Disallowance Miscellaneous Fill-in Letter

A. Exhibit Letter Language

Hemos considerado su solicitud para beneficios de Seguro Social.

(1)

Otros beneficios de Seguro Social
3901E

Si no está de acuerdo con la decisión
3900B

Solicitud nueva
3900A

Si quiere ayuda con su apelación[1]
3100E

Si tiene alguna pregunta
3901C - Domestic
3901D - Foreign

Anexos:
SSA Pub. Núm. 05-10958
[1] If the person lives outside the U.S. or has an attorney, omit this paragraph.

B. Notice Instructions for Users

Follow the instructions below.

- Send in situations where none of the other disallowance notices applies. Use 3901E, 3900B and 3900A in all cases. Refer to NL 00703.901 for 3901E text. Refer to
  NL 00703.900 for 3900B and 3900A text and NL 00703.100 for 3100E text.
- Refer to NL 00703.005E. for 3901C and 3901D text and fill-ins.

Fill-ins:

1. Type any other needed paragraph in this space, i.e., the reason for the disallowance.

If reason for disallowance is due to same-sex marriage, request:

UTI #E3901F Su matrimonio no cumple con los requisitos, según la ley federal, para beneficios de (1) del Seguro Social.

a. cónyuge,
b. viuda
c. viudo
d. cónyuge divorciado
e. cónyuge divorciado sobreviviente

C. Typing Instructions for Preparing the Notice

Use Form SSA-L2000-C2 (Universal Notice). Refer to Form SSA-3428-U2, Determination of Disallowance Coding Sheet, "Name and Address Information" field in block 2 for completing the name and address. Because the fill-ins may vary according to the different situations, follow the requester's typing instructions carefully. If the disability examiner indicates Form SSA-L829-U2, Request for Medial Information from Military Facilities Records Center, or Form SSA-3428-U2 or SSA-832-U3, Cessation or Continuation of Disability/Blindless Determination and Transmittal – Title XVI, and word processor notice E3905 is not shown, return to the claims authorizer/claims technical expert for required fill-ins for E3905.