



SOCIAL SECURITY ADMINISTRATION

OFFICE OF QUALITY REVIEW

«RGN_ADDR»

FAX

Date:

Claim Number: XXX-XX-

FOR

Dear

«STANDARD_SNO_TEXT» Each month the Social Security Administration (SSA) asks a few people, who **receive** benefit payments, to help us make sure we pay everyone the correct amount of money. This month, we picked (for whom you are representative payee). We made this selection by chance, not for any other reason.

To make sure you receive the correct amount, **I would like to telephone you and at your home**.

I **work in** the Office of Quality Review, which is a special reviewing section in SSA, and is separate from the office that processed 's claim. If you would like to verify that this is a legitimate letter, you can call SSA. The national toll-free number is (800) 772-1213.

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 's benefits. The **Social Security Act** that allows this review is enclosed.

How You Can **Prepare** For My Call

- I have enclosed a form with the items checked that you should have available **when I call**.
- Please review the enclosed copy of the **Earnings Record** for the account on which is receiving benefits.
- You may have a friend or relative present to help you during **the** call.

Please Return The Enclosed Form To Me

Please complete and sign forms **SSA-8552 and SSA-2935-U3**, and mail them to me in the enclosed envelope. You do not need a stamp.

If you have any questions, you may call me at my office between _____ and _____. My telephone number is _____. Thank you.

Sincerely,

Quality Review Analyst

Enclosures:
Envelope
Forms SSA-8552
SSA-2935-U3
SSA-85

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.**