**Refer to:** TLC

[SSN]

[XSSN]

SOCIAL SECURITY ADMINISTRATION

Office of Analytics, Review and Oversight

5107 Leesburg Pike

Falls Church, VA 22041-3255

Telephone: (877) 670-2722

Date:

**NOTICE OF APPEALS COUNCIL ACTION**

[*Claimant Name*]

[*Claimant Address1*]

[*Claimant Address2*]

[*Claimant CSZ*]

This is about the [Administrative Law Judge’s] [Appeals Council’s] decision dated [*Disp Date*].

Under section 205(u) of the Social Security Act (Act), we must redetermine an individual’s entitlement to disability benefits when there is reason to believe fraud or similar fault was involved in that individual’s application for benefits. In conducting a redetermination, we must disregard any evidence if there is a reason to believe that fraud was involved in providing that evidence. The New York County District Attorney’s Office and the Office of the Inspector General of the Social Security Administration conducted an extensive criminal investigation that resulted in the criminal indictment of Raymond Lavallee, Thomas Hale, Joseph Esposito, and John Minerva. Those individuals were charged with making false statements to the Social Security Administration (SSA) and they all pleaded guilty to their involvement in the fraudulent scheme. In [Fill in month of conviction] you were convicted of one or more charges relating to fraud or similar fault in your application for benefits.

The Social Security Act requires us to redetermine your entitlement to disability benefits if there is reason to believe that fraud or similar fault was involved in your application for benefits. We also have to disregard any evidence if there is reason to believe that fraud or similar fault was involved in providing the evidence.

Because you were convicted of one or more charges relating to fraud or similar fault in your application for benefits, we must redetermine your entitlement to disability benefits. We are not allowed to consider any evidence submitted in connection with your application for benefits when redetermining your case because fraud was involved in providing that evidence.

**We Are Redetermining the Decision**

Based on your conviction, and the guilty pleas of the individuals listed above, we have redetermined your entitlement to monthly insurance benefits. We reviewed your conviction, the guilty pleas of other individuals involved in the fraud, and the evidence in your file. As required by law, we disregarded the evidence submitted in connection with your application for Social Security disability benefits. We now find that there is insufficient evidence to support your entitlement to Social Security disability benefits beginning on [Fill in date of ALJ or Appeals Council’s decision,] the date we initially allowed your claim.

[IF CDR performed] Although you [recently] underwent a continuing disability review and we continued benefits, this redetermination began after that review. This redetermination will replace any findings we made during your continuing disability review.

**How Our Redetermination May Affect Your Benefits**

This notice tells you of the action we plan to take. It is important that you read the following information carefully and follow the instructions because our final decision may result in the loss of your benefits.

**Rules We Applied**

Under section 205(u) of the Act, we must redetermine your case if there is reason to believe that fraud or similar fault was involved in the application for benefits. In making that redetermination, section 205(u)(1)(B) of the Act requires us to disregard evidence when there is a reason to believe that fraud was involved in providing that evidence.

**What We Considered**

By law, we were not able to consider any evidence submitted in connection with your application for benefits. [We were additionally unable to consider any testimony at the Administrative Law Judge hearing.]

**What We Plan To Do**

We previously used the evidence contained in [List range of exhibited evidence] to find you disabled. After disregarding this evidence, we determined that there is insufficient evidence in your file to show that you are entitled to benefits on or before [Date of the decision], the date SSA initially allowed the claim.

We plan to make a decision finding [Proposed AC decision].

**[Insert hearing information below only if warranted pursuant to HALLEX I-1-3-25:]**

**You May Ask for a Hearing**

You may also ask for a hearing before an Administrative Law Judge. You must tell us in writing within 30 days from the date of this letter if you want a hearing.

**You May Send More Information**

You may send us more evidence or a statement about the facts and the law in your case within 30 days of the date of this letter. If you are unable to provide the information within 30 days, please respond to us within 30 days and tell us what information you will submit and when you expect to submit the information. If you have good reason for the delay, we will grant you an extension of time for you to submit the information.

**{b} [User selects paragraph {b} if closed record applies]**

We will consider more evidence if:

* It is new and material;

AND

* It is about “disability” starting on or before [*Decision Date*], the date of the Administrative Law Judge’s decision.

**{c} [User selects paragraph {c} if DLI expires before decision date (Title II disability only)]**

We will consider more evidence if:

* It is new and material;

AND

* It is about “disability” starting on or before [User keys in date (DLI)], the date you were last insured for disability benefits.

**{d} [User selects paragraph {d} if DLI expires before decision (concurrent claims)]**

We will consider more evidence about your claim for Social Security if:

* It is new and material;

AND

* It is about “disability” starting on or before [User keys in date (DLI)], the date you were last insured for disability benefits.

**We Will Not Act For 30 Days**

If you have more information, you must send it to us within 30 days of the date of this letter.

Again, if you are unable to provide the information within 30 days, please notify us within 30 days to tell us what information you want to submit and when you expect to submit the information. If you have good reason for the delay, we will grant you an extension of time to submit the information.

Our address and FAX number are:

**ADDRESS:** Appeals Council

Office of Analytics, Review and Oversight

ATTN: Executive Director’s Office, Suite 1400

5107 Leesburg Pike

Falls Church, VA 22041-3255

**FAX:** 703-605-7101, Attn: Redetermination Staff

*Be sure to put the Social Security Number shown at the top of this letter on the information.*

*If you send us anything by fax, do not send duplicates by mail. That may delay processing.*

**What Happens Next**

If we do not hear from you within 30 days, we will assume that you do not want to send us more information. We will then issue a decision.

**If You Have Any Questions**

If you have any questions, you may call or write the Appeals Council. Our telephone number and address are shown at the top of this letter. If you do call, please have this notice with you.

[*Judge Name1*]

Administrative Appeals Judge

[*Judge Name2*]

Administrative Appeals Judge

Enclosure(s):

Self-addressed envelope

cc:

[*Rep Name*] **[If no representative, no cc: lines will be generated]**

[*Rep Firm*]

[*Rep Address1*]

[*Rep Address2*]

[*Rep CSZ*]