

Mandatory Choice 1 of 4 (SSAH01)

Social Security Administration Retirement, Survivors and Disability Insurance

Mandatory Choice 2 of 4 (SSAH10)

Social Security Administration Supplemental Security Income

Mandatory Choice 3 of 4 (SSAH90)

Social Security Administration

Mandatory Choice 4 of 4 (SSAH89)

Social Security Administration Extra Help with Medicare Prescription Drug Plan Costs

[F1]
Date: [F1]
BNC#: [F2]
[F1]

[F1]
[F2]

Optional (SSAH74)

Dear [F1]

As [F1] requested, we will call [F2] within 5 business days of the date of this letter to read it to [F3].

We are sending this letter to [F1] in both a standard print version and [F2]. [F3] will receive them in separate envelopes.

We are returning [F2] documents with the standard print version of this letter.

On a regular basis, we review everyone's Supplemental Security Income record to make sure that the benefits are correct. We have now scheduled [F1] record for a review. For your convenience, we are completing this review by mail. **YOU DO NOT NEED TO COME INTO THE OFFICE.**

What You Need To Do

Sign and date the enclosed form(s). Please answer **ALL** questions. Return the form(s) and this letter in the enclosed envelope as soon as possible.

Things We Need

We need to see all of the items listed below [F1][F2]. Even if you don't have all of the information, we need to hear from you. We will help you get anything you do not have.

We must see the original document(s) or a certified copy of these item(s). We cannot accept photocopies, [F3]. We will return these item(s) to you.

- Bank statements: savings and checking accounts, and any other bank statements for [F1].
- Pension records from: the Department of Veterans Affairs, Railroad Retirement Board, Civil Service, State, military, private pensions [F1] [F2] (photocopy acceptable).
- Pay stubs from work since [F1] for [F2].
- For self-employment, last year's income tax return; if not available, all records that show last year's business income and expenses [F1] [F2] (photocopy acceptable).
- Unemployment compensation payment records [F1] [F2] (photocopy acceptable).
- Worker's compensation award letter [F1] [F2] (photocopy acceptable).
- Life insurance policies [F1] [F2].

[F1]

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

If you have any questions or need help, please call us at [F1] and ask for [F2].

If We Do Not Hear From [F1]

[F2] SSI payments will stop if you don't respond to this request or contact us by [F1].

If we stop payments, we will send you another letter to explain our decision. The letter will also explain your right to appeal.

Social Security Administration

Optional (ENC096)

Enclosure(s):

Optional (ENC095)

[F1]