



**Social Security Administration  
Office of Quality Review**

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**(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)

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# PRIVACY ACT AND PAPER REDUCTION ACT NOTICE

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## COLLECTION AND USE OF PERSONAL INFORMATION

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](http://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 §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 (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 on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*