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## WAIVER DETERMINATION

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1. NUMBER HOLDER

2. CLAIM NUMBER

3. PERSON(S) OVERPAID

4. TOTAL OVERPAYMENT

5. MONTHS OF OVERPAYMENT

6. EXPLANATION OF OVERPAYMENT

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7. PERSON(S) LIABLE

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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
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Ent. O/P
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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.)

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

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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