining problems in Social Security programs. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Medicare 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 the 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, audit, or investigative activities necessary to assure the integrity of Social Security programs.

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.

A complete list of routine uses for this information is available in System of Records Notice entitled, Medicare Database (MDB) File, 60-0321. This notice, additional information regarding

this form, and information regarding our programs and systems, are available on-line at <http://www.socialsecurity.gov> or at your local Social Security office.