Social Security Administration
# Medicare Prescription Drug Assistance
## Notice of Review

Social Security Administration
Wilkes-Barre Data Operations Center
PO Box 67005
Wilkes-Barre, PA     18767-9916
Date:  October 1, 2006
Social Security Number:  123-45-6789

JOHN Q. PUBLIC
123 MAIN ST
SPRINGFIELD OH  45501

We must regularly review the cases of people who receive extra help with Medicare prescription drug plan costs.  We check to be sure that each person is still eligible and that the extra help, also known as a subsidy, is correct.  We want to make this review as simple as possible for you and without the need to visit the office.

**Information on Our Records**

According to our records:

- Your total income from Social Security, VA, Railroad Retirement Board, pensions, annuities and other non-work income is not more than $6,240 for the year.

- Your total income from wages and self-employment are $12,358.

- You live alone.

- The total value of your resources, including bank accounts, stock, bonds and life insurance is less than or equal to $6,000.

**If this information is correct or if your income or resources are less than the amount shown, you do not need to do anything.   Do not return the enclosed form.  You also do not need to return the enclosed form if the only change in your income is the yearly cost-of-living increase in any Social Security benefit you receive.**

If the information is **not** correct, return the enclosed form to us in the enclosed postage paid envelope or call Social Security toll free at 1-800-772-1213 (TTY 1-800-325-0778). **Please return this form within 15 days.**  We will contact you later to correct our records.

**If You Have Any Questions**

For information about the Medicare Prescription Drug Plan or other Medicare issues, visit www.medicare.gov on the Internet or call toll-free 1-800-MEDICARE (1-800-633-4227). If you are deaf or hard of hearing, you may call the Medicare TTY number toll-free at 1-877-486-2048.

For information about the extra help with the costs related to the Medicare prescription drug plans or general information about Social Security, visit our website at www.socialsecurity.gov on the Internet. You may also call Social Security toll-free at 1-800-772-1213. If you are deaf or hard of hearing, you may call our TTY number toll-free at 1-800-325-0778. We can answer most questions by phone.

You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
123 ELM ST
SPRINGFIELD, OH 45501


Telephone: 1-234-567-8900

If you do call or visit an office, please have this letter with you. It will help us answer your questions.



Regional Commissioner


Enclosures:
Return Envelope
Form OMB No. 0960-0723

Form Approved
OMB No. 0960-0723

**Social Security Administration**
# Medicare Prescription Drug Assistance

Name: JOHN Q. PUBLIC

SSN: 123-45-6789

The information in the Social Security Administration's records regarding my resources, income, or household size has changed.

I understand that I will receive a form to complete and that form must be returned within 30 days of its receipt.

Please return this form in the enclosed pre-addressed, postage-paid envelope within 15 days to the address below. Or, you may call us toll free at 1-800-772-1213 (TTY 1-800-325-0778) to tell us that the information in our records has changed.

**Social Security Administration**
**Wilkes-Barre Data Operations Center**
**PO Box 1080**
**Wilkes-Barre, PA  18767**

**{BARCODE}**

**{BARCODE}**

**{BARCODE}**

**{BARCODE}**

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. section 3507, as amended by section 2 of the Paperwork Reduction Act of 1995.  You do not need to provide the information unless we display a valid Office of Management and Budget control number.  We estimate it will take you 5 minutes to read the letter and submit the information.  *You may send comments on our time estimate above to*:  *SSA, 6401 Security Blvd., Baltimore, MD  21235-0001.*  ***Send only comments relating to our time estimate to this address, not the completed form.***