



SOCIAL SECURITY ADMINISTRATION

Office of Quality Review PO BOX 8269 PHILADELPHIA, PA 19101
(800) 521-2218 (215) 597-2893 FAX (215) 597-7553

December 23, 2013

Refer to: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

Every month the Social Security Administration asks a few people who get benefit checks to help us make sure that we pay everyone the right amount of money. This month we picked your name by chance, NOT because we have any special questions about you. To make sure the amount you receive is correct, I would like to telephone you at your home on: Wednesday, January 15, 2014 between 7:00 AM and 9:00 AM.

Our records show that your phone number is (410) [REDACTED]. If this is not the correct number to reach you, please let me know by calling me at the phone number listed below, or by completing the attached acknowledgement form with your correct phone number.

WHAT WILL HAPPEN WHEN I CALL YOU

- I will identify myself as shown on the bottom of this letter.
- I will ask you questions about your benefits. The Social Security law that allows this review is explained in the enclosed Privacy Act Information letter.

HOW YOU CAN GET READY FOR MY CALL

- I have enclosed a page that shows the kind of papers you should have when I call. Please have the items that are checked and apply to you ready when I call you.
- If you would like to have a friend or relative help you during my call, please let that person know when I will call.

PLEASE RETURN THE ENCLOSED FORM TO ME

Please fill in the blank spaces on the enclosed form and mail it back to me in the envelope I have provided. You do not need to put a stamp on the envelope. The form is to let me know that you got this letter.

If you have any questions, you can reach me at my office between 6:00 AM a.m. and 2:30 p.m. My telephone number is (800) 521-2218 extension [REDACTED] or (215) [REDACTED]. Thank you for your help.

Sincerely,

[REDACTED]

Social Insurance Specialist

Enclosures:
Information Needed
Privacy Act Notice
Acknowledgement Letter
Return Envelope

INFORMATION NEEDED FOR REVIEWING YOUR SSI BENEFITS

Please have the ITEMS CHECKED below on hand for review. If you think that any other items that are not checked are important for your benefits, please have them on hand also.

A. PERSONAL IDENTIFICATION ITEMS

- Social Security and Medicare cards for yourself and your spouse, if your spouse is living with you.
- Record of your birth, birth certificate, or other document showing age for yourself and your spouse, if your spouse is also eligible for benefits.
- Records of birth of all children (under 18) in the household.
- If foreign born a naturalization certificate or your Alien Registration card.

B. LIVING ARRANGEMENT INFORMATION

- Lease agreement or rental contract with your landlord.
- Rent or mortgage receipts for subsidized housing under the Housing and Urban Development Act (HUD), the Family Home Administration (FMHA), or any other housing assistance/subsidies.
- If living with anyone other than your spouse or minor children, have estimates of food expenses and monthly household receipts for the last 12 months for mortgage/rent, property insurance, real property tax, heating fuel, electricity, gas, water, garbage removal, sewer, etc.
- Last tax assessment or tax receipt for any houses, buildings or land you own.

C. WORK HISTORY, PENSIONS, AND INCOME

- Union Card or union dues book
- Letters, notice of award, or check stubs for any pensions, or other benefits you or your spouse receive (other than Social Security)
- Pay slips covering
- Tax return for the last completed year

D. RESOURCES

- Bank book and/or bank statements covering _____ for those accounts on which your name appears as individual or joint owner, or as beneficiary
- Stock, bonds, promissory notes, etc.
- Burial contract information (deed for plot or crypt) and any information regarding burial funds
- Ownership or property other than your home
- Car, truck, or any other vehicle registration or title papers
- Life insurance and burial insurance policies

E. OTHER

RE: Name: STEVEN JOHN WAGNER

Refer to: 678-949-673

PLEASE COMPLETE AND RETURN THIS FORM TO ME

1. I will be available for your telephone call as scheduled.

Yes

No (IF No, please phone me at (215) [redacted] or toll free at (800) 521-2218 extension [redacted] to set a better time)

2. Your telephone number in our records is: (410) [redacted]
If the telephone number is incorrect, please provide the correct number. _____

3. My address is correct as shown:

Yes

No (If no, please provide your correct address.)

4. If you need an interpreter, please specify the language. _____

5. Signature _____

Date _____

SSA Reviewer: [redacted]