
SOCIAL SECURITY ADMINISTRATION

Seattle Region Title 2 Waiver Decision Review

(For internal use only)

NAME OF OVERPAID CLAIMANT OR PERSON & BOAN	SSN/BIC OF CLAIMANT	AMOUNT OF OVERPAYMENT	OVERPAYMENT PERIOD (MM/YYYY TO MM/YYYY)	OFFICE CODE
		\$	/ TO /	

FO Determination:

1. Waiver Approval – Without Fault AND (choose one)
- Defeats the purpose of Title II (GN 02250.100)
- Against equity/good conscience (GN 02250.150)
2. Waiver Denial (choose at least one)
- At Fault
- Does not meet “Defeat the Purpose”
 or “Against Equity/Good Conscience”
3. Compromise Settlement (GN 02215.105)

Provide a brief description of the overpayment: What caused it, your finding of fault, and your rationale for the proposed decision. Include steps taken to collect the debt, and financial circumstances of the claimant where appropriate.

Recommending EE (Name/Title):

Concurring Official (Name/Title):

Regional Office Review (Per OPSOS):

Regional Office Concurrence (Name/Title):

Signature: _____