

SSA Southeastern Program Service Center
1200 Rev. Abraham Woods Jr. Blvd
Birmingham, AL 35285-0001

BNC# 24T2330C36430-A

April 18, 2024

Dear Sir or Madam

I am writing to appeal your decision to withhold my entire SS Retirement check, until my past due Medicare Parts B and D are satisfied.

Each time I have received a letter regarding IRMAA deductions, I have called the office and submitted whatever form I was instructed to do. As I am told now, I should not have submitted certain forms annually, as directed. I have no knowledge or understanding of the IRMAA process. I was not aware that if I work while receiving my SSA Retirement that my Medicare premiums would increase. I would have quit working, had I known. My understanding was that I could make a certain amount per year without penalty. So, I relied solely on the information I was given in my phone calls to SSA, which I am certain were recorded. I would like a review of those phone calls to exonerate myself and share the responsibility with your administration for this issue. As a lay person with average intelligence, I am able to explain an issue, follow directions, and do exactly as instructed.

Withholding my SS retirement check based on the information, which was given by SS staff, should allow for some shared responsibility and allowance. I am fine with paying what is owed, however taking it all at once is inhumane and unnecessary. I am experiencing severe financial hardship due to your decision. I have recently had unexpected funeral and travel expenses, which has added to my financial distress.

I humbly request that you reconsider your decision, and allow me to make partial payments to satisfy this obligation.

Thank you.

Jerry Moore

REQUEST FOR RECONSIDERATION

| | | |
|---|-----------------------------------|---|
| NAME OF CLAIMANT: JERRY MOORE | CLAIMANT SSN: 428082802 | CLAIM NUMBER: <i>(If different than SSN)</i> |
|---|-----------------------------------|---|

ISSUE BEING APPEALED: *(Specify if retirement, disability, hospital or medical, SSI, SVB, overpayment, etc.)*
 Withholding Entire SS check for past due Medicare Parts B and D

I do not agree with the Social Security Administration's (SSA) determination and request reconsideration.
 My reasons are:
My main source of income being withheld has created a financial hardship of catastrophic proportions. I cannot continue to provide for my needs without my SS check.

**SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB)
 RECONSIDERATION ONLY
 THREE WAYS TO APPEAL**

I want to appeal your determination about my claim for SSI or SVB. I have read about the three ways to appeal. I have checked the box below:

CASE REVIEW - You can pick this kind of appeal in all cases. You can give us more facts to add to your file. Then we will decide your case again. You do not meet with the person who decides your case.

INFORMAL CONFERENCE - You can pick this kind of appeal in all SSI cases except for medical issues. In SVB cases, you can pick this kind of appeal only if we are stopping or lowering your SVB payment. You will meet with a person who will decide your case. You can tell that person why you think you are right. You can give us more facts to help prove you are right. You can bring other people to help explain your case.

FORMAL CONFERENCE - You can pick this kind of appeal only if we are stopping or lowering your SSI or SVB payment. This meeting is like an informal conference, but we can also get people to come in and help prove you are right. We can do this even if they do not want to help you. You can question these people at your meeting.

CONTACT INFORMATION

| | |
|---|--|
| CLAIMANT SIGNATURE - OPTIONAL: | NAME OF CLAIMANT'S REPRESENTATIVE: <i>(If any)</i> |
| MAILING ADDRESS: P O Box 123 | MAILING ADDRESS: |
| CITY: Ashland, MS STATE: MS ZIP CODE: 38603 | CITY: STATE: ZIP CODE: |
| TELEPHONE NUMBER: 708-525-1850 <i>(Include area code)</i> | TELEPHONE NUMBER: DATE: 04-17-2024 <i>(Include area code)</i> |

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

| | |
|--|--|
| 1. HAS INITIAL DETERMINATION BEEN MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No | FIELD OFFICE DEVELOPMENT (GN 03102.300) <input type="checkbox"/> NO FURTHER DEVELOPMENT REQUIRED <input type="checkbox"/> REQUIRED DEVELOPMENT ATTACHED <input type="checkbox"/> REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS |
| 2. IS THIS REQUEST FILED TIMELY? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "NO", attach claimant's explanation for delay. Refer to GN 03101.020)</i> | |
| SOCIAL SECURITY OFFICE ADDRESS AND DATE APPEAL RECEIVED: | SSI CASES ONLY - GOLDBERG KELLY (GK) (SI 02301.310) RECIPIENT APPEALED AN ADVERSE ACTION: <input type="checkbox"/> WITHIN 10 DAYS AFTER RECEIVING THE ADVANCE NOTICE; <input type="checkbox"/> AFTER THE 10-DAY PERIOD AND GOOD CAUSE EXISTS FOR EXTENDING THE TIME LIMIT <input type="checkbox"/> PAYMENT CONTINUATION APPLIES AND INPUT MADE TO SYSTEM |

NOTE: Take or mail the **completed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post and keep a copy for your records.

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Southeastern Program Service Center
1200 Rev. Abraham Woods, Jr. Blvd.
Birmingham, AL 35285-0001
Date: December 6, 2023
BNC#: 23T2546F11476-A



0157675 00586709 1 AB 0.537 1129M1T2R3PN T1885 P44



JERRY MOORE
PO BOX 123
ASHLAND MS 38603-0123

We are writing to you about your Social Security benefits.

What You Should Know

As we told you in another letter, you owe more Medicare premiums because your income-related monthly adjustment amounts changed.

You owe \$8,467.40 for Medicare Part B (medical insurance) premiums for January 2022 through November 2023.

You owe \$1,553.00 for Medicare prescription drug coverage income-related monthly adjustment amounts for February 2022 through November 2023.

The total past-due Medicare amounts you owe are \$10,020.40.

If you would find it hard to pay the past-due Medicare amounts you owe at one time, please ask us about other ways to pay them. You may ask for waiver of these past-due Medicare amounts if paying them would be a severe financial hardship for you. If we do not hear from you within 30 days after the date of this letter, we will take the Medicare amounts you owe out of your monthly Social Security payments beginning February 2024.

What We Will Pay And When

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

- You will receive \$2,632.50 for December 2023 around January 10, 2024.
- After that you will receive \$2,632.50 on or about the second Wednesday of each month.

Information About Medicare

Your monthly premium for Medicare Part B (medical insurance) is \$544.30 beginning February 2022, \$527.50 beginning January 2023 and \$559.00 beginning January 2024.

We sent you another letter that explained how we determined the amount of your premium.

If You Disagree With The Decision

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal in writing.
- The 60 days start the day after you receive 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 if you wait more than 60 days to ask for an appeal.
- You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2. You may go to our website at www.ssa.gov/forms/ to locate the form. You can also contact us to request the form, or if you need help filling out the form.

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

Need more help?

1. Visit www.ssa.gov for fast, simple, and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 1-866-739-4771.

SOCIAL SECURITY
STE 115
2631 MCINGVALE RD
HERNANDO, MS 38632

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Southeastern Program Service Center
1200 Rev. Abraham Woods, Jr. Blvd.
Birmingham, AL 35285-0001
Date: March 21, 2024
BNC#: 24T2330C36430-A



0005474 00020718 1 AB 0.547 0314M1T2R3PN T74 P10



JERRY MOORE
PO BOX 123
ASHLAND MS 38603-0123

We are writing to you about your Social Security benefits.

What You Should Know

In an earlier letter, we told you that your Medicare Part B (medical insurance) premium includes:

- the standard Part B premium amount,
- any surcharge that may apply for late enrollment or reenrollment, and
- an income-related monthly adjustment amount (IRMAA).

If you have prescription drug coverage, you also must pay a prescription drug coverage IRMAA. The IRMAA is in addition to your monthly premium. We base the IRMAA on your income. We deduct the IRMAA from your monthly Social Security benefits, regardless of how you pay your premiums.

We will deduct your current Medicare Part B (medical insurance) premium from your monthly Social Security payments beginning March 2024.

We will also deduct \$8,467.40 for past-due Medicare Part B (medical insurance) premiums.

We will withhold your monthly payments until you have paid all of the past-due Medicare amounts you owe.

Information About Your Payments

No payment is due at this time because of adjustments made to your benefits.

Information About Medicare

The amount you will receive around April 10, 2024 was changed because of a change in your monthly Medicare Part B premium.

Your monthly premium for Medicare Part B (medical insurance) is \$559.00 beginning January 2024.

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We sent you another letter that explained how we determined the amount of your premium.

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If You Want Help With Your Appeal

You may choose to have a representative help you. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee only if you receive benefits. Others may represent you for free. Usually, your representative may not charge a fee unless we approve it. Your local Social Security office can give you a list of groups that can help you find a representative.

If you get a representative, you or that person must notify us in writing. You may use our Form SSA-1696 "Appointment of Representative." Any local Social Security office can give you this form.

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

Need more help?

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2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention