



# Social Security Administration Benefit Verification Letter

Date: Month D, Year  
BNC#: XXXXXXXXXXXXXXX  
REF: A, DI

JOHN Q PUBLIC  
6401 SECURITY BLVD  
BALTIMORE MD 21235-0001

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

### Information About Current Social Security Benefits

Beginning December 2019, the full monthly Social Security benefit before any deductions is \$566.00.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$566.00.  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

We found that you became disabled under our rules on September 30, 1993.

### Information About Past Social Security Benefits

From December 2018 to November 2019, the full monthly Social Security benefit before any deductions was \$557.10.

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$557.00.  
(We must round down to the whole dollar.)

### Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

See Next Page

**Information About Supplemental Security Income Payments**

Beginning July 2020, the current Supplemental Security Income payment is \$314.50.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.

(For example, Supplemental Security Income Payments for March are paid in March.)

We found that you became disabled under our rules on September 30, 1993.

**Type of Supplemental Security Income Payment Information**

You are entitled to monthly payments as a disabled individual.

**Date of Birth Information**

The date of birth shown on our records is June 12, 1966.

**Medicare Information**

You are entitled to hospital insurance under Medicare beginning March 1996.

You are entitled to medical insurance under Medicare beginning March 1996.

**Other Important Information**

SAMPLE BENEFIT VERIFICATION LETTER. FOR DEMONSTRATION PURPOSES ONLY.

**Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

**If You Have Questions**

We invite you to visit our web site 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 office at 1-866-681-1412. 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:

SOCIAL SECURITY  
SUITE 100  
5 PARK CENTER COURT  
OWINGS MILLS MD 21117

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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.

*Social Security Administration*

DRAFT

