

## 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 esta de acuerdo con la decision

3900B

#### Solicitud nueva

3 900A

#### Si quiere ayuda con su apelacion<sup>1</sup>

3100E

#### Si tiene alguna pregunta

3901C - Domestic 3901D - Foreign

<sup>1</sup> 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:

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, segun la ley federal, para beneficios de (1) del Seguro Social.

- a. conyuge,
- b. viuda
- c. viudo
- d. conyuge divorciado
- e. conyuge 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.