

# Social Security Administration

## Important Information

Social Security Administration  
FO Address  
City, State ZIP  
Date: Month DD, YYYY  
Claim Number: XXX-XX-XXXX XX

Beneficiary Name  
Street Address  
City, State ZIP

Dear *(Beneficiary)*

We periodically review the records of persons who receive Social Security benefits to ensure we are paying the benefits correctly.

*(Name of SSA representative)* will be calling you at the phone number shown in our records, *(Beneficiary's phone number)*, to conduct a brief review on *(Weekday, Month DD, YYYY)* at *(00:00 AM/PM)*. We must determine if you are receiving the proper amount of benefits. If this day or time is not convenient for you, please call us at the phone number shown below. If necessary, we will be glad to schedule an appointment at a more convenient time for you.

When we call, we will ask you several questions to verify your identity before the interview begins.

### If You Have Any Questions

For general information about Social Security, we invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet. For general questions and specific questions about your case, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at *(FO phone number)* and ask for *(Name of SSA representative)*. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY/TDD number *(FO TTY TDD number)*.

*(manager's name)*  
District Manager  
*(name of field office)*