

WAIVER DETERMINATION

1. NUMBER HOLDER

2. CLAIM NUMBER

3. PERSON(S) OVERPAID

4. TOTAL OVERPAYMENT

5. MONTHS OF OVERPAYMENT

6. EXPLANATION OF OVERPAYMENT

7. PERSON(S) LIABLE

8. (a) Recovery of \$ _____ waived against

(b) This waiver ☐ does / ☐ does not bar recovery.

9. (a) Recovery of \$ _____ not waived against

(b) Recovery action for amount not waived:

☐ Adjustment ☐ Refund

10. WAIVER CONSIDERATION

(a) Type of overpayment

☐ Deduction ☐ Entitlement

(b) waiver code

Ded. O/P

Ent. O/P

11. (a) Person(s) listed is ☐ at fault / ☐ without fault because:

(Note: Discuss separately if at fault for part of overpayment and without fault for part.)

(b) Recovery ☐ would / ☐ would not defeat the purpose of Title II or ☐ would / ☐ would not be against equity and good conscience because:

12. Based on these facts and conclusions under Section 204(b) of the Social Security Act and Regulations No. 4, 404.506-404.512 (or Section 1870(c) of the Social Security Act and Regulation No. 5, 405.355-404.356), we find that

☐ Recovery of the overpayment from person(s) listed in item 8 should be waived.

☐ Recovery of the overpayment from person(s) listed in item 9 should not be waived.

DETERMINATION PREPARED/APPROVED BY	TITLE	DATE
APPROVED BY	TITLE	DATE
APPROVED BY	TITLE	DATE
APPROVED BY	TITLE	DATE