Date: November 27, 2021

BNC#:

**EXAMPLE** 

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 2021, the full monthly Social Security benefit before any deductions is \$720.10.

We deduct \$170.10 for medical insurance premiums each month.

The regular monthly Social Security payment is \$550.00. (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 fourth Wednesday of each month.

# **Information About Past Social Security Benefits**

From June 2021 to November 2021, the full monthly Social Security benefit before any deductions was \$680.00.

We deducted \$148.50 for medical insurance premiums each month.

The regular monthly Social Security payment was \$531.00. (We must round down to the whole dollar.)

# Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

## **Medicare Information**

111

You are entitled to hospital insurance under Medicare beginning May 2021.

See Next Page

You are entitled to medical insurance under Medicare beginning June 2021.

Your Medicare number is You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

# **Date of Birth Information**

The date of birth shown on our records is.

# **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 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 1-877-255-1508. 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 104 N MENTOR AVENUE PASADENA CA 91106

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

# **EXAMPLE**

Social Security Administration
Retirement, Survivors, and Disability Insurance
Important Information

BNC#:

# **Your 2022 Social Security Cost of Living Adjustment**

Your Social Security benefit will increase by **5.9%** in 2022 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your mont, niy tene it before deductions	\$694.10
Deductions:	
Me 9care Medical Insurance	-\$170.10
(If you did not have Medicare as of November 18, 2021 or if someone else pays your premium, we show \$0.00)	
Medicare Prescription Drug Plan	-\$0.00
(We will notify you if the amount changes in 2022. If you did not elect withholding as of November 1, 2021, we show \$0.00)	
U.S. Federal tax withholding	-\$0.00
Voluntary Federal tax withholding	-\$52.40
(If you did not elect voluntary tax withholding as of November 18, 2021, we show \$0.00)	
After we take any other deductions, you will receive the payment you are due for December 2021 on or about Janua 1712, 2022.	\$471.60

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at www.godirect.gov to request electronic payments.

CMS-500 (2/16)		
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)	Part B First Bill	
MEDICARE PREMIUM BILL		
DATE: 11/26/2021		
YOUR MEDICARE NUMBER:		
Ways to pay your bill:  Pay online at your bank's website Sign up for Medicare Easy Pay Make a check or money order payable to "CMS Medicare Insurance" Use Visa, MasterCard, American Express, or Discover	EXAMPLE	
	Part A Part B erage (Hospital + (Medica <u>l + IRMAA</u> = Total iods Insurance) Part D Amount	
Amount due for Part A and/or Part B 01/01/2022-01/3	1/2022 \$170.10 \$170.10	
Past due amount for Part A and/or Part B		
Amount due for IRMAA Part D		
Past due amount for IRMAA Part D		
Part A termination date:		
Part B termination date:	Total amount due: \$170.10	
Part D termination date:	Payment in full due by: 12/25/2021	
says "Delinquent" at the top, you must pay your bill in f	Your payment is late if Medicare gets it after this date. If your bill ull by this date, or you could lose your coverage and you may all payment may not stop you from losing your coverage.  In't get by your last bill's due date.  On 11/09/2021	
·	, including who to contact if you have questions.	
▼ Don't send notes or letters with your paymen	t. Cut at dotted line and return bottom with payment.	
	Check here if your name or address has changed or is wrong, and complete the back of this paper.  Check here if the person has died.	
Amount you are paying: \$	Medicare Number:  Write your Medicare number on your check or money order.	
Visa/MasterCard/American Express/Discover Number:	Amount due: \$170.10 Due in full by: 12/25/2021	
Expiration Date: (MM/YYYY)	Don't send cash. Make check/money order payable to:  CMS Medicare Insurance  Send payment to:  MEDICARE PREMIUM COLLECTION CENTER  P.O. BOX 790355  ST. LOUIS, MO 63179-0355	
Signature:		
(over)		

# 6301R3NKN030006\* CCM.M14.0Y27I.R2111190000000000036106356063794346.91335714511

# Social Security Administration Important Information

Date: November 24, 2021 BNC#:

# **EXAMPLE**



We review Social Security benefits each year to make sure they keep up with the cost of living. Your Social Security benefits will increase by 5.9% in 2022 because of a rise in the cost of living.

The law requires some people to pay higher premiums for their Medicare Part B (Medical Insurance) and Part D (Prescription Drug Plan) because of their income. These increases in the premiums are called the Income-Related Monthly Adjustment Amounts (IRMAA). Based on your income, you are required to pay IRMAA. We use information from the Internal Revenue Service (IRS) to decide if you will need to pay IRMAA. The information in this letter is for one year only.

## How Much You Will Get

This letter explains your benefit amount, your Medicare premiums, your IRMAA, and what you can do if you disagree or your situation has changed. The information below shows your monthly benefit amount before and after deductions:

Your new 2022 monthly benefit amount before deductions is: \$766.20

- Your 2022 monthly deduction for the Medicare Part B premium is: \$340.20
  - \$170.10 for the standard Medicare premium, plus
  - \$170.10 for the Medicare Part B IRMAA based on your 2020 income tax return
- Your 2022 deduction for Medicare Part D IRMAA based on your 2020 income tax return is: \$32.10
- Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 26, 2022 is: \$393.90

