

**Social Security Administration**  
**Retirement, Survivors, and Disability Insurance**  
Notice of Change in Benefits

Mid-Atlantic Program Service Center  
300 Spring Garden Street  
Philadelphia, Pennsylvania 19123  
Date: October 7, 2008  
Claim Number:

G.Z.

We are writing to give you new information about the child's benefits which you receive on this Social Security record. In the rest of this letter, we will tell you:

How we paid you \$43,128.18 too much in benefits; and

What to do if you think we are wrong about the overpayment.

### **Your Benefits**

We can no longer pay you because you married in that month.

### **How You Can Pay Us Back**

You should refund this overpayment within 30 days. Please make your check or money order payable to "Social Security Administration", and send it to us in the enclosed envelope. Always include your claim number (as indicated above) on the check or money order. If you cannot refund the full \$43,128.18 now, you should submit: a) a partial payment; b) an explanation of your financial circumstances; and c) a definite plan for repaying the balance.

### **Do You Think We Are Wrong About The Overpayment?**

You have certain rights with respect to this overpayment and its recovery.

**Right to Appeal:** If you disagree in any way with this overpayment determination, you have the right, within 60 days of the date you

ENCLOSURES:

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receive this notice, to request that the determination be reconsidered. If you request this independent review of the overpayment determination, please submit any additional information you have which pertains to the overpayment.

**Right to Request Waiver:** You also have the right to request a determination concerning the need to recover the overpayment. An overpayment must be refunded or withheld from benefits unless both of the following are true:

- a. The overpayment was not your fault in any way; and
- b. You could not meet your necessary living expenses if we recovered the overpayment, or recovery would be unfair for some other reason.

If you request waiver, we may need a statement of your assets and monthly income and expenses. If you request reconsideration and/or waiver within 30 days, the overpayment will not have to be recovered until the case is reviewed. This review is described in more detail on the attached Form SSA-3105, Important Information About Your Appeal and Waiver Rights. The people in any Social Security office will be glad to help you complete the forms for requesting reconsideration (SSA-561-U2, Request for Reconsideration) and/or waiver (SSA-632-BK, Request for Waiver of Overpayment Recovery or Change in Repayment Rate).

Even if you do not want to request reconsideration or waiver, please call, write or visit any Social Security office if you have any questions or need more information. Please take this letter with you if you do visit an office.

### **Information About Medicare**

Since you are no longer entitled to monthly Social Security benefits, we are stopping your hospital and medical insurance coverage under Medicare. Your coverage ends on the last day of December 2008. Please destroy your Medicare card after the coverage ends.

### **Do You Think We Are Wrong?**

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

You have 60 days to ask for an appeal.

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The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.

You must have a good reason for waiting more than 60 days to ask for an appeal.

You have to ask for an appeal in writing. We will ask you to sign a form SSA-561-U2, called "Request for Reconsideration". Contact one of our offices if you want help.

### **If You Want Help With Your Appeal**

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

### **If You Have Any Questions ~**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll free at 1-800-772-1213, or call your local Social Security office at 1-908-352-0611. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

**SEE NEXT PAGE**

SOCIAL SECURITY  
547 MORRIS AVE  
ELIZABETH NJ 07208

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.



Steven G. DeMarco  
Assistant Regional Commissioner,  
Processing Center Operations