



## SOCIAL SECURITY ADMINISTRATION

### Office of Quality Performance

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Date: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
For: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Dear \_\_\_\_\_

Each month the Social Security Administration (SSA) asks a few people, who get benefit payments, to help us make sure we pay everyone the correct amount of money. This month, we picked \_\_\_\_\_, (for whom you are representative payee). We made this selection by chance, **not** for any other reason.

To make sure you receive the correct amount, **I would like to visit you and**  
\_\_\_\_\_ on \_\_\_\_\_

I am with the Office of Quality Performance, which is a special reviewing section in SSA, and is separate from the office that processed \_\_\_\_\_ claim. If you would like to verify that this is a legitimate letter, you can call SSA. The national toll-free number is (800) 772-1213.

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

- I will identify myself with my Social Security Administration **Photo ID**.
- I will ask you some questions about \_\_\_\_\_ benefits.
- The **Privacy Act Statement** that allows this review is enclosed.

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

- I have enclosed a form and checked the papers for \_\_\_\_\_ that you should have available.
- Please review the enclosed copy of the Earnings Record for the account on which \_\_\_\_\_ is receiving benefits.
- You may have a friend or relative present to help you during my visit.

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**Please Return the Enclosed Form to Me**

Please complete and sign forms SSA-8552 and SSA-2935-U3, and mail them to me in the enclosed envelope. You do not need a stamp.

If you have any questions, you may call me between \_\_\_\_\_ and \_\_\_\_\_  
My telephone number is \_\_\_\_\_ Thank you.

Sincerely,

Quality Reviewer

Enclosures:

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## THE EARNINGS RECORD

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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.**

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## **Privacy Act Statement**

### **Collection And Use Of Information**

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Section 205 of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide on this form to obtain information from another individual, organization, or agency regarding your Social Security benefits.

Completion of this form is voluntary; however, failure to provide all or part of the information could prevent us from correctly reviewing your Social Security benefits.

We rarely use this information you supply for any purpose other than for reviewing your claim for Social Security benefits. 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 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, audit, or investigative activities necessary to assure the integrity and improvement 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.

Additional information regarding this form, routine uses of information, and our programs and systems is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local 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. 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.**