



**SOCIAL SECURITY ADMINISTRATION**  
OFFICE OF QUALITY REVIEW

Page 1 of 2  
OMB No. 0960-0189

Date:

Claim Number:

Dear

Each month the Social Security Administration (SSA) asks a few people, who get 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** \_\_\_\_\_ **on** \_\_\_\_\_ **at** \_\_\_\_\_.

I am with 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 Get Ready For My Call**

- I have enclosed a form with the items checked that you should have available.
- 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 my 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 between \_\_\_\_\_ and \_\_\_\_\_. My telephone number is \_\_\_\_\_. Thank you.

Sincerely,  
Quality Reviewer

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

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**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.**