

Social Security Administration
Retirement, Survivors, and Disability Insurance
Overpayment Information

SSA Component Name
Street Address
City, State Zip
Date:
BNC#:

(Beneficiary's Name)
(Beneficiary's Address)
(Beneficiary's Address)

Dear (Beneficiary's Name)

Information About Your Waiver Request

You recently requested that we waive the collection of your overpayment of (amount). Based on the facts we have now, we cannot approve your request. However, you have a right to meet with us before we decide if you have to pay back the overpayment. This meeting is called a personal conference. A person who has not made any decision about your waiver request will meet with you. I am writing to schedule this meeting.

We have scheduled the time for you to review your file. You can do this on (Month, Date, Year) at (Time). We have also scheduled your personal conference for (Month, Date, Year) at (Time) at this office. You will talk with (FO technician's name) on that day.

If you prefer, the personal conference and folder review can be conducted by telephone or video conference. If you want to discuss these methods, please call (FO technician's name).

Mandatory (UTI MIS117)

Suspect Social Security Fraud?

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

Need more help?

1. Visit www.ssa.gov for fast and simple online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at *F5 (Field Office General Inquiry Line phone number).

*F1 (Office name)

*F2, F3, F4 (Address lines 2-4 separated by commas)

How are we doing? Go to www.ssa.gov/feedback to tell us

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