

SOCIAL SECURITY ADMINISTRATION OFFICE OF QUALITY PERFORMANCE

Form Approved OMB No. 0960-0189

	OMB No. 0960-01
Date:	Claim Number:
Dear	
benefit payments, to help us	urity Administration (SSA) asks a few people, who get s make sure we pay everyone the correct amount of month by chance, not for any other reason.
To make sure you receive the home or another convenient	ne correct amount, I would like to visit you at your ent location on .
in SSA, and is separate fror	ity Performance, which is a special reviewing section in the office that processed your claim. If you would gitimate letter, you can call SSA. The national toll-free
What Will Happen When I	<u>Visit You</u>
 I will identify myself with 	my Social Security Administration Photo ID.
I will ask you some quest	tions about your benefits.
 The Social Security Act 	that allows this review is enclosed.
How You Can Get Ready I	For My Visit
 Please review the enclos which you are receiving to 	with the items checked that you should have available. Led copy of the Earnings Record for the account on benefits. The relative present to help you during my visit.
Please Return the Enclose	ed Form to Me
Please complete and sign for the enclosed envelope. You	orms SSA-8552 and SSA 2935-U3 , and mail them to me in u do not need a stamp.
If you have any questions, y My telephone number	ou may call me between and . Thank you.
	Sincerely,
	Quality Reviewer
Enclosures:	•

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.