



**Social Security Administration
Office of Quality Review**

(Address of Office)

Date:
Beneficiary:
SSN:

(Address)

The Social Security Administration is conducting a quality review on this account. The following information is needed for our review for the above named individual. We have included a signed authorization for release of the information and a self-addressed stamped envelope for your convenience.

(fill-in)

We appreciate your assistance with our review. If you have any questions, you may phone me at my office between 8:00 a.m. and 4:00 p.m., Monday through Friday. My toll-free telephone number is 1-800- _____.

Sincerely,

Social Insurance Specialist

Enclosures: Postage-paid envelope
Signed Authorization for Release of Information

PRIVACY ACT AND PAPER REDUCTION ACT NOTICE

COLLECTION AND USE OF PERSONAL INFORMATION

See Revised Privacy Act
and PRA Statement

~~Section 1860 D-14 of the Social Security Act, as amended, allows us to collect this information. We will use the information you provide to determine your continued eligibility for help paying your share of the cost of a Medicare Prescription Drug Plan.~~

~~Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could result in a change or termination of your subsidy.~~

~~We rarely use the information you supply for any purpose other than what we state above, however, we may use the information for the administration of our programs including sharing information:~~

- ~~1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans' Affairs); and,~~
- ~~2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).~~

~~A complete list of when we may share this information to others, called routine uses, is available in our Privacy Act Systems of Records Notice 60-0321, entitled Medicare Database. Additional information about this and other system of records notices and our programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.~~

~~We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.~~

~~**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. The OMB control number for this collection is 0960-0707. 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, 6401 Security Blvd., Baltimore, MD 21235-6401.~~

SSA will insert the following revised Privacy Act Statement into the form as soon as possible:

**Privacy Act Statement
Collection and Use of Personal Information**

Section 1860D-14A of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may result in changes or termination of the named beneficiary's Medicare Part D subsidy.

We will use the information to make a determination about the beneficiary's continued eligibility for benefits. We may also share your information for the following purposes, called routine uses:

1. To applicants, claimants, or prospective applicants to the extent necessary for the purpose of pursuing Medicare Part D and Part D subsidy entitlement or appeals rights; and
2. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration in the efficient administration of its programs.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0321, entitled Medicare Database File. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

SSA will insert the following revised PRA Statement into the form as soon as possible:

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. We estimate that it will take about 15 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.***