

TIME RECEIVED
March 6, 2016 1:32:46 PM ESTREMOTE CSID
BILO#653DURATION
466PAGES
13STATUS
Received

2016-03-04 15:47 BILO#653

18648342657 >>

P 1/13

(1)

107 Lynchburg Drive
Greenville, SC 29617
03/06/2016

Pages - 13 Fax - 803-734-5167 (Gov Haley)

I am forwarding this to both
Gov Haley's office and Patrick
Malay with State Inspector General.

I submitted an online complaint
of a fraudulent account set up in
my name. I think this has to
do with Festrix → Lester Tester 5 (Cms).
I am not disable or sick.

I have also submitted a person who
is receiving a state check. He is 16.
Both of his parents are alive and he is
not disable. How do I know?
I checked the mail. (Blue envelope/state check)

Melissa Burnett.

03/06/2016
Melissa Burnett
Gr CO-

Enclosed

- ① 12/15/1990 SSA letter to Thomas Burnett to pay attorney fees.
- ② 09/09/1991 SSA letter addressed to me to stop benefits. I have never been deemed disable.
- ③ 03/05/1992 Agnes Roper Lu's will addressing her as Testrix and identifying me as a beneficiary.
- ④ 03/19/2014 Dutt acknowledged for "Code Maxima" in CAS work for the disable.
- ⑤ SSA Screen Shot showing Thomas + Kayla Burnett set up as an Alien. (SSA 1430 Wakehampton Blvd Gr. Sc 29609)
- ⑥ 08/02/11 - BCBS ids me as having a "Pre-Existing Cnd."

Inquiries / Complaints Submitted - All Resulted in NO ACTION

- ① 05/22/2015 + 12/22/2015 OIG Case 2015-61622
- ② 08/12/2015 SC PEBA Ltr Rec'd BIN - 3614 3548
Susan Greene Result - I fall under "Pre-Existing Cnd."
- ③ 12/2/15 US Dept of Labor Kelvin Terry 404-302-3955
"Not his dept"
- ④ 06/09/2015 Dept of Health & Human Services ^{wildredo} Maldonado 410-780-1226
- XX ⑤ SC Dept of Ins File 155V39 Kayla Baker 803-734-0678
→ *ROBIN Tester.

2204

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

Office of Disability and
International Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241

THOMAS D BURNETT
PO BOX 235
SLATER SC 29683

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

What We Will Pay

You will soon receive a check for \$9,635.71 because we had withheld money from your benefits.

Your Benefits

In an earlier letter, we told you we were withholding your Social Security benefits for 05/86 through 06/90. We did this because we thought we might have to reduce your Social Security benefits if you also received Supplemental Security Income (SSI) money for this period.

Now we are writing to let you know that we cannot pay you all of the Social Security benefits we withheld. This is because you received SSI money for 06/86 through 09/90.

When you receive SSI money for a month, and later you receive Social Security benefits, we sometimes have to reduce your Social Security benefits. We do this to make sure that your total SSI and Social Security monthly payment is not more than it would have been if the Social Security benefits had been paid on time.

Allowing for your Social Security benefits, we should have paid you \$12,628.26 less in SSI money. Because of this, we are reducing your Social Security benefits by \$12,628.26. In your next check, we will pay you the amount due for this period.

I

SEE NEXT PAGE

3-5-16
Attorney paid three SSA
Atty Dunn

379-54-8246 HA

Page 2

Information About Attorney Fees

When a lawyer wants to charge for helping with a Social Security claim, we must first approve the fee. We usually withhold 25 percent of past due benefits in order to pay the approved lawyer's fee. We withheld \$3,349.93 from your past due benefits in case we need to pay your lawyer.

- If all the work on this case for you is finished, and your lawyer wants to charge a fee, a request to have it approved should be sent to us right away.
- If all work is not finished in this case, the lawyer should let us know that a fee will be charged. This must be done within 60 days of the date of this letter.
- If the lawyer will not charge a fee, a statement saying so signed and dated by the lawyer, should be sent to us instead.

When the amount of the fee is decided, we will let you and the lawyer know how much of this money will be used to pay the fee. We will send any remainder to you. If the approved fee is more than the money we have withheld, the Social Security Administration is not involved in paying the rest of the fee.

We are sending a copy of this letter to WILL T DUNN JR.

Do You Think We Are Wrong?

If you think we are wrong, you have the right to appeal. We will correct mistakes. We will look at any new facts you have. Then a person who did not make the first decision will decide your case again.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter.
- You will have to have a good reason for waiting more than 60 days to ask for an appeal.

I

SEE NEXT PAGE

SOCIAL SECURITY ADMINISTRATION

Office of Disability and
International Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241

Date: September 9, 1991

[REDACTED]

[REDACTED]

[REDACTED]

We are writing to let you know that your entitlement to benefits ended as of July 1991. We based this on information that you became age 18 in August 1991.

We can pay benefits to you only if you are age 18 and a full-time student in an elementary or secondary school or disabled.

Your Responsibilities

When benefits are terminated during the year, you must file an annual report if you earn over \$7080.00. In this report include your earnings for the entire year both before and after your benefits were terminated.

Do You Disagree With The Decision?

If you disagree with the decision, you have the right to appeal. We will review your case again and consider any new facts you have. Then a person who did not make the first decision will decide your case again.

- o You have 60 days to ask for an appeal.
- o The 60 days start the day after you receive this letter.
- o You will have to have a good reason for waiting more than 60 days to ask for an appeal.

If You Have Any Questions

If you have any questions, call us toll free at 1-800-274-5772. We can answer most questions over the phone. You can also write or visit any Social Security office. If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Joseph R. Muffoletti
Director

R3929/m20/lrs

3-5-1ce
This should be
addressed to Thomas
Burnett not me. He
was the one on Disability.
Dr. Burnett

STATE OF SOUTH CAROLINA)
COUNTY OF GREENVILLE)

LAST WILL AND TESTAMENT

I, AGNES ROPER LEE, of the County of Greenville, State of South Carolina, being of sound and disposing mind and memory, being mindful of the uncertainties of human life, and being desirous of making such disposition of my worldly estate as I deem best, DO HEREBY MAKE, ORDAIN, PUBLISH, AND DECLARE THIS TO BE MY LAST WILL AND TESTAMENT, hereby revoking any and all former Wills and Codicils whatever by me made.

ITEM I:

I direct that all my just debts and funeral expenses be paid out of my estate as soon after my death as conveniently may be and to that end I charge my whole estate, real and personal, with the same.

ITEM II:

I hereby nominate, constitute, and appoint my daughter, GAYLA ELIZABETH BURNETT, to the Personal Representative of this my Last Will and Testament. I direct that my Personal Representative shall serve without bond, to the extent allowed by law.

ITEM III:

I will, devise and bequeath unto my dearly beloved daughter, GAYLA ELIZABETH BURNETT, her heirs and assigns, absolutely and in fee simple forever, all my property of whatever nature and kind, both real, personal and mixed, and wheresoever situate.

ITEM IV:

In the event that my daughter, GAYLA ELIZABETH BURNETT, predeceases me, or in the event that we should die simultaneously or under such circumstances as to render it difficult or impossible to determine which of us predeceased the other, or in the event that my daughter, aforesaid, dies within thirty (30) days after the date of my death, then and in either of these events, I will, devise and bequeath all my property of whatever nature and kind, both real, personal and mixed, and wheresoever situate to my granddaughter, [REDACTED] her heirs and assigns, absolutely and in fee simple forever.

ITEM V:

It is my intention to omit the remainder of my children from this my Last Will and Testament.

I, [REDACTED] sign my name to this instrument this 5th day of March, 1992, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Agnes E. Lee
AGNES ROPER LEE, Testatrix

Knowledge of _____ means of age or older of _____
_____ and _____

Witness

Witness

Subscribed, sworn to, and acknowledged before me by

_____ and subscribed and sworn to

before me by _____, of _____, State of _____, County of _____, District of _____, on _____ day of _____, 19____.

Notary Public for South Carolina
My Commission Expires: 4-21-96



South Carolina
Department of
Mental Health

2414 Bull Street/P.O. Box 485, Columbia, SC 29202

FOR IMMEDIATE RELEASE

March 19, 2014

Contact: DMH Office of Public Affairs

Phone: (803) 898-8581

E-mail: tl06@scdmh.org

Greenville Mental Health Center Wins Prestigious Dartmouth Award

Greenville, SC – [REDACTED] (Greenville) as the recipient of the 2014 Achievement Award for its Independent Individual Placement & Supported Employment (IPS) program. Greenville MHC is recognized in collaboration with its vocational rehabilitation partner, the South Carolina Vocational Rehabilitation Department.

IPS, which seeks to assist people with mental illnesses back into the workforce, thereby perpetuating recovery, provides consultation, training, and fidelity monitoring for the establishment and growth of patient employment, focusing on evidence-based practices that result in gainful employment in the community. In the four years since Greenville MHC launched its IPS program, several hundred patients have engaged IPS services, with 52% achieving competitive employment over the past year.

"So often, it seems assistance programs can unwittingly confine a person to a life of dependence, isolation, and diminished vision for his or her life," said Greenville MHC's Executive Director Al Edwards, M.D. "This program does the exact opposite, by supporting knowledge, independence, integration, and hope. It is in perfect alignment with our Center's philosophy."

Deputy Director of Community Mental Health Services Geoffrey J. Mason said, "The success of the SCDMH IPS program in getting clients in competitive employment is well known. This is the second national award that has come to our state, with Charleston Dorchester Mental Health Center winning the IPS Achievement Award in 2008."

The mission of the Johnson & Johnson-Dartmouth Community Mental Health Program is to increase access to evidence-based supported employment for adults with serious mental illnesses who are interested in improving their work lives. It has been instituted in 14 states, the District of Columbia, and Alameda County, California. The Awards ceremony, which began in 2008, was established to recognize mental health agencies implementing evidence-based supported employment and their vocational rehabilitation partners in the Program.

Greenville MHC, which served 5,402 people in fiscal year 2013, provides mental health services to Greenville County. Operated by the South Carolina Department of Mental Health, the Center is a component of the Agency's division of Community Mental Health Services. To learn more about Greenville MHC, visit its web site at www.greenvillementalhealth.org.

The South Carolina Department of Mental Health's mission is to support the recovery of people with mental illnesses, giving priority to adults with serious and persistent mental illness and to children and adolescents with serious emotional disturbances. The Agency serves approximately 100,000 citizens with mental illnesses, including approximately 30,000 children and adolescents, and provides outpatient services through a network of seventeen community mental health centers and numerous clinics. It also operates four hospitals, one community nursing care center, and three veterans' nursing homes. To learn more about SCDMH, visit www.scdmh.org.

###

TPQY DTE:01/12/94 SSN:[REDACTED] DDC:586 UNIT:1 PG: 001
STATUS MBR YES LOU-01/12 SSACCS NO LOU-01/11 SSR YES LOU-02/12/92
INPUT SOCIAL SECURITY NUMBER [REDACTED] NAME G BURNE USER CODE 1
TPQY CONFIDENTIAL SOCIAL SECURITY DATA - CLAIM NUMBER [REDACTED]
INDIVIDUALS OWN SOCIAL SECURITY NUMBER: [REDACTED]
GAYLA E BURNETT FEMALE BORN [REDACTED] ENTITLED:05/86
THOMAS D BURNETT FOR GAYLA E BURNETT
P O BOX 235 SLATER SC 29683
PAYMENT STATUS CODE: C -BENEFITS PAID
NET MONTHLY BENEFIT IF PAYABLE: \$53.00
BENEFIT HISTORY:

DATE:	GROSS BENEFIT:
12/93	\$53.00 CREDITED
01/93	\$51.00 CREDITED

INPUT SOCIAL SECURITY NUMBER [REDACTED] NAME G BURNE USER CODE 1
TPQY CONFIDENTIAL SUPPLEMENTAL SECURITY INCOME DATA ON [REDACTED]
GAYLA BURNETT FEMALE BORN [REDACTED] ELIGIBLE:02/86
APPLICATION DATE: 02/04/86 TYPE OF PERSON: DISABLED INDIVIDUAL

MAILING ADDRESS:
THOMAS BURNETT FOR [REDACTED]
[REDACTED]

RESIDENCE:
305 LINDBERG ST SLATER SC 29683

NET CURRENT BENEFIT FOR 01/01/94 - FED AMT: \$413.00 STATE AMT: \$0.00

PAYMENT HISTORY OF NET BENEFITS PAID:

DATE:	FEDERAL AMT:	STATE AMT:	TYPE OF PAYMENT:
01/01/94	\$ 413.00	\$ 0.00	RECURRING
01/01/93	\$ 403.00	\$ 0.00	RECURRING

PAYMENT STATUS CODE: C01 - PAY
DISABLED

SOCIAL SECURITY ADMINISTRATION
1430 WADE HAMPTON BOULEVARD
GREENVILLE, SC 29609

Marvin F. Belk

I cannot locate the screen print outs of before and after. Thomas kept the Po Box in Slater after we moved and it remained open until he passed away or close to it. He added a new Po Box-

Po Box 956
Manetta, SC 29661

M. Burnett
2-5-11

TPQY DTE:01/12/94 SSN: [REDACTED] DDC:586 UNIT:1 PG: 001
STATUS MBR YES LOU-01/12 SSACCS NO LOU-01/11 SSR YES LOU-09/14/90
INPUT SOCIAL SECURITY NUMBER [REDACTED] NAME T BURNE USER CODE 1
TPQY CONFIDENTIAL SOCIAL SECURITY DATA - CLAIM NUMBER [REDACTED]
INDIVIDUALS OWN SOCIAL SECURITY NUMBER: [REDACTED]

THOMAS D BURNETT MALE BORN: [REDACTED] ENTITLED:05/86

THOMAS D BURNETT PO BOX 235

SLATER SC 29683

PAYMENT STATUS CODE: C -BENEFITS PAID

NET MONTHLY BENEFIT IF PAYABLE: \$596.00

BENEFIT HISTORY:

DATE: GROSS BENEFIT:

12/93 \$637.10 CREDITED

01/93 \$621.60 CREDITED

MEDICARE DATA ENTITLED PREMIUM

HOSPITAL INSURANCE 05/88 \$ 0.00

SUPPLEMENTAL INSURANCE 08/90 \$ 41.10

DATE DISABILITY BEGAN: 11/85

INPUT SOCIAL SECURITY NUMBER [REDACTED] NAME T BURNE USER CODE 1

TPQY CONFIDENTIAL SUPPLEMENTAL SECURITY INCOME DATA ON [REDACTED]

THOMAS BURNETT MALE BORN: [REDACTED] ELIGIBLE:04/86

APPLICATION DATE: 04/28/86 TYPE OF PERSON: DISABLED SPOUSE

MAILING ADDRESS:

THOMAS BURNETT

RESIDENCE:

305 LINDBERG ST

SLATER SC 29683

NET CURRENT BENEFIT FOR 01/01/94 - FED AMT: \$0.00 STATE AMT: \$0.00

PAYMENT HISTORY OF NET BENEFITS PAID:

DATE: FEDERAL AMT: STATE AMT: TYPE OF PAYMENT:

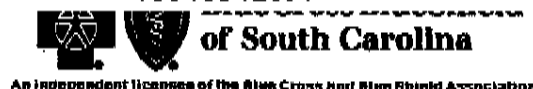
01/01/93 \$ 0.00 \$ 0.00 NONE MADE

PAYMENT STATUS CODE: T30 - TERMINATED BY D D EFFECTIVE 03/92

DISABLED

SOCIAL SECURITY ADMINISTRATION
1430 WADE HAMPTON BOULEVARD
GREENVILLE, SC 29609

Marvin R. Behlke



08/02/11

MELISSA BURNETT
187 LYNCHBURG DR
GREENVILLE SC 29617

I.D. Number: ZC2104092964950
Group Health Plan: FAIVELEY TRANSPORT USA
25 84688 10

Dear MELISSA BURNETT

This letter serves to let you know when the pre-existing condition exclusion in your Blue Cross health insurance policy will end. We are sending this letter to you in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Services or supplies related to any medical condition (other than pregnancy) for which medical advice, diagnosis, care or treatment was received or recommended within six months immediately prior to your enrollment date will not be covered until after the date listed above. These benefits will be subject to any contract limitations.

We determined this date from any certificate(s) of creditable coverage and other information received about insurance coverage you had before this policy.

If you have other information that you think could change the date your pre-existing condition exclusion ends, please send it to us as soon as possible:

Blue Cross Blue Shield of South Carolina
Major Group Membership, AX-D10
I-20 East at Alpine Road
Columbia, South Carolina 29219
1 (800) 868-2500 or 1 (803) 788-0500

We will review the information you send us carefully to see if it will change our current decision. If the results of our review show that you still must serve part or all of a pre-existing condition period, we will send you the results of the review in writing and any effective dates that may apply. We have the right to reconsider your pre-existing condition status at any time, but we will always send you a letter if there are any changes.

If you have any questions, please call us and we will be happy to assist you.

Sincerely,

Major Group Membership Services



of South Carolina

An Independent Licensee of the Blue Cross and Blue Shield Association.

12/15/09



MELISSA M BURNETT
107 LYNCHBURG DRIVE
GREENVILLE SC 29617-1004

I.D. Number: ZCS36143548

SC Dept of Revenue
Coverage

Dear MELISSA M BURNETT

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this letter serves to notify you of the date(s) that [REDACTED] will no longer apply to the State Health Plan coverage for you and/or your covered dependents. If you, a covered spouse and/or dependent children are subject to the pre-existing exclusion, the pre-existing end date for each individual is indicated on the next page.

The pre-existing exclusion means that services or supplies related to any medical condition (other than pregnancy) for which medical advice, diagnosis, care or treatment was received or recommended within six months immediately prior to your enrollment date will not be covered until after the date listed on the following page. These benefits will be subject to any contract limitations.

The end date has been determined based on your health plan coverage enrollment date, as well as any certification(s) of prior creditable coverage and/or other information related to prior insurance coverage for you and/or your covered dependents. If you have other information that may change the pre-existing exclusion end date, please send it to the State Budget and Control Board Employee Insurance Program as soon as possible:

South Carolina Budget and Control Board
Employee Insurance Program
Post Office Box 11661
Columbia, South Carolina 29211-1661
Telephone: (803) 734-0678
Toll Free: (888) 260-9430
FAX: (803) 737-0825

If you have questions, please call the BlueCross BlueShield customer service center at 1-800-868-2520 or 1-803-736-1576.

Sincerely,

State Business Unit