

# Social Security Administration Supplemental Security Income

## Notice of Change in Payment

Date: February 10, 2003

Claim Number: 999-99-9992 DI

PHILIP F. KANE  
11982 PRINCE ST  
ROCHESTER NY 14606-1641

Type of Payment  
Individual--Disabled

We are writing to tell you about changes in your Supplemental Security Income payments. The following chart shows the SSI money due you for the months we changed. As you can see from the chart, we are only changing your payments for future months. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts shown below on the last page(s) of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. It also shows how we decided how much of your income affects your payment amount. We include explanations only for months where payment amounts change.

### Your Payments Will Be Changed As Follows:

| From           | Through    | Amount<br>Due Each Month                                            |
|----------------|------------|---------------------------------------------------------------------|
| March 01, 2003 | Continuing | \$387.50<br>This includes \$23.00<br>from the State of<br>New York. |

### Information About Your Payments

- Your regular monthly check of \$387.50 will be sent to your bank or other financial institution about the first day of the month.

SSA-L8151

### **Your Payment Is Based On These Facts**

- You have monthly income which must be considered in figuring your eligibility as follows:
  - Your military pension of \$190.00 for January 2003 on.
  - Your wages of \$100.00 for January 2003 on.

### **You Can Review The Information In Your Case**

The decisions in this letter are based on the law. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations and policy statements used in deciding your case. To do so, please contact us. Our telephone number and address are shown under the heading "If You Have Any Questions."

### **If You Disagree With The Decision**

If you disagree with the decision, you have the right to appeal. We will review your case and consider any new facts you have.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- To appeal, you must fill out a form called "Request for Reconsideration." The form number is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

### **How To Appeal**

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case Review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case. This is the only kind of appeal you can have to appeal a medical decision.
- Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

### **If You Want Help With Your Appeal**

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

### **If You Have Any Questions**

For general information about SSI, visit our web site at [www.ssa.gov](http://www.ssa.gov) on the Internet. There, you will also find the law and regulations about SSI eligibility and SSI payment amounts.

If you have specific questions about your case, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-999-999-9999. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
ROOM 500  
100 STATE STREET  
ROCHESTER NY 14614

999-99-9999

02/10/03

Page 4

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Linda S. McMahon  
Deputy Commissioner  
for Operations

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**HOW WE FIGURED YOUR PAYMENT FOR March 2003 ON**

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**Your Payment Amount**

|                                                            |                 |  |
|------------------------------------------------------------|-----------------|--|
| The most Federal SSI money the law allows us to pay        | \$552.00        |  |
| Minus (-) "Total income we count" (see below)              | <u>-187.50</u>  |  |
| Federal SSI money                                          | \$364.50        |  |
| Plus (+) the most State SSI money the law allows us to pay | + 23.00         |  |
| We didn't subtract (-) any income from the State SSI money | <u>- 0.00</u>   |  |
| <b>Total SSI payment March 2003</b>                        | <b>\$387.50</b> |  |

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**Your Income Other than Your SSI**

Income you receive in January 2003 on affects your payment for March 2003 on

|                                          |                |                     |
|------------------------------------------|----------------|---------------------|
| Military pension                         | \$190.00       |                     |
| We don't count \$20.00 of this income    | <u>- 20.00</u> |                     |
| Subtotal of above income                 | \$170.00       | \$170.00            |
| <br>Wages                                | <br>\$100.00   |                     |
| By law we don't count \$65.00 of wages   | <u>- 65.00</u> |                     |
| By law we don't count 1/2 of this amount | \$ 35.00       |                     |
| 1/2 of \$35.00 =\$17.50                  | <u>-17.50</u>  |                     |
| Subtotal of wages we count               | \$ 17.50       | <u>+17.50</u>       |
| <br><b>Total income we count</b>         |                | <br><b>\$187.50</b> |

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