

SOCIAL SECURITY ADMINISTRATION

Date: February 1, 2010  
Claim Number: 000-00-0000

Name: John Doe

John Doe  
2321 Hartford Avenue  
Johnston, RI 02919

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.

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

If you have any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 401-822-1463. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
FIRST FLOOR  
30 QUAKER LANE  
WARWICK, RI 02886

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

Signature

*Must be signed*

OFFICE MANAGER