

Social Security Administration

Important Information

Social Security Administration

FO Address

City, State ZIP

Date: Month DD, YYYY

Claim Number: XXX-XX-XXXX XX

Name of Payee for
Beneficiary Name
Street Address
City, State ZIP

Dear *(Name of Rep Payee)*

We are sending this letter to you because you are the representative payee for *(Name of 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 visiting *(Name of Beneficiary)* to conduct a brief review on *(Weekday, Month DD, YYYY)* at *(00:00 AM/PM)* at *(beneficiary's address)*. You should be with *(Name of Beneficiary)* at this time because we would like to meet with both you and *(him/her)*. 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.

On the day of the visit, *(name of employee)* will show you identification to verify that *(she/he)* is an employee of the Social Security Administration. *(He/She)* will ask to see *(Name of Beneficiary)*'s and your identification. *(He/She)* will then review the information we have in our records with you to determine if it is correct. You will not be asked to provide any documentation other than to verify your identity. There is nothing else you need to do.

If You Have Any Questions

For general information about Social Security, we invite you to visit our website at 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

(enter name of field office)