



A Class 2 Illinois Person with a Disability Identification Card from the Illinois Secretary of State's Office. Class 2 or Class 2A qualifies for this exemption. Class 1 or 1A does not qualify.

Your New Benefit Amount

0736245

BENEFICIARY'S NAME:

Your Social Security benefits will increase by 1.7 percent in 2015 because of a rise in the cost of living. **You can use this letter when you need proof of your benefit amount to receive food, rent, or energy assistance; bank loans; or for other business.** Keep this letter with your important financial records.

How Much Will I Get And When?

• Your monthly amount (before deductions) is	<u>\$759.90</u>
• The amount we deduct for Medicare medical insurance is (If you did not have Medicare as of Nov. 20, 2014, or if someone else pays your premium, we show \$0.00.)	<u>\$104.90</u>
• The amount we deduct for your Medicare prescription drug plan is (If you did not elect withholding as of Nov. 1, 2014, we show \$0.00.)	<u>\$0.00</u>
• The amount we deduct for voluntary Federal tax withholding is (If you did not elect voluntary tax withholding as of Nov. 20, 2014, we show \$0.00.)	<u>\$0.00</u>
• After we take any other deductions, you will receive on or about Jan. 2, 2015.	<u>\$655.00</u>

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

You may receive your benefits through direct deposit, a Direct Express® card, or an Electronic Transfer Account. If you still receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at www.godirect.org.

What If I Have Questions?

Please visit our website at www.socialsecurity.gov for more information and a variety of online services. You also can call 1-800-772-1213 and speak to a representative from 7 a.m. until 7 p.m., Monday through Friday. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week, early in the month, as well as during the week between Christmas and New Year's Day; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, 1-800-325-0778. If you are outside the United States, you can contact any U.S. embassy or consulate office. Please have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States and need assistance of any kind, you can visit your local office.

ROOM 104 FEDERAL BLDG
650 MISSOURI AVE
EAST ST LOUIS IL

0736245

Cost of Living Adjustment (COLA) Letter

SOCIAL SECURITY ADMINISTRATION

Date: June 20, 2016
Claim Number: XXX-XX
XXX-XX

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 2014, the full monthly
Social Security benefit before any deductions is.....\$ 1090.10

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

The regular monthly Social Security payment is.....\$ 1090.00
(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.

Information About Supplemental Security Income Payments

Beginning February 2009, the current
Supplemental Security Income payment is.....\$ 0.00

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.)

Payments were stopped beginning January 2010.

There was no cost of living adjustment in Social Security benefits in December 2015. The benefit amount shown is current as of the date on this letter.

Verification Letter

Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Change in Benefits

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: August 17, 2016
Claim Number:



537 1 MB 0.419 T5 MAAD296 PL1 S296 M1 PC7 160811

537



We are writing to give you new information about the disability benefits which you receive on this Social Security record.

What We Will Pay

- The next check you receive will be for \$1,116.40, which is the money you are due through August 2016.
- After that, you will receive \$1,360.00, on or about the third Wednesday of each month.
- New rules require you to receive your payments electronically, unless you get an exemption from the U.S. Department of the Treasury. Please call Treasury at 1-888-224-2950 to see if you qualify for an exemption.

Other Information

We are sending a copy of this notice to your representative.

Information About Medicare

We will continue to deduct Medicare premiums from your monthly checks.

We are deducting past-due premiums from your check.

Information About Representative's Fees

We have approved the fee agreement between you and your representative.

Information About Past-Due Benefits Withheld To Pay A Representative

Based on the law, we must withhold part of past-due benefits to pay an appointed representative. We cannot withhold more than 25 percent of past-due benefits to pay an authorized fee. We withheld \$6,000.00 from your past-due benefits to pay the representative.

Verification Letter



Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Award

Great Lakes Program Service Center
600 West Madison Street
Chicago, Illinois 60661-2474
Date: May 16, 2016
Claim Number:



1885 3 MB 0.669 T13 MAAD296 PL1 S296 M3 PC4 160512

1885



9, 11

You are entitled to monthly disability benefits beginning September 2015.

The Date You Became Disabled

We found that you became disabled under our rules on March 25, 2015.

To qualify for disability benefits, you must be disabled for five full calendar months in a row. The first month you are entitled to benefits is September 2015.

What We Will Pay And When

- You will receive \$20,600.00 around May 22, 2016.
- This is the money you are due for September 2015 through April 2016.
- Your next payment of \$2,585.00, which is for May 2016, will be received on or about the second Wednesday of June 2016.
- After that you will receive \$2,585.00 on or about the second Wednesday of each month.
- These and any future payments will go to the financial institution you selected. Please let us know if you change your mailing address, so we can send you letters directly.
- The day of the month you receive your payments depends on your date of birth.

Enclosure(s):
Pub 05-10077
Pub 05-10153

Award Letter

See Next Page





UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
DISABILITY BENEFITS DIVISION
844 NORTH RUSH STREET
CHICAGO, ILLINOIS 60611-2092

|||||

April 16, 2004



COPY

In reply refer to
RR Employee:
RRB Claim No.:

Dear

We have determined that you meet the requirements for a disability annuity. We have established a railroad retirement disability onset date of October 06, 2003 in your case. Under the law, a disability annuity cannot begin earlier than the first day of the sixth month following the month in which the onset of disability occurs. Other factors also can effect your annuity beginning date or the amount of monthly benefits to which you are entitled.

We are calculating your monthly annuity rate and will send you a payment as soon as possible. We will also send you a letter to explain more about your monthly benefits.

If you have selected direct deposit, we will send your payment to the financial institution shown on your application. If you have changed financial institutions since you filed your application, please notify your field office right away.

Railroad Retirement Board disability annuities are subject to United States Federal income tax. If you did not file a form RRB W-4P, we must withhold taxes from your annuity as if you were married with three withholding allowances. If you wish to change the amount of your tax withholding, your field office can assist you.

You may have received benefits under the Railroad Unemployment Insurance Act after your annuity beginning date. If so, we will deduct the amount of those benefits from your first annuity payment.

If you believe that this decision is not correct, you may request that the decision be reconsidered. Your request must be in writing and should explain why you disagree. If you wish this reconsideration, your request must be received by the Railroad Retirement Board (RRB) within 60 days from the date of this notice. You may send your request to any field office of the RRB, or you may send it directly to the following address: Railroad Retirement Board, Reconsideration Section, 844 North Rush Street, Chicago, Illinois 60611-2092. If you have any additional evidence to be considered, you should include it with your request.

If you disagree with the reconsideration decision, you may then appeal to the Bureau of Hearings and Appeals within 60 days from the date of the reconsideration decision.



RAILROAD RETIREMENT BOARD
ROBT A YOUNG FED BLDG
1222 SPRUCE RM 7.303
ST LOUIS MO 63103



0896-262231 1110000

Issued: December 19, 2008

We adjusted your railroad retirement benefits effective with your January 2, 2009 payment because of a rise in the cost-of-living. Here's how we figured your new monthly rate:

Tier 1	\$ 2258.00
Tier 2	\$ 1233.58
Supplemental Annuity	\$ 0.00
Gross RRB Benefit	\$3491.58
(less Federal income taxes withheld)	\$ 57.00
(less other deductions)	\$ 0.00
RRB Benefit (before Medicare)	\$ 3434.58
(less Medicare premium)	\$ 96.40
Benefit Amount	\$3338.18

The cost-of-living increase for tier 1 and Social Security benefits is 5.8 percent. The increase for tier 2 is 1.9 percent. If you are receiving other government benefits such as Social Security, a public service pension or another railroad retirement annuity, your tier 1 amount may not have increased because of a reduction required by law. If you disagree with any of the amounts shown, you have the right to request reconsideration within 60 days of the date of this letter.

For Additional Information

If you have any questions about this notice, write to us at the address shown above or telephone us at (314) 539-6220. General information about railroad retirement benefits is available on our website at www.rrb.gov. If you need a separate letter as proof of your monthly benefit amount or need a replacement Medicare card, you can request them by calling our automated RRB Helpline, or by clicking on Benefit Services on our website.



Cost of Living Adjustment (COLA) Letter