

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)* would like to schedule an appointment with you at your residence to determine if you are receiving the proper amount of benefits.

Please enter your residence address and phone number below and return this letter to us at the above address. We have enclosed a postage paid envelope for your convenience. We will then schedule an appointment to visit your residence. Or you may call us at the phone number shown below to schedule an appointment.

On the day of the visit *(Name of SSA representative)* will show you identification to verify that *(he/she)* is an employee of the Social Security Administration. *(He/She)* will ask to see your identification. *(He/She)* will 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 are no other documents that you will need to provide.

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)

Residence Address (Number and Street, Apt No.)

City, State, ZIP code

Telephone Number
