

OFFSET PDBML

**Social Security Administration**

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Social Security Administration  
XXXXX Program Service Center  
Street Address  
City STATE ZIP-4

Date:  
Claim Number:

**We May Owe You Additional Benefits**

We have been reducing your Social Security disability benefits because you also received California State Disability Insurance (SDI) payments. SDI payments usually stop after one year. Since our records show that you started receiving SDI payments more than a year ago, we may owe you money if your SDI payments have stopped.

**What We Need You To Do**

If you recently gave us proof that your SDI payments stopped, you can ignore this letter. Otherwise, follow these instructions:

**1. Send Us Proof of Your California SDI Payments**

Please send us one of the following documents so that we can decide if you are due more money:

- The last payment stub you received from the state Employment Development Department (EDD) showing "Notice of Exhaustion of Disability Benefits" or
- A letter or form from the Employment Development Department showing a record of your payments or that no benefits were paid to you.

**2. Return this letter within 30 days to the following address (if a return envelope is enclosed, please use the envelope):**

Social Security Administration  
Program Service Center  
P.O. Box  
Any City STATE ZIP CODE+4