

From:-

Surendra K.Desai,
P.S.,(M/s. M.S. Desai &
Co.,Bareja,)
B/1, Madhuraam Flats,
Nr. Rahul Hospital,
Nana-Kumbhnaath road,
Nadiad-387001.
Dist-Kheda (Gujarat)
INDIA.
Dtd. 7/3/2015.

To,
The Hon'ble M/s. Nik healy,
Governor of South Carolina State,
Columbia, S.C.No.29.

Sub:-Unlawfully deduction as a permission for medicare part-B
from November – 2008 to March – 2010 amounting to
3521/40 social security No.490-96-5153 & my spouses
S.S.No.490-96-7240. Our hospital and Medicare part-B, card
no.490965153 A & B.

Ref:- Our application for refund on April 8, 2013.

Hon'ble Dear Madam,

With reference to above I have to submit as under for your
sympatric consideration.

I came to USA on 6th November, 1987 and I have become citizen
of USA.

I became disable in the year 1996. I was getting all the benefits as
disable person.

I came to India from Fortworth, Texas on August 22, 2008 and
came back to USA on 31st March, 2013 at Irmo S.C.No.29-63 at my

son's house next day. We approved at Social Security Administration office, Columbia. During conversation we ask for refund and we were advised by them to give an application for refund. We had applied for referred above:-

1. We have informed the S.C.A Fortworth Texas on August 5, 2008 by right the letter informing the department that we are leaving for India but we did not written the exact date for leaving to India because we has no confirm tickets at that time. So, as soon as we got the confirm ticket we inform the department that either 17/18th August, 2008 at we are leaving for India. On 22nd August, 2008 and informed our case worker Ms. Bob on telephone on S.C.Office telephone No.866-614-9659 and her extension No. 15806 to cancel our medical part – B insurance by the end of August – 2008. We said that the insurance will be cancelled and she did cancelled our insurance by the end of 31st August, 2008. So there was no medical insurance on October 1st, 2008. As I am disable since 1996 my insurance premium was paid by the State where I am living we had no insurance in October-2008 because no insurance premium was deducted from our S.C. benefit cheque amount because if it was not deducted due to that, there was no insurance. Surprisingly the department has started medical insurance premium from the month of 2008 to March-2010. Inspite of our request in writing to the Department by writing a letter to Department from India on January 2nd 2009 to cancel the medical insurance and they continued to deduct Insurance Premium from our S.C. benefit cheques and asked refund the same. But they continued to deduct Insurance premium upto March-2010 we also requested the Department by writing a letter from India on January 5, 2010 and also requested to refund the same. In the meantime I send a Power of Attorney to

my son who was staying in Fortworth I have sent an authority letter to my son to look in the matter. My son gone to S.C. Office with my authority letter instead of replying my son the officer get up from him chair to another room and came back with two forms and two self addressed envelope asking him strictly that, you get the form signed from your parents otherwise their department will continue to deduct the medical insurance premium my son sent the form with envelopes. The forms which he signed painfully because we had hard time in India by getting Social Security benefits cheques of lesser amount. Due to the deduction of medical premium. After that did not deducted insurance premium from our Social Security benefit cheques. When we used get lesser amount cheques we have to take loan from our friends and relatives on interest.

2. In reply to our refund application on 8th April, 2013 in reply to our refund application an order was issued by the S.C.A Kansas office that on the file of S.C.A Fortwarth, there is only one form No.CMS/1763 (we wrote a forwarding letter along with a form signed by us they have taken on their file only two forms and a forwarding letter was detached from the two forms signed by us.) So you are not liable for refund. After that, we filed an application for reconsideration and the same was dismissed giving the reason that, initial consideration has been made on your application. The order was made on 2nd June, 2013. After that, we have handed over file to South Carolina State legal services and the legal services for reconsideration and person interview for discussion. But it was proof less the file was moving from Columbia to Kensas city to Baltimor city and to Atlanta office, but, none of this office has taken any final decision in our refund case. It seems none of the department is final decision in our case. We have written six letters posted from India but surprisingly on Social Security file, Fortwarth

there are only two forms signed by us to cancel the medical Insurance which we sent with a forwarding letter. Can it not be understand that the discrimination between American Indian citizen is it the way to go up to the last stage of humanity that a person is sending six mails from India and there is only two forms on their files.

3. To our knowledge at present the fight is lying on the tale of mid Atlantic service center for final orders. Since, the month of October – 2014. Out file has been sent to SCA and medicare and medicare service centre, Baltimore and Baltimore office of Central operation is handling our case, but all our efforts are in case. They have so far issued file orders giving him different reasons for dismissing our appeals. It is shameful for me that, I am not getting Justice from the Department, though the mistake is on their part. Kindly look into the matter and be merciful to take interest in my very pretty small amount and requesting Your Honour to get me Justice. I am sure the department has decided to linger our case and the case is going as mariego round. It's a case of discrimination because I am American Indian. Please do something for that, and oblige.

Thanking you in anticipation and praying you to get me Justice.

Thanking you once again.

Yours obedient,



(S.K.Desai)

Surendra K. Desai,
221, Cabin drive, Irmo
South, Carolina State-29063.

Copy forwarded to :-

1. The Ambassador of India to USA Washing D.C. for information and necessary action.

2. To, the Secretary, S.C.A. for information and necessary action.
3. S.C.A Office, Office of Central operation P.O.Box 17709, Baltimore, Maryland, 21235- 7769 USA.

Copy to :-

1. Social Service Administration, Retirement, Survivors & Disabled Insurance, 601, East stream Kansas city mission – 64106 – 2859 for information.
2. Affidavit is filed to the Department alongwith brief prepared by South Carolina legal services in the month of March and affidavit in the month of August, 2014 alongwith telephone dairy page No. on which Texas office, telephone No. and case no.is boxed extension No. to answer the medicare part-B, insurance that is also duly noticed.

All the above is attached herewith for your ready reference.



2109 Bull Street (29201); P.O. Box 1445, Columbia South Carolina 29202
Phone: (803) 799-9668 Fax: (803) 799-1781

www.sclegal.org | www.lawhelp.org/sc | www.probono.net/sc

October 14, 2014

Mr. Surendrakumar K. Desai
c/o Mr. Mounish Desai
221 Cabin Drive
Irmo, SC 29063

Re: Desai v. Social Security Administration
Appeal of denial of refund request (Medicare Premiums)
Our File No.: 13-0610181

Dear Mr. Desai:

In response to a request by Mounish, I am sending this letter to advise you of the present status of your case. In trying to follow up at the Hearing Office regarding your case, I was advised that they do not have your files. I checked back with the local office and finally spoke with a Ms. Pooser, who advised that your case is at the Mid-Atlantic Service Center. It was sent to this center instead of the hearing office because the matter concerns the payment/non-payment of funds.

I got assurances from Ms. Pooser that my brief (with attachments) would be sent up to the Service Center to be connected to the file. While the Service Center does not allow for a hearing (formal or informal), because you are not available to attend a hearing, that may work out in your favor. As I advised, if your case was scheduled before a judge and you were not available to attend the hearing, the judge could dismiss your appeal. At least, you do not have that concern at this time.

The down side to it being at the Service Center is that we do not know how long they will take to make a decision. I will follow back up with the local office to check on the status of your case every 60 days. Again, the Service Center may issue a decision and mail it to you without copying me. Please let me know if you get any notices from the Social Security Administration concerning this matter. Thank you.

Very truly yours,

Susan J. Firimonte
Managing Attorney

SJF/



South Carolina
BAR FOUNDATION
LITIGANT'S ASSISTANCE PROGRAM



Jim O. Stuckey - Chairman; Carrington Wingard - Vice Chairman; Felma McDonald-Chandler - 1st Vice Chair; Maridolores Valentin - Secretary; Angela DeAnne Rowe - Treasurer

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Office of Central Operations
P.O. Box 17769
Baltimore, Maryland 21235-7769 U.S.A.
Date: October 13, 2014
Claim Number: 490-96-5153B



0000150 00056265 0 SP 1006M1T2R8PN T
MALTIBEN S DESAI
B11 MADHURAM FLAT
NEAR RAHUL HOSPITAL
NKN ROAD
NADIAD 387001
INDIA 842

We are writing to you about your Social Security benefits.

What You Should Know

You told us that you do not want medical insurance under Medicare.

What We Will Pay And When

- You will receive \$123.00 for October 2014 around November 3, 2014.
- After that you will receive \$123.00 on or about the third of each month.

Information About Medicare

Our records show that your State has agreed to pay the premiums for your Medicare medical insurance coverage. Therefore, you will continue to be enrolled.

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 can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561. You may go to our website at www.socialsecurity.gov/online/ to find the form SSA-561. You can also contact us by phone, mail, or come into an office to request the form. If you need help to fill out the form, we can help you by phone or in person.

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 website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you should contact the nearest United States Embassy or consulate. You may also write the Social Security Administration, P.O. Box 17769, Baltimore, Maryland, 21235-7769, USA. Please be sure to include your claim number if you do write. However, if you visit an office, please take this letter. It will help the people there answer your questions. Medicare information is available on the Internet at www.medicare.gov.

Social Security Administration

FROM : SURENDRAKUMAR K. DESAI

B/1, Madhuraam Flats,

Near Rahul Hospital,

NADIAD-387 001.

Dist.Kheda, Gujarat State, INDIA.

Date : ~~07-08~~ 2014.

August 4, 2014

To,

Mrs. Susan Madam,

Managing Attorney,

South Carolina,

Columbia, S. C. – 29202,

Dear Madam,

With reference to above, I am sending herewith duly notarized affidavit and the original telephone diary ^{page} in which the name of Miss BOBB her extension number 15806 and Social Security Administration worthfort T.X. telephone number 866-614-9659.

1. We have given in writing that we are going to India by letter dated August, 5 2008, after receiving our letter all the other departments have cancelled all the facilities given to us by September 30, 2008 as I am disable since 1996 my premium paid by the Texes State have also paid insurance premium upto September 30, 2008
2. After getting the confirm ticket on August, 17 – 18 2008 I have inform that I am going to India on August 22nd 2008 and also requested Miss BOBB on her extension number 15806, ph.no. 866-614-9659. To cancelled our medicare Part-B insurance because we are going to India on August, 22nd 2008. She accepted my telephonic request and cancelled our insurance from Otober, 1st 2008 and did not deducted insurance premium for the month of October, 2008 the department cancelled our insurance by October , 1st 2008.
3. Social Security Administration Retirement,
Survivors and Disability Insurance,
Mid-America Program Service-Center,
601, East Twelfth Street,
Kansas City, Missouri-64106-2859.
At that time issued us a letter November 10th 2008, addressing to us to pay the premium from October and a copy of the said letter was sent to Social Security Administration by calling the local SSA office at 819 Taylor Street, Fort Worth, Texas while the Social Security Administration fort worth Texas have cancelled our insurance from October 1st 2008.
4. As per the instructions of the Kansas Office being controlling office for Mid America Programme Service Center. The Social Security Administration fort worth started deducting insurance premium from the month of November-2008 to March-2010 @ \$ 193 per month from our S. S. Benefits and such they totally deducted \$ 3278=60 after getting the form no. C.M.S. 1763 ~~from~~ signed by us, forcefully and with ill

intention and to maintain the prestige and the dignity of Kansas Office they did so. And they did not deducted the insurance premium from April-2010.

5. ^{we} ~~With~~ came back from India on March, 31st 2013 and reported to Social Security Administration 1835 Assembly Street, Columbia S.C., 29201, and as per the instructions of S. S. A. fort worth Taxes. We have applied to Social Security Administration, Columbia-29201, for refund of \$ 3278=60. So, we filed an application for refund on April, 8th 2013 with Sixteen (16) enclosures.

Till now ^{KANSAS} ~~Taxes~~ Office has issued Five Orders on our application giving different reasons in each order.

- (a) They issued order on May, 29th 2013 giving reason that on Social Security Administration file there is only C.M.S. 1763, dated March, 9th 2010 with our Signature for cancellation of our insurance they received the same on March, 19th 2010. After receiving C.M.S. 1763, they did not deduct insurance premium from April-2010. Though, we have send the form along with forwarding letter but on there file there was only C.M.S. 1763. We have posted Six Letters from India to Social Security Administration fort worth Taxes. They received only form C.M.S. 1763 only. It is a surprise that how the department is maintaining there files.
- (b) The second order dated June, 22nd 2013 giving reason that no initial determination has been made on your reconsideration application, so your application is dismiss on June, 22nd 2013.
- (c) On our another reconsideration application an order was issued on August, 12th 2013. The order issued August, 12th was a copy of the order issued on June, 22nd 2013 ditto to ditto.
- (d) Thereafter, we have came to your office and handed our case to your honour and a reconsideration application was made in the month of September either on 24th or 26th 2013.
- (e) After we applied in September another order was issued on January, 8th 2014 giving reason as below. The reason given by Taxes Office was similar to letter dated November, 10th 2008. The part of the order is as below (letter dated November 10th 2008). Sum part of order is as below not mentioning under the head of To Cancelled this insurance :-

If you want to cancel this insurance, please contact the local Social Security office at the telephone number and address shown below. Remember that the date your insurance coverage ends depends on when you cancel it :

Note : The stated about is not included in the order issued on January, 08 2014.

The below mentioned is included in order dated January, 08 2014.

If you cancel it within 30 days from the date of this notice, your coverage will end at the same time the State stopped paying the premiums.

If you cancel it after 30 days but within six months of when the State stopped paying the premiums, coverage will stop at the end of the same month in which you contact us.

If you wait more than 6 months to contact us, coverage will stop at the end of the month after the month in which you contact us.

6. Our case filed has travelled for so many destination, it should have been sent to ~~Taxes Office~~ from Columbia Office instead of that it travelled as below :-
- (a) Columbia Office to Kansas Office
 - (b) Kansas Office to Columbia Office
 - (c) Columbia Office to Baltimore Office
 - (d) Baltimore Office to Atalanta Office
 - (e) Atalanta Office to Columbia Office
 - (f) Atalanta Office to National S. S. A. Office
- On their telephone no. 1 - 800 - 772 - 1213 put up a message on computer which was to be forwarded to Kansas Office.
- (g) Columbia Office to Kansas Office.

We did not know at present on whose table our filed is resting for getting final order for refund to get the refund order we have to move for justice to Administrative in law judge to decide our luck.

They wrong and illegal letter issued by Kansas Office, all the other offices as stated above has got to support the Kansas Office denied order for refund case to keep the dignity and prestige of the department all the departments have supported the Kansas Office.

Even the Baltimore Office department of health & human services centers for Medicare and Medicaid Services and C.M.S. center for Medicare and Medicaid Services division of Financial Management Fee for Service Operations, Atalanta. Being the regional offices and financial management did not took the decision and by saying that to pay the amount falls under preview of Social Security Administration, and send the file back to Columbia Office.

Our money \$ 3278=60 is illegally stuck-up by the department from last 6 years.

Kindly do the needful in the matter end that our money \$ 3278=60 with interest at your earliest and oblige. This letter may be useful for arguments.

Thanking you in anticipation and hope to here the news of refund order.

Yours faithfully,



(SURENDRAKUMAR K. DESAI)
Claim No. 490-96-5153 A.

Encl : Duly notarized Affidavit with original telephone diary. page

NAME AND ADDRESS

MOB

OFF / RESI

શ્રીમતી રાજીવ રાજીવ 2528906
મોડી 9825551718

શ્રીમતી રાજીવ રાજીવ 2528117
મોડી 9824394382
મોડી 079 25450003

શ્રીમતી રાજીવ રાજીવ 2549377
મોડી 9427088929

શ્રીમતી રાજીવ રાજીવ 2557924
મોડી 9428657234
મોડી 25 87924

શ્રીમતી રાજીવ રાજીવ 2565051
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NAME AND ADDRESS

MOB

OFF / RESI

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મોડી 9825251906

શ્રીમતી રાજીવ રાજીવ 9879175496
મોડી 9825251906

શ્રીમતી રાજીવ રાજીવ 2556189
મોડી 9825251906

શ્રીમતી રાજીવ રાજીવ 2568965
મોડી 9825251906

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મોડી 9825251906

H. C. KANDOI
NOTARY

This is a true copy of the original document.
Is Certified True Copy

H. C. KANDOI
NADIAD



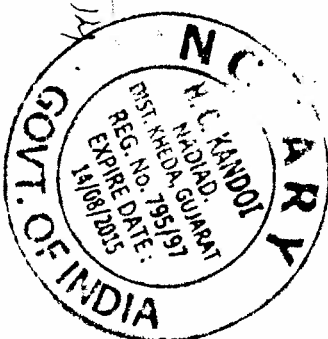
Regd. No. 1194/2014

Page : 1

Date : 4/8/14

ATTESTED TRUE COPY
This is Certified that this Copy
Compared with original & this
is Certified True Copy

H. C. KANDOI
NOTARY



HANSA C KANDOI
M.A.L.M., Advocate & Notary
SALOON BAZAR,
KANDOI NO KHANCHO,
NADIAD-387 001

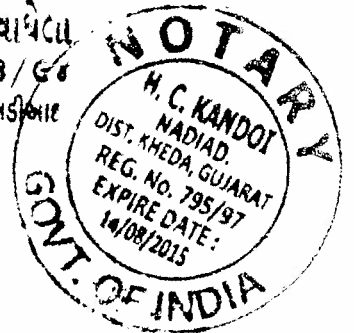




नमस्त GUJARAT तारीख 8/6/2014 अंक 3 DAA 232852

अरीद्वार श्री...
 रहेवासी...
 हस्ते...
 सही...

डा.सुभाष आर. वाघेला
 स्टैम्प वेन्डर ला. नं. 3/68
 डीस्ट्रीक्ट बोर्ड इम्पाउन्स, नडीया



Re: Claim No.: 490-96-5153

SUPPLEMENTAL AFFIDAVIT OF SURENDRA KUMAR DESAI

The affiant, Surendra Kumar Desai, being duly sworn, deposes and says:

1. I am over the age of eighteen years and believe in the obligations of an oath.
2. I have filed a Request for Hearing with regard to the Social Security Administration's decision to deny my request for a refund of Medicare premiums that it deducted from my benefits.
3. I previously submitted an Affidavit in support of my case dated March 10, 2014.

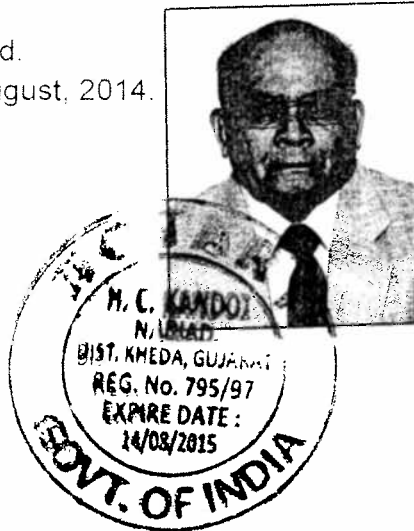
4. On or about August 17 or 18, 2008, we contacted the Administration by calling the local SSA office at 819 Taylor Street, Fort Worth, Texas and requested that our Medicare Part B coverage be cancelled. On this date, I spoke with Ms. Bobb at 866-614-9659, extension 15806. She told me that they (SSA) will cancel the Medicare Part B insurance for both my case and my wife's (SSN: 490-96-5153) as of October 1, 2008.
5. I request that the Administration be required to refund all the premiums they deducted from my benefit which total \$3,278.60.

FURTHER AFFIANT SAYETH NAUGHT.

Surrendra Kumar Desai
SURRENDRA KUMAR DESAI

Place : Nadiad.
Dated : 14 August, 2014.

I Know the Deponents
& Contents Explain in
Vernacular
pass part

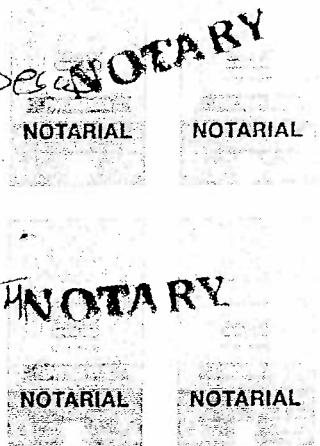


Regd. No. 1178/2014
Page : 2
Date : 14/8/2014

Solemnly affirmed as above by
Mr./Mrs. Surrendra Kumar Desai
Who is identified by Advocate
Mr. pass part
Who is personally known to me
Date : 14/8/2014

H. C. Kandoi
H. C. KANDOI
NOTARY

HANSA C. KANDOI
M.A., LL.M., Advocate & Notary
SALOON BAZAR,
KANDOI NO KHANCHO,
NADIAD-387 001



FROM : SURENDRAKUMAR K. DESAI
B/1, Madhura Flats,
Near Rahul Hospital,
NADIAD-387 001.
Dist.Kheda, Gujarat State, INDIA.

Date : 07-03-2014.

To,
Mrs. Susan Madam,
Managing Attorney,
South Carolina,
Columbia, S. C. – 29202,

Sub : Request to submit reconsideration an application for
Refund of Medicare (Part-B) premium \$ 3278=60 from
the month of November, 2008 to March, 2010 @
\$ 193 per month which deducted unlawfully by Social
Security Department, Forthworth. Texas.

Ref : Our S. S. No.490-96-5153 A & B. The case no.13-061-0186
Desai V/s. Social Security Administration filed by honour
on behalf of us in September 24, 2013.

Dear Madam,

As per e-mail send by you to my son Mounish Desai on June 6, 2014 who in turn
your e-mail was sent to me. I hope, that you must have enjoyed your vacation trip and
returned to your office with joy and vigour.

Though all the details of our case is discussed with you in writing in part.

The illegally deducted from our S.S. benefits amount from November, 2008 to
March, 2010 in spite of, we got the medical insurance cancelled by telephone to the
department before leaving United States on August 22nd, 2008 and came back to
Coloumbia S. C. 29201. This time I stead with my second son Mounish S. Desai 221,
Cabin Drive, Irmo, S. C. 29063.

After coming to Coloumbia we visited local S. S. Department to inform that we have
come back from India on 31st March, 2014. We also discuss to refund our illegally
deducted by S. S. Department forth worth-1, Tx. They advice us to file an application for
refund and it was done OK by forth worth office. And the department of S. S. forth worth Tx
has accepted our telephonic request to cancelled our medicare part-B and also intimated
that we are leaving United States on August 22nd 2008 to go to India. Our request was
accepted by the Department as eresumative evidence & as a result the S. S. Department
forth worth Tx has cancelled our medical insurance from October 1st 2008 & they did not
deducted medical premium from our S. S. benefits for the month October, 2008.

As I am disable since 1996 & the premium of my Medical Insurance and other
Facilities was given to me by the state and the Department. When I left for India my
Medical Premium was paid by South Carolina United States. The State has paid my
premium upto 3rd September, 2008, Meaning their by I had no Medical Insurance which was
cancelled by S. S. Department forth worth Tx from October 1st, 2008. Neither my self or

South Carolina United States has paid Medical Insurance Premium for the month of October, 2008 as our request for cancellation on telephone was accepted by the S. S. Department forth worth Tx.

It is to inform you that after we left for India in August, 2008. My son has received a letter from S. S. Administration Kansas dtd. November 10th 2008 asking us that we must pay insurance premium from October, 2008 and a copy of same letter was sent to S. S. forth worth and after receiving the copy of the said letter the forth worth office has illegally deducted medical premium from November, 2008 to March, 2010 @ of \$ 193 per month. So, totally they deducted \$ 3278=60 from our S. S. benefit amount. The S. S. office forth worth has right fully cancelled our medical insurance (from October 1st onwards) how they can deduct the premium from our benefits amount but its seems that to maintain the dignity of the department they continued to deduct even though they were knowing that the deduction is illegal. So, with the wrong order the department deducted medical premium.

In the letter dtd. 10th November, 2008 issued by Kansas office it is crystal clear the procedure is given in the letter it self.

To Cancel This Insurance

If you want to cancel this insurance, please contact the local Social Security office at the telephone number and address shown below. Remember that the date your insurance coverage ends depends on when you cancel it :

1. If you cancel it within 30 days from the date of this notice, your coverage will end at the same time the State stopped paying the premiums.
2. If you cancel it after 30 days but within six months of when the State stopped paying the premiums, coverage will stop at the end of the same month in which you contact us.
3. If you wait more than 6 months to contact us, coverage will stop at the end of the month after the month in which you contact us.

After receiving our application refund dtd. April 8th, 2014, Kansas office has issued several orders giving different reasons in each order (Order dtd. 29th May, 2014, Order dtd. June 22nd, 2014, Order in the month of August, 2014 was a duplicate copy of the order of June 22nd, 2014). We submitted our refund case number 13-0610186, Desai V/s. Social Security Administration.

During the above period our file for refund of Medicare Part-B \$ 3278=60 has travelled from Columbia to Kansas Office. That the file has came back Columbia and the same file sent to Baltimore Office. Baltimore Office has send the file to C.M.S. Office, Division of Financial Management & Fee for Service Operations, Atlanta. The CMS office sent back the file to Columbia and letter was sent to us.

It should be very clear that, there was no mistake on our part but it is sure that the department has issued an illegal order (it should be very clear that we are not fault but it is a unbearable mistake of the department. Surprising that to which department our file has travelled none of them ready to take the burden & none of them is ready to take the responsibility of the mistake at the cost of us financially, mentally & by not taking any decision, even though I am disable since 1996 & this is the only source of my income.

So, it is humbly requested you to put up the matter at your earliest, and if you suggest that I should file a written statement before Administrative Law Judge I can send you my written statement duly notarized. Kindly advise me as you think proper. I am writing to submit written statement because I can not attend personally.

Our money is stuck up since 6 years so I am eligible to receive the illegal money deducted by the department from our Social Security Benefit amount along with admissible interest.

Thanking you in anticipation.

Yours faithfully,

(SURENDRAKUMAR K. DESAI)
Claim No. 490-96-5153 A.

AUTHORITY LETTER

I, undersigned, Surendrakumar Kantilal Desai, at present residing at B-1, Madhuram Flats, Besides Himalaya Flats, Nana Kumbhanath Road, NADIAD-387 001, District Kheda, in Gujarat State of India, beg to state that I have come to India in August, 2008. Because of my ill-health, I and my wife Maltiben are unable to come to United States of America for some more time. Under the circumstances, I do hereby appoint my son Mr. Gaurangbhai as my authorised representative to appear before the Social Security Administration, at RM-I-A-07 Federal Building, 819- Taylor Street, Fort Worth, Texas 762102 U.S.A., for any work related to me. I authorise him to do all or any act, things and to sign for and on my behalf, which he thinks fit and proper to my interest and make representations. I ratify the said action of my authorised person which are to be done by him as if I personally present and do the same.

The particulars of my Social Security numbers are as under :-

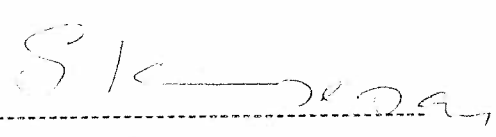
Social Security No. 490 - 96 - -5153

Medical Health Insurance No. 490-96-5153-A

Hospital (Part - A), dated 06-01-2003

Medical Part - B), dated 01-01-2007

NADIAD


[SURENDRAKUMAR KANTILAL DESAI]

Dated : 5th February, 2010

Regd. No. 950/2010

Page : 1

Date : 5-2-2010

Mr. Mrs. Surendrakumar K

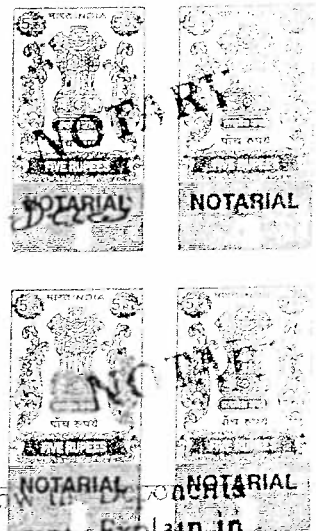
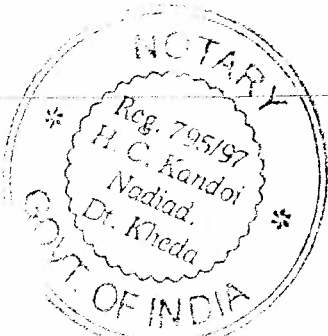
Signe before me

Date 5-2-2010

H. C. KANDOI
Notary
NADIAD

H C. KANDOI
NOTARY
NADIAD. DIST KHEDA
SALOON BAZAR, NADIAD

My Commission Expires on 14 AUG 2010



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AUTHORITY LETTER

I, undersigned, Maltiben wife of Surendrakumar Desai, at present residing at B-1, Madhuram Flats, Besides Himalaya Flats, Napa Kumbhanath Road, NADIAD-387 001, District Kheda, in Gujarat State of India, beg to state that I have come to India in August, 2008, with my husband. Because of the ill-health of my husband Surendrakumar, I and my husband Surendrakumar are unable to come to United States of America for some more time. Under the circumstances, I do hereby appoint my son Mr. Gaurangbhai as my authorised representative to appear before the Social Security Administration, at RM-1-A-07 Federal Building, 819- Taylor Street, Fort Worth, Texas 762102 U.S.A., for any work related to me. I authorise him to do all or any act, things and to sign for and on my behalf, which he thinks fit and proper to my interest and make representations. I ratify the said action of my authorised person which are to be done by him as if I personally present and do the same.

The particulars of my Social Security numbers are as under :-

Social Security No. 490 - 96 - 7240

Medical Health Insurance No. 490-96-5153-B

Hospital (Part - A), dated 05-01-2007

Medical Part - B), dated 09-01-2007

NADIAD

Malti S. Desai
[MALTIBEN SURENDRAKUMAR DESAI]

Dated : 5th February, 2010



Regd. No. 951/2010

Page : 1

Date : 5-2-2010

Mr. Mrs. Maltiben S Desai

Signe before me

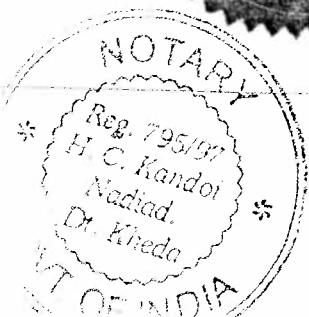
Date 5-2-2010

H. C. KANDOI
Notary
NADIAD

H. C. KANDOI
NOTARY
NADIAD, DIST KHEDA
SALOON BAZAR, NADIAD
My Commission Exp.



Notary Seal
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230

In Re: Surrendra K. Desai
Claim No.: 490-96-5153

BRIEF

Surrendra K. Desai was a dual-eligible beneficiary receiving SSDI and SSI. Because of his dual-eligible status, he was also receiving Medicare. His monthly Medicare premiums were being paid through the Qualified Medicare Beneficiary program (Medicaid). In 2008, Mr. Desai made preparations for a trip out of the county, in which he expected to be away for an extended period of time. He called the local SSA office and then sent in written notice of his impending trip on August 5, 2008.¹ Mr. Desai followed back up with the local SSA office on August 17th or 18th of 2008 requesting that his Part B Medicare coverage be cancelled. He was assured by the representative that both his and his wife's Medicare Part B would be cancelled as of October 1, 2008.² Mr. Desai's Supplemental Security Income and Medicaid were ceased in accordance with his notification. Mr. Desai believed he had canceled all his coverage (including Medicare part B); however, in November and December, his Social Security benefits were reduced to pay Medicare premiums. He then provided further notification of his desire to cancel the Medicare Part B by sending another letter dated January 5, 2009 to SSA.³ The Administration failed to cease the Medicare Part B coverage and the premiums for same continued to be taken out of Mr. Desai's benefits by the Administration until finally he was provided with the Request for Termination of Premium Hospital and/or Supplemental Medical Insurance form which was signed and submitted on March 9, 2010.⁴ Upon his return to the states, Mr. Desai again contacted the Administration regarding a refund of the improperly withheld Medicare premiums.

¹ See letter dated August 5, 2008 to SSA office in Ft. Worth, TX – in SSA file (copy also attached as Exhibit A)

² See Supplemental Affidavit of Surrendra K. Desai dated August 4, 2014 (attached hereto and made a part hereof as Exhibit B)

³ See letter dated January 5, 2009 to SSA, Ft. Worth, TX – in SSA file (copy also attached as Exhibit C)

⁴ See copy of completed form also attached Exhibit D

Mr. Desai's request was denied. He timely appealed this determination and was again denied on Reconsideration. He timely filed this Request for a Hearing.

I. The Administration erred in failing to process the request to cancel the Medicare coverage.

SSA POM HI-00820.45 Voluntary Termination of SMI provides that an enrollee may terminate their Medicare coverage by submitting a request in writing requesting the coverage end and signed by the enrollee. The evidence of record in this matter shows full compliance with this policy on the part of Mr. Desai, who contacted the local SSA office in August of 2008 to assure his coverage was cancelled timely. After submitting a written notice of his impending trip, he followed back up with a representative from the local office and was assured he had done all that was necessary to cancel his Medicare Part B and that it would, in fact, be ceased as of October 1, 2008.⁵ After finding that his coverage was not ceased on October 1st, he submitted another written request on January 5, 2009 clearly stating his desire to cancel his Medicare Part B coverage and signed by him.⁶ If the Administration followed its own policy, the first request made to the local office in August would have mandated the Administration to send a form or advise Mr. Desai to come into the local office. Neither of these were done. Further, despite the written request submitted by Mr. Desai in January which fully complied with the policy, no action was taken. The Administration failed to comply with its own policy and Medicare premiums continued to be deducted for more than a year later and the Medicare was not stopped until the Administration provided a form for Mr. Desai to sign. The Administration erred in failing to honor the initial request in August of 2008, then failed again in January of 2009 and even though it was contacted again, the Administration refused to cease the Medicare until the

⁵ Exhibit B

⁶ Exhibit C

form was signed and submitted which was not what the POM sets out. Because of the failure to timely and properly process Mr. Desai's requests to cancel his Medicare Part B as of October 1, 2008, Medicare premium payments continued to be deducted from his Social Security benefits until April of 2010.

II. The Administration erred in failing to refund the premiums withheld.

The Administration erred in failing to comply with its own policy. The Administration's failure cost Mr. Desai nineteen months of premiums wrongfully withheld (October of 2008 through March of 2010). These total to \$1,760.70 (\$96.40 X 15 months = \$1,446.00 (plus) \$104.90 X 3 months = \$314.70). Mr. Desai's benefits were improperly withheld and should be refunded immediately. Because his benefits should not have been reduced, he is entitled to a refund of the premiums improperly taken from his benefits.

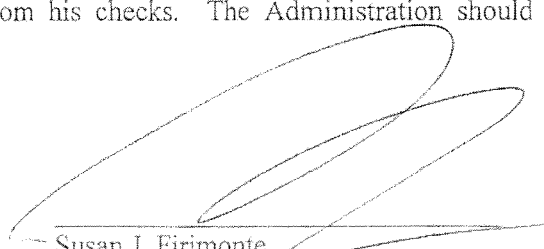
Conclusion

The Administration erred in failing to follow its own policy when it failed to provide Mr. Desai with its form or advise him he must submit a written request or come into the local office. Even after it received a signed written clear instruction from Mr. Desai to stop his Medicare Part B, the Administration wholly failed to act on it. The Administration's lapse cost Mr. Desai \$1,760.70 in benefits wrongfully withheld from his checks. The Administration should be required to refund this amount in full.

RESPECTFULLY SUBMITTED,

8 29 14

\$ 1760-70

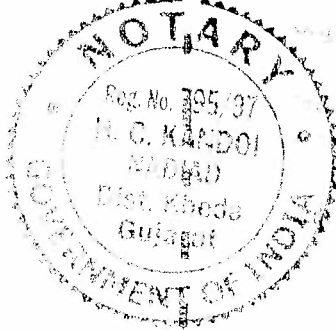


Susan J. Firimonte
South Carolina Legal Services
P.O. Box 1445
Columbia, SC 29202
803-744-4164
803-799-1781 (fax)
ATTORNEYS FOR CLAIMANT



गुजरात गुजरात GUJARAT

V 357539



20/3/2018 10/1/2018 4/2/18
 सुरेंद्र कुमार डेसाई
 नदिआद नदिआद
 खेडा जिला 387001

AFFIDAVIT

Regd. No. 429/14
 Page : 2
 Date : 10.3.2018

The affiant, Surenderakumar K. Desai, aged Adult, at present residing at B/1, Madhuram Flats, Near Rahul Hospital, Nadiad-387 001. Dist. Kheda, Gujarat State, being duly sworn, deposes and says :-

1. I am over the age of eighteen years and believe in the obligations of an oath.
2. I have filed a request for hearing with regard to the Social Security Administration's decision to deny my request for a refund of Medicare premiums that it deducted from my benefits.
3. It is my position that the Administration was properly notified of my wish to cancel my Medicare coverage as I had made arrangements to leave the country for an extended period of time.
4. I am a citizen of the United States and was granted Social Security benefits, as well as Medicare Parts A, B and D, as well as Medicaid which paid for my Medicare premiums.

(P.T.O.)

5. By letter dated August 5, 2008, I notified the Administration that my wife and I would be leaving the country for an extended stay. (Exhibit A attached hereto)
6. On or about August 17 or 18, 2008, we received our confirmed tickets to leave for India on August 22, 2008. On that date, we contacted the Administration by calling the local SSA office (819 Taylor Street, Fort, Worth, Texas) and requested that our Medicare Part B coverage be cancelled.
7. Medicaid stopped paying the Medicare premiums in September of 2008.
8. Upon realizing that the Administration had stopped the Medicaid but had failed to cancel the Part B Medicare coverage. I and my wife sent another request dated January 5, 2009 again requesting that the Medicare coverages be cancelled (Exhibit B)
9. At no time in my telephone communication with the Administration was I advised that my verbal notice of cancellation was not sufficient. I was not advised either that I would need to put the request in writing, nor was I provided with any form.
10. Despite even my written demand to stop the Medicare Part B, the Administration continued to deduct the premiums from my and my wife's Social Security until March of 2010.
11. I request that the Administration be required to refund all the premiums they deducted from my benefit which total \$3,278.60.

FURTHER AFFIANT SAYETH NAUGHT.

Subscribed and sworn to before me
this 10th day of March, 2014.

I know the Deponents
& Contents Explain in
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(Signature)
(Surendrakumar K. Desai)

Solemnly affirmed as above by
Mr./Mrs. Surendrakumar K. Desai
Who is identified by Advocate
Mr.
Who is personally known to me
Date : 10/3/2014

H.C. Kandoi
Notary

H. C. KANDOI
NOTARY
NADIAD, DIST. KHEDA
ALDON BAZAR, NADIAD
My Commission Expires on



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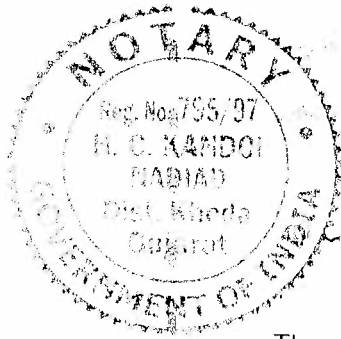
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ગુજરાત ગુજરાત GUJARAT

V 357540



સ્વયં ૨૦/૩/૨૦૧૪
માલતિબેન સુરેન્દ્રકુમાર દેસાઈ
જન્મ તારીખ ૨૦/૦૫/૬૮
સરનામું ૨૦૧૨-૧૨૦૧૨
જી.સી. ૨૫૨ ૨૧૨૦૧૨

Regd. No. 4.30/2014
Page 2
Date : 10-3-2014

AFFIDAVIT

The affiant, Maltiben Surendrakumar Desai, aged Adult, at present residing at B/1, Madhuram Flats, Near Rahul Hospital, Nadiad-387 001, Dist.Kheda, Gujarat State, being duly sworn, deposes and says :-

1. I am over the age of eighteen years and believe in the obligations of an oath.
2. I have filed a request for hearing with regard to the Social Security Administration's decision to deny my request for a refund of Medicare premiums that it deducted from my benefits.
3. It is my position that the Administration was properly notified of my wish to cancel my Medicare coverage as I had made arrangements to leave the country for an extended period of time.
4. I am a citizen of the United States and was granted Social Security benefits, as well as Medicare Parts A, B and D, as well as Medicaid which paid for my Medicare premiums.

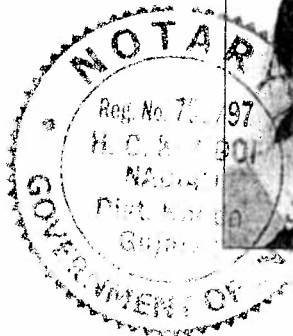
(P.T.O.)

5. By letter dated August 5, 2008, I notified the Administration that my wife and I would be leaving the country for an extended stay. (Exhibit A attached hereto)
6. On or about August 17 or 18, 2008, we received our confirmed tickets to leave for India on August 22, 2008. On that date, we contacted the Administration by calling the local SSA office (819 Taylor Street, Fort. Worth, Texas) and requested that our Medicare Part B coverage be cancelled.
7. Medicaid stopped paying the Medicare premiums in September of 2008.
8. Upon realizing that the Administration had stopped the Medicaid but had failed to cancel the Part B Medicare coverage. I and my wife sent another request dated January 5, 2009 again requesting that the Medicare coverages be cancelled (Exhibit B)
9. At no time in my telephone communication with the Administration was I advised that my verbal notice of cancellation was not sufficient. I was not advised either that I would need to put the request in writing, nor was I provided with any form.
10. Despite even my written demand to stop the Medicare Part B, the Administration continued to deduct the premiums from my and my wife's Social Security until March of 2010.
11. I request that the Administration be required to refund all the premiums they deducted from my benefit which total \$3,278.60.

FURTHER AFFIANT SAYETH NAUGHT.

Subscribed and sworn to before me
this 10th day of March, 2014.

I Know the Deponents
& Contents Explain in
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Maltiben S. Desai
(Maltiben S. Desai)

Solemnly affirmed as above by
Mr./Mrs. Maltiben S. Desai
Who is identified by Advocate
Mr. P. S. S. Phule
Who is personally known to me
Date: 10.3.14

H. C. Kandoi
Notary

H. C. KANDOI
NOTARY
NADIAD, DIST. KHEDA
POON BAZAR, NADIAD
Commission Expires on 10.3.15



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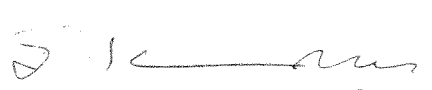
Re: Claim No.: 490-96-5153

**SUPPLEMENTAL AFFIDAVIT OF
SURENDRA KUMAR DESAI**

The affiant, Surendra Kumar Desai, being duly sworn, deposes and says:

1. I am over the age of eighteen years and believe in the obligations of an oath.
2. I have filed a Request for Hearing with regard to the Social Security Administration's decision to deny my request for a refund of Medicare premiums that it deducted from my benefits.
3. I previously submitted an Affidavit in support of my case dated March 10, 2014.
4. On or about August 17 or 18, 2008, we contacted the Administration by calling the local SSA office at 819 Taylor Street, Fort Worth, Texas and requested that our Medicare Part B coverage be cancelled. On this date, I spoke with Ms. Bobb at 866-614-9659, extension 15806. She told me that they (SSA) will cancel the Medicare Part B insurance for both my case and my wife's (SSN: 490-96-5153) as of October 1, 2008.
5. I request that the Administration be required to refund all the premiums they deducted from my benefit which total \$3,278.60.

FURTHER AFFIANT SAYETH NAUGHT.



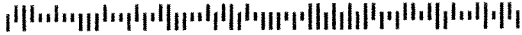
SURENDRA KUMAR DESAI

Subscribed and sworn to before me
this ____ day of _____, 2014.

Notary Public for _____
My Commission Expires: _____

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

Mid-America Program
Service Center
601 East Twelfth Street
Kansas City, Missouri 64106-2817
Date: June 22, 2013
Claim Number: 490-96-5153 A



0000915 CTPML6 1A 0.440



SURENDRAKUMAR K DESAI
221 CABIN DR
IRMO SC 29063-7876

We have dismissed your request for reconsideration dated June 6, 2013, because an initial determination has not been made in your case. Section 404.908 of the Social Security Regulations provides the right to reconsideration only after an initial determination has been made. There is no authority in the Social Security Act or the implementing regulations that allows for the initial and reconsidered determinations to be combined.

You still have the right to reconsideration once we process the initial determination. You will be advised of this right in the initial determination notice.

The issue of premium refunds will be reviewed, but no formal reconsideration review can be done.

If You Have Any Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-866-964-7594. 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 ADMINISTRATION
11 FL S THURMOND FED BLDG
1835 ASSEMBLY ST
COLUMBIA SC 29201

SEE NEXT PAGE



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

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

ml2thiemann M6

Mid-America Program
Service Center
601 East Twelfth Street
Kansas City, Missouri 64106-2817
Date: January 8, 2014
Claim Number: 490-96-5153 A

SURENDRAKUMAR K DESAI
221 CABIN DR
IRMO SC 29063

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

We are writing in response to your request for a refund of Medicare Part B premiums.

Your Benefits

We are unable to refund the Medicare premiums for September 2008 through March 2010.

A withdrawal is when a Medicare beneficiary voluntarily requests that their Medicare Part B coverage end. There are limitations on when a withdrawal is considered valid and when it becomes effective. These limitations are as follows:

- An individual may withdraw an enrollment request any time before Medicare Part B becomes effective,
- A withdrawal request will be honored if filed within 2 months after the Medicare Part B enrollment was filed,
- An individual who enrolls in Medicare Part B during a General Enrollment Period (GEP) may withdraw the entitlement to Medicare Part B at any time up to July 1st of the GEP year, when the Medicare Part B coverage becomes effective.

Your request for withdrawal of Medicare Part B effective October 2008 does not meet any of the above requirements.

When withdrawal of an enrollment request is not filed in time to prevent enrollment, it serves as a request for voluntary termination of Medicare Part B coverage, effective with the end of the month after the month in which the request is filed.

The earliest request we have on file from you to voluntarily terminate Medicare Part B coverage was not signed and submitted until March 2010. Based on our rules, your Medicare Part B coverage should not end until May 2010. However, since we have already terminated your Medicare Part B coverage effective April 2010, we will retain this termination date.

SEE NEXT PAGE

For your convenience, we are including a copy of your request for Medicare Part B termination.

Unless you can provide proof that you submitted your Medicare Part B termination request prior to September 2008, we will not be able to change your Medicare Part B termination from April 2010 to October 2008.

Since you had Medicare Part B coverage for October 2008 through March 2010, we cannot refund the premiums for those months.

What We Will Pay

- The next check you receive will be for \$262.00, which is the money you are due through December 2013.
- After that, you will receive \$262.00 on or about the third of each month.

If You Have Any Questions

We invite you to visit our website 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 Social Security office at 1-866-964-7594. 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
11FL STHURMOND FED BLD
1835 ASSEMBLY ST
COLUMBIA, SC 29201

SEE NEXT PAGE

Re: Claim No.: 490-96-5153

Plaintiff: →

AFFIDAVIT OF SURENDRA KUMAR

DESAI

Defendant: →

The affiant, Surendra Kumar Desai, being duly sworn, deposes and says:

1. I am over the age of eighteen years and believe in the obligations of an oath.
2. I have filed a Request for Hearing with regard to the Social Security Administration's decision to deny my request for a refund of Medicare premiums that it deducted from my benefits. the Plaintiff/Defendant in the above-entitled action.
3. It is my position that the Administration was properly notified of my wish to cancel my Medicare coverage as I had made arrangements to leave the country for an extended period of time.
4. I am a citizen of the United States and was granted Social Security benefits, as well as Medicare Parts A, B and D, as well as Medicaid which paid for my Medicare premiums
5. By letter dated August 5, 2008, I notified the Administration that my wife and I would be leaving the country for an extended stay. (Exhibit A attached hereto)
6. On or about August 17 or 18, 2008, we received our confirmed tickets to leave for India on August 22, 2008. On that date, we contacted the Administration by calling the local SSA office (819 Taylor Street, Fort Worth, Texas) and requested that our Medicare Part B coverage be cancelled.

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7. Medicaid stopped paying the Medicare premiums in September of 2008.
8. Upon realizing that the Administration had stopped the Medicaid but had failed to cancel the Part B Medicare coverage, I and my wife sent another request dated January 5, 2009 again requesting that the Medicare coverages be cancelled. (Exhibit B)
9. At no time in my telephone communication with the Administration was I advised that my verbal notice of cancellation was not sufficient. I was not advised either that I would need to put the request in writing, nor was I provided with any form.
10. Despite even my written demand to stop the Medicare Part B, the Administration continued to deduct the premiums from my and my wife's Social Security until March of 2010.
11. I request that the Administration be required to refund all the premiums they deducted from my benefit which total \$3,278.60.

FURTHER AFFIANT SAYETH NAUGHT,

SURRENDRA KUMAR DESAI

Subscribed and sworn to before me
this ____ day of _____, 2014.

Notary Public for South Carolina
My Commission Expires: _____

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form to complete, sign and return, which was done.⁴ The Administration finally ceased collecting premiums in April of 2010. Mrs. Desai contacted the Administration regarding a refund of the improperly withheld Medicare premiums. Mrs. Desai's request was denied. She timely appealed this determination and was again denied on Reconsideration. Her timely filed this Request for a Hearing.

I. The Administration erred in failing to process the request to cancel the Medicare coverage.

SSA POM HI-00820.45 Voluntary Termination of SMI provides that an enrollee may terminate their Medicare coverage by submitting a request in writing requesting the coverage end and signed by the enrollee. The evidence of record in this matter shows full compliance with this policy on the part of Mrs. Desai, who (through her husband) contacted the local SSA office in August of 2008 to assure his coverage was cancelled timely. After submitting a written notice of their impending trip, Mr. Desai followed back up with a representative from the local office and was assured he had done all that was necessary to cancel his and his wife's Medicare Part B and that it would, in fact, be ceased as of October 1, 2008.⁵ After finding that the coverages were not ceased on October 1st, another written request was submitted on January 5, 2009 clearly stating her desire to cancel his Medicare Part B coverage and signed by her.⁶ This request should have been properly and timely processed by the Administration. If the Administration followed its own policy, Medicare premiums would no longer have been deducted from her benefits beginning October 1, 2008. Unfortunately, the Administration failed to comply with its own policy and Medicare premiums continued to be deducted through March of 2010. The Administration erred in failing to honor the initial request in August of 2008, in failing to

⁴ Exhibit D

⁵ Exhibit B

⁶ Exhibit C

provide the form at that time and/or advising the Desai's that they need to come into the office as the policy provided. Because of the failure to timely and properly process Mrs. Desai's request to cancel her Medicare Part B, Medicare premium payments continued to be deducted from her Social Security benefits until April of 2010.

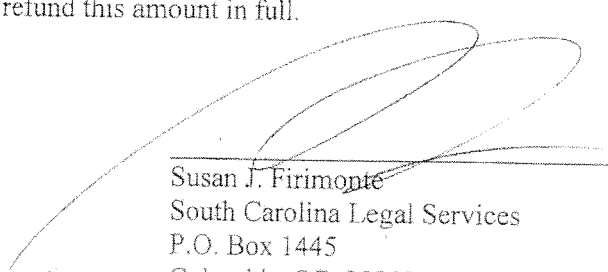
II. The Administration erred in failing to refund the premiums withheld.

The Administration erred in failing to comply with its own policy. The Administration's failure cost Mrs. Desai nineteen months of premiums wrongfully withheld (October of 2008 through March of 2010). These total to \$1,760.70 ($\$96.40 \times 15 \text{ months} = \$1,446.00$ (plus) $\$104.90 \times 3 \text{ months} = \314.70). Thus, Mrs. Desai's benefits were improperly withheld and should be refunded immediately. Because her benefits should not have been reduced, she is entitled to a refund of the premiums improperly taken from her benefits.

Conclusion

The Administration erred in failing to follow its own policy when it received signed written clear instruction from Mrs. Desai to stop her Medicare Part B. The Administration's lapse cost Mrs. Desai \$1,760.70 in benefits wrongfully withheld from her checks. The Administration should be required to refund this amount in full.

RESPECTFULLY SUBMITTED,


Susan J. Firimonte
South Carolina Legal Services
P.O. Box 1445
Columbia, SC 29202
803-744-4164
803-799-1781 (fax)
ATTORNEYS FOR CLAIMANT

8 2914
\$ 1760.70
\$ 1760.70
\$ 3521.40
\$ 3521.40

Date: Aug-5-2008
From:- Surendrakumar .K.Desai
4632,Gila Band Lane,
Fort Worth. TX 76137

To, Social Security Administration
R M 1-A-07
819, Taylon Street
Fort Worth TX 76102

Sub:- my Social Security No. 490-96-5153 and
spouse Social Security No. 490-96-7240

Ref: leaving for INDIA

Dear Sir, /Madam,

With reference to above I and my spouse Maltiben.S.Desai are leaving for INDIA to meet
our Relative and friend .

As soon as we will come back we will inform the department.

Your truly



SURENDRKUMAR K. DESAI.

Social Security Administration
Retirement, Survivors and Disability Insurance

Important Information

Mid-America Program Service Center
601 East Twelfth Street
Kansas City, Missouri 64106-2859
Date: November 10, 2008
Claim Number: 490-96-5153B

000055297 01 AT 0346 T216 T2R M04,1103,PC6,N,KA,

MALTIBEN S DESAI
4632 GILA BEND LN
FORTWORTH TX 76137-6174

|||||

The State of Texas will no longer pay your Medicare medical insurance premiums after September 2008. You must pay the premiums beginning October 2008.

What We Will Pay And When

- You will receive \$216.80 for December 2008 around January 2, 2009.
- After that you will receive \$12.00 on or about the third of each month.

Information About Your Medicare Prescription Drug Plan Costs

We will no longer deduct money for your Medicare prescription drug plan costs from your monthly benefits.

If you have any questions about your Medicare prescription drug plan costs, please contact your Medicare prescription drug plan.

To Cancel This Insurance

If you want to cancel this insurance, please contact the local Social Security office at the telephone number and address shown below. Remember that the date your insurance coverage ends depends on when you cancel it:

- If you cancel it within 30 days from the date of this notice, your coverage will end at the same time the State stopped paying the premiums.
- If you cancel it after 30 days but within six months of when the State stopped paying the premiums, coverage will stop at the end of the same month in which you contact us.
- If you wait more than 6 months to contact us, coverage will stop at the end of the month after the month in which you contact us.

C

See Next Page

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If You Have Any Questions

If you have any questions about the State Medicaid Program, please contact your State public assistance office.

If you have any questions about Medicare you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-817-978-4108. 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
RM 1-A-07 FEDERAL BLDG
819 TAYLOR ST
FORT WORTH, TX 76102

(2)

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.



Lynn Marten
Assistant Regional Commissioner,
Processing Center Operations

Surendrakumar K. Desai
221 Cabin Drive
Irmo, SC 29063

To
Social Security,
1835 Assembly Street 11th Floor
Strom Thurmond Federal Building
Columbia SC 29201

NOT POSTED
4/8/2013
Posted

Sub:

Refund of \$3,278.60 which has been deducted from our Social Security benefits in the year 2009 and 2010 as a premium for medical (Part B). My Social Security number, 490-96-5153 and my spouse's Social Security is 490-96-7240.

Our medical card for the hospital and medical Part B is 490-96-5153 A and B for my spouse.

Ref:

- 1) I am disabled since 1996
- 2) I have written a letter dated August 5, 2008 informing the Social Security Administration in Fort Worth, Texas that I and my spouse are living in India. *for we still have...*
- 3) Before we left for India, I informed the Social Security Administration in Fort Worth, Texas by telephone and I also have informed the head office on their telephone number 1-800-772-1213.
- 4) A letter dated November 10, 2008 issued by S.S Administration Retirement survivors and disability insurance Kansas, Missouri 64106-2859
- 5) In the letter from the office of Health and Human Services, in September 2009 to Baltimore MD 21244-1850 cancelling our Medicaid, Medicare Part B, and S.S insurance.
- 6) TMPH, A state Medicaid and healthcare partnership date coverage from September 30, 2008 stopped our benefits.
- 7) A letter dated August 12, 2008 RSTI. \$2440.40 from the department in Texas H.H.S.C MEPD informing our S.S.I and on 09-08 (END)
- 8) Letter dated December 2, 2008 informing my spouse that now she will get \$194 for December 2008 issued from the office, S.S.A office retirement survivors and disability insurance in Kansas, Missouri 64106-2859.
- 9) Please refer my letter dated January 5, 2009, requesting the SS Administration in Fort Worth to cancel our Medicare Part B for the year 2009.

Handwritten notes at bottom:
JUL 16
JUL 18
JUL 22
DIA
DO NOT 2-9-11
RECEIVED
6 JUL
3 MAY

- 10) Please refer from S.S.A-1099 for 2009 and 2010, which explains the department has deducted \$96 from each of us monthly from our Social Security benefits for the year 2009 to 2010 amounting to \$3278/60. We ask that the department refund the amount which has been wrongly deducted from our S.S benefits.
- 11) Please refer to the letter dated January 2, 2010 requesting the department to refund the amount which has been wrongly deducted from our S.S benefits.
- 12) Please refer to our letter 2/5/2010 addressed to American Citizen Service in Mumbai.
- 13) An authority letter notarized dated 2/5/2010
- 14) Please refer to the letter dated March 9, 2010 and dually signed Form number: OBM0938 by us. We were compelled to sign the form. My son Gurang reached the Fort Worth office along with the authority letter even by us, the office has given him dually billed in by the officer along with a self-addressed cover and asked him to get it signed by us. Otherwise they will continue to deduct the amount from our S.S benefits. So unwilling and under pressure, we were compelled to sign the Form NO. OBM no. 0938-0028.
- 15) Please refer to our letter dated March 12, 2013 addressed S.S. Administration Fort Worth, Texas.
- 16) Circular issued by Social Security Office for Medicare and Medicaid sent on May 18th, 2009.

Dear Sir/Madam,

When I talked on the phone with the S.S.A in Fort Worth, they advised me to contact your office as I am living in Columbia. Therefore I am writing to your office regarding the above report correspondence with the department.

- 1) I am disabled since 1996. The premium for Medicare Part B is always paid by the state and I get the facility of Medicaid, house rent, food stamps, and S.S.I. since 1996.
- 2) I have only S.S benefits and I have no other source of income.

I came to the United States on a greencard on November 19, 1987. I went to India on November 19, 1990 and came back in March 1991. I went to India on August 11, 2001 and came back on February 3, 2002. On November 14, 1996 I went back to India and came back on March 6, 1997. I went to India on November 4, 2004 and came back on July 18, 2007. I became a citizen of the United States on December 9, 1998. I went to India on August 22, 2008 and came back on March 31, 2013.

Please refer a circular by S.S Medicare and Medicaid Department dated May 18, 2009. I have gone to India six times and all the procedure has been done by me which is informing the S.S. A before leaving for India. The same procedure was done by me informing the S.S.A in Fort Worth and has also informed them by telephone on the number 1-800-772-1213. Only this time, the S.S.A in Fort Worth has been wrongly deducted Medical Part B premium from our S.S benefits amounting to 3,278.60. Before this time, I was never asked the form for cancelling Medicaid Part B though most of the

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facilities given by the different departments were withdrawn by them in August 2008 and 2009. This can be verified from the above report and closures. Please refer reference number 2, 3 (information on telephone) 4, 5, 6, and 7.


I am writing as under the S.S. A in Fort Worth might have received my letter dated August 5, 2008. I left from the United States on August 22, 2008 meaning that they had sufficient time to give information that they need to sign the form number OBM no. 0938-002 for cancellation of Medicare Part B which we have not done before.

We also requested to cancel our Medicare Part B by a letter dated August 5, 2008. In spite our leaving for India, S.S. A in Fort Worth and the other departments came to know that we are not in the United States. We have informed only S.S.A in Fort Worth and the head office on their telephone number, 1-800-772-1213, if they happen to cancel all our faculties unless to do so by S.S.A Fort Worth which the attached references above prove.

I have given an authority letter dually notarized to my son, Gurang Desai, to appear on my behalf. He was given a form number which was dually filled in by the office and provided a self-addressed cover letter to be posted by me from India. We have signed above report to them. It was signed by both of us and posted in the same envelope and forwarded to them.

I have talked with my son and he said that unless we must sign a form to avoid further deduction. Please refund \$3,278.60 which has been deducted from our Social Security benefits. Hoping to be excused for the trouble given and requesting your honor to issue a check for \$3,278.60. Hoping to be excused for the trouble given and requesting your honor to issue an order favorably. I am thanking you in anticipation and obliged.

Yours faithfully,



Surendrakumar K. Desai

Enclosed:
As referred above.

Copy forwarded to:
Social Security Administration
819 Taylor Street- Room 1A07
Fort Worth, Texas-76102-9843

(2) Mid-America Program Service Center

601 East Twelfth Street

Kansas City, Missouri 64106-2859

All the above referred correspondence is enclosed here with. Correspondence attached for your favorable considerations.

Social Security

RM 1-A-07 Federal Bldg

819 Taylor Street

Fort Worth, TX 76102

TMHP

12357-B Riata Trace Parkway

Austin, TX 78727

TX HHSC-MEPD

2526 Jacksboro Hwy

Fort Worth, TX 76114

7500 Security Boulevard

Baltimore, MD 21244-1850s

Department of Health & Human Services, 20-0-00

REQUEST FOR TERMINATION OF PREMIUM HOSPITAL AND/OR SUPPLEMENTARY MEDICAL INSURANCE

DO NOT WRITE IN THIS SPACE

The completion of this form is needed to document your voluntary request for termination of Medicare coverage as permitted under the Code of Federal Regulations, Section 1838(b) and 1818A(c)(2)(B) of the Social Security Act require filing of notice advising the Administration when termination of Medicare coverage is requested. While you are not required to give your reasons for requesting termination, the information given will be used to document your understanding of the effects of your request.

NAME OF ENROLLEE (Please Print)

SURENDRAKUMAR K. DESAI

MEDICARE CLAIM NUMBER

490-96-5153A

NAME OF PERSON, IF OTHER THAN ENROLLEE, WHO IS EXECUTING THIS REQUEST

THIS IS A REQUEST FOR TERMINATION OF

☐ HOSPITAL INSURANCE

☒ MEDICAL INSURANCE

DATE SUPPLEMENTARY MEDICAL INSURANCE WILL END

DATE HOSPITAL INSURANCE WILL END

I request termination of my enrollment under the above positions of title XVIII of the Social Security, as amended, for the reason(s) stated below:

SINCE I AM OUT OF THE COUNTRY AT THIS TIME I DO NOT NEED MEDICARE PART B--I UNDERSTAND THE PENALTY THAT WILL BE INVOLVED WHEN AND IF I WISH TO BE REINSTATED FOR MEDICARE PART B.

I UNDERSTAND THAT IF I AM REQUIRED TO PAY FOR MY HOSPITAL INSURANCE, THE TERMINATION OF MY SUPPLEMENTARY MEDICAL INSURANCE COVERAGE WILL ALSO END MY HOSPITAL INSURANCE COVERAGE. According to the Paperwork Reduction of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 0938-0025. The time required to complete this information collection is estimated to average 25 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Mailstop N2-14-26, 7500 Security Boulevard, Baltimore, MD 21244-1860.

If this request has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

SIGNATURE (Write in Ink) SURENDRAKUMAR K. DESAI

1. NAME OF WITNESS

MAHENDRA C. SHAH

SIGN HERE

[Signature]

ADDRESS (Number and Street, City, State and ZIP Code)

CHANDRAMANI BHUVAN
ABRAM ROAD, NADIAD.

MAILING ADDRESS (Number and Street)

B/1, MADHURAM FLAT

2. NAME OF WITNESS

KINJAL U. MUFTI

[Signature]

CITY, STATE AND ZIP CODE Near RAHUL HOSPITAL,
N.K.N. ROAD, NADIAD - 387001.

ADDRESS (Number and Street, City, State and ZIP Code)

A-1, MADHURAM FLAT, NR. RAHUL HOSP.,
NANA KUMBHATH ROAD, NADIAD - 387001

DATE (Month, Day and Year)

3-9-2010

TELEPHONE NUMBER

0268-2521018

FORM CMS-1763 (05-97) (Formerly HCFA-1763) EF (10-2001)

* Dist KHEDA. GUJARAT
INDIA.

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