



**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 us at our office between 8:00 a.m. and 4:00 p.m., Monday through Friday. Our 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

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.

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.***