

**ATTACHMENT D**

**RESPONDENT CORRESPONDENCE FOR INCENTIVE EXPERIMENT**



**ATTACHMENT D1**  
**SSA ADVANCE LETTER**





## SOCIAL SECURITY

*Para información e instrucciones en español, llame <number> por favor.*

Date

NAME

ADDRESS 1

ADDRESS 2

CITY, STATE ZIP

Dear <NAME>:

We need your help with an important study by Social Security Administration, called the **National Beneficiary Survey** (NBS). The NBS gathers information about the health and well-being of people who receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). The study will help us learn how well our programs meet the needs of people like you.

Although taking part is your choice, your input will help make our programs better. Your answers represent others like you all across the country, so your taking part is very important to the success of the survey. We will use the answers you provide only for research. SSA will not share your answers in any way that reveals who you are. SSA will not use your information to make decisions about your disability benefits.

We have hired Mathematica Policy Research (Mathematica) for this survey. In about three weeks, someone from Mathematica will call to speak with you. **To thank you for your time, Mathematica will send you a \$20 gift card after you complete the interview.**

<p><b>If you call Mathematica toll-free at [PHONE] and complete the interview on or before [DATE] you will receive an extra \$10 on your gift card, for a total of \$30.</b></p>
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If you want to set up a time to talk or need help to take part in the survey, please call Mathematica at 888-888-8888 (toll-free) or send an email to [insert@mathematica-mpr.com](mailto:insert@mathematica-mpr.com). Mathematica's TTY number is 888-888-8888.

To learn more about the NBS, please see the brochure included in this letter or log on to [www.insert.com](http://www.insert.com).

We look forward to speaking with you. Thank you for your participation.

Sincerely,

David Weaver  
Associate Commissioner  
Office of Program Development and Research  
Office of Retirement and Disability Policy

## **Privacy Act Statement**

### **Collection and Use of Personal Information**

Public Law 106-170 Section 101 (1)(d)(4)(C)(i), allows us to collect this information. We will use your answers to learn more about disability beneficiaries, how well our programs are working, and design new programs. The information will solely be used for research purposes to improve SSA's programs and policies.

Participation is voluntary and participating or not participating will not affect your benefits.

We use the information you supply primarily for the purposes stated above. However, we may use it for the administration and integrity of our 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 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);
2. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs, including responding to questions from Congress.

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice 60-0058, Master Files of Social Security Number (SSN) Holders and SSN Applications. Additional information about this and other system of records notices and our programs is available from our Internet website 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 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 XXXX-XXXX; expiration date XX/XX/XXXX. We estimate that it will take about 45 minutes to read the instructions, and answer the questions. You may send comments on our time estimate to: Social Security Administration, 6401 Security Blvd, Baltimore, MD 21235-6401.

**ATTACHMENT D2**  
**REMINDER POSTCARD**





You have been chosen to participate in an important health survey for the Social Security Administration. After you complete the survey, we will send you a \$20 Target or Walmart gift card – you get to choose.

**CALL 1-800-XXX-XXXX → COMPLETE SURVEY → GET \$20 GIFT CARD**



**If you call Mathematica toll-free at [PHONE] and complete the interview on or before [DATE] you will receive an extra \$10 on your gift card, for a total of \$30.**

**MATHEMATICA**  
Policy Research



**ATTACHMENT D3**  
**SSA REMINDER LETTER**





## SOCIAL SECURITY

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ADDRESS 2

CITY, STATE ZIP

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Although taking part is your choice, your input will help make our programs better. Your answers represent others like you all across the country, so your taking part is very important to the success of the survey. We will use the answers you provide only for research. SSA will not share your answers in any way that reveals who you are. SSA will not use your information to make decisions about your disability benefits.

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