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HOLLY HILL INS

PAGE 01

Leitha V...
Cell 803-971-1238

① I Need Help!

First page Fax 803-734-5167

Leitha V Washington
3317 Tee Vee Rd
Santee SC 29142

Dear Nikki R. Haley
Governor.

I Leitha V Washington is in bad
Shape. im Mentally ill. please help me
im so Mess up. the people in ~~orangeburg~~ Disability
~~Security office~~ I was told that i was ~~Determine~~
turn down 8 times for my disability.
my husband **Work 2 Jobs** to help for
bill's. ~~He~~ still go to Loan's 2. of them
right now. we got blue cross blue
Sheal. I want to get back on my maidcad
Card. it want to your office, Governor.
ifill out all papers. i had turn them
over to maidcad office in Columbia.
a letter came to my Address to fill
out all papers and said go to the
social Sercity of i. ~~Went~~ and was
Very sick. because social sercity in
Orangeburg is Not right. i need you
DSS office to fax this letter
to the Governor N. K. R. Haley
ifine out that i was Approved
for SSI and My DisA bility. some
One in social sercity office Told Me
that i was Approved for two and that
shel to see what toq proved me for.

(2) Second page

I Need Help
Fax 803 734-5167

Disability Determination Services,
Send me to a special EXAMINATION
instructions to Santee SC at 8799 Old
Highway 6 Santee SC 29142 January 11, 2016
Time At 3:30 pm. Leitha V Washington
Went to that Appoment, my Sister in
New York was my contact her name is
Hannah Nails, her Number is 347-737-
2903 or 347-404-6870 When i went
to James H Way PhD on January 11,
2016 he tell me to wait on my letter,
Social Security Office in Orangeburg
Never send me that letter. Keep
Sending me what my husband make
so many time but not paying me,
my Disability the Disability Determination
Service, was in the sistim for me
to get it. i was told that April 1 to 3
i was going to ge a check of \$700.33
A month, call me on phone for information
i give them. That Orangeburg office made
me had to get on more medication.
K Craig, Disability Examiner had me
Leitha V Washington to go to a Doctor for
my High blood Sugar, and hip. She call my
Sister in New York, to call me and tell
me Not to go to that Appointment she
has a ~~she~~ need to get me paid. i call in
two week to the Disability Determination
Service someone in Disability office said

(3)
thind

I Need Help!
Fax 803-734-5167

that Lady say call Social Security office
in Oranburg and as were is your
letter for Disability, Social Security
So post to help not to take a Vange of
me. I need someone in High
to stop them from getting my SSI
and my Disability. I have herd of
people get both in come and Never
work before. I was Disable
in 2005. Social Security in Oranburg
Had me disable 2014 chang and add
not put any thing. I want all my back
pay please check in my case please
send this letter as fast as possible
to Governor office. I was told
that if I work in the past 5 years or
more I can get my Disability that came
from one of the Council at mental
Health. I want my Disability and do not
want Social Security office in Oranburg
to contact me any more with this
mess. I want my pay now

I'm send you facts and proves
Social Security spent the money the
worker in that office know they
want me to see the Judge that's wrong
Sign: Heather Washington

Were is My January 22 2016 ~~Approved~~
Fax Letter

**Social Security Administration
Supplemental Security Income**

SOCIAL SECURITY
1379 SIMS ST
ORANGEBURG, SC 29115-3456
Date: March 04, 2016
Claim Number: 250-23-9055
MSP

LEITHA V. WASHINGTON
3317 TEE VEE RD
SANTEE, SC 29142-9368

Dear LEITHA WASHINGTON

This is a very important letter that could affect whether you can get Supplemental Security Income (SSI). Please read it carefully. If there is anything you do not understand, please get in touch with us right away.

What You Need To Do

We need more information to decide if we can pay you SSI. Therefore, it is important that you do the following:

- We will call you on 03/15/2016 at 8:00 a.m. at 803-971-1738. Please let us know if this telephone number is wrong, or if this is not a good time for you.

If We Do Not Hear From You

We may deny your application for SSI if you don't respond to this request or contact us by April 4, 2016 to tell us why.

If we deny your application, we will send you another letter to explain our decision. The letter will also explain your right to appeal.

Information About Medicaid

In many States, applying for SSI means you also are applying for Medicaid. If we deny your SSI application, you cannot get Medicaid based on SSI.

When you call or come in, please have this letter with you.

Sign: Leitha Washington

**DISABILITY DETERMINATION SERVICES**

Providing quality disability determination services to South Carolinians in a responsive, timely and cost-effective manner.

Charleston Regional Office ■ P.O. Box 190029 ■ North Charleston, SC 29419 ■ (843) 953-0300
Toll-free: (800) 868-0100 ■ Medical Information Fax: (866) 827-7369

January 21, 2016

LEITHA VICE WASHINGTON
3317 TEE VEE RD
SANTEE SC 29142

Dear LEITHA VICE WASHINGTON:

This letter refers to your claim for disability. We had previously scheduled an appointment for you with SHAUN A NGUYEN on 02/06/16 at 1:30PM. However, this examination has been cancelled and you do not need to go to this examination.

If additional information or another examination is required in order to make a decision on your claim, you will be notified again by mail. If you have another examination already scheduled, you must keep that appointment unless instructed otherwise. If you fail to keep the other appointment and we do not hear from you, a decision may be made on the information already in your file. This may result in a denial of your claim or your benefits may stop. If you have any questions regarding this cancellation or any currently scheduled examinations, please call our toll free 1-800 number.

Sincerely,

K. Craig, Disability Examiner

cc: File

MCH/317
Claim No: Q66097

CL26A (4/15)

Sign: Leitha Washington

Fax G&V Haley 803-154-3167

SOCIAL SECURITY ADMINISTRATION

Case No. 250-23-0033

Office: Disability Adjudication and Review
 SSA Office Hearing Office
 Suite 200
 1927 Thurmond Mall Blvd
 Columbia, SC 29201

Date: 2-13-2009

Letha V. Washington
 3317 Tee Vee Road
 Santee, SC 29142

NOTICE OF DECISION - FULLY FAVORABLE

I have made the enclosed decision in your case. Please read the enclosed letter carefully.

This Decision is Fully Favorable To You

Another office will process the decision and send you a letter about your benefits. Your local Social Security office or another may be able to give you more information. If you do not hear anything for 60 days, contact your local office.

The Appeals Council May Review The Decision On Its Own

The Appeals Council may decide to review the decision even though you do not ask it to do so. To do that, the Council must mail you a letter about the review within 60 days from the date shown above. Review at the Council's own motion could make the decision less favorable or more favorable to you.

If You Disagree With The Decision

If you believe my decision is not fully favorable to you, or if you disagree with it for any reason, you may file an appeal with the Appeals Council.

How to File an Appeal

To file an appeal you or your representative must request that the Appeals Council review the decision. You must make the request within 60 days. You may use our Request for Review form, SSA-20, or write a letter.

You may file your request at any Social Security Administration hearing office. You may also mail your request right to the Appeals Council, Office of Disability Adjudication and Review, 5107 Leesburg Pike, Falls Church, VA 22041-3255. Please put the Social Security number shown above on any appeal you file.

Social Security

I should not stop my check

**SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review**

DECISION

IN THE CASE OF

Leitha V. Washington
(Claimant)

(Wage Earner)

CLAIM FOR

Supplemental Security Income

2008-20055

Supplemental Security Income

II. JURISDICTION AND PROCEDURAL HISTORY

This case is before me on a request for hearing, dated August 13, 2006 (2006-08-13-1629 #1). The claimant appeared and testified at a hearing held on November 21, 2008, in Columbia, SC. The claimant is represented by W. Scott Palmer, an attorney.

The claimant is a wage earner since February 1, 2005.

I Never got that money

The claimant filed an application for Supplemental Security Income (SSI) on February 1, 2005. The application was denied on February 1, 2005. The claimant filed a request for hearing on February 1, 2005. The hearing was held on November 21, 2008. The claimant testified that she was disabled since February 1, 2005. The claimant testified that she was not working since February 1, 2005. The claimant testified that she was not receiving any benefits since February 1, 2005. The claimant testified that she was not receiving any benefits since February 1, 2005.

please help me! **ISSUES**

The issue is whether the claimant is disabled as defined in section 1614(a)(3)(A) of the Social Security Act. Disability is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or combination of impairments that can be expected to result in death or that can be expected to last for a continuous period of not less than 12 months.

After careful review of the entire record, I find that the claimant was disabled as of February 1, 2008, the date the application for supplemental security income was filed, and that the claimant's disability has continued through the date of this decision.

*I was getting only 65 dollars a month for 1 year
taken made me pay it 500 so worry help*

The claimant's application for Supplemental Security Income (SSI) was denied on February 1, 2005. The claimant filed a request for hearing on February 1, 2005. The hearing was held on November 21, 2008. The claimant testified that she was disabled since February 1, 2005. The claimant testified that she was not working since February 1, 2005. The claimant testified that she was not receiving any benefits since February 1, 2005. The claimant testified that she was not receiving any benefits since February 1, 2005.



DISABILITY DETERMINATION SERVICES

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Toll-free: (800) 868-0100 ■ Medical Information Fax: (866) 827-7369

December 23, 2015

LEITHA VICE WASHINGTON
3317 TEE VEE RD
SANTEE SC 29142

Claimant: LEITHA VICE WASHINGTON

Ref. No: Q66097

Dear LEITHA VICE WASHINGTON:

This refers to your application for disability benefits. Additional medical evidence about your bipolar and depression is needed to evaluate your Social Security disability claim. An appointment has been made for you as shown below for a Mental Exam.

Date: MONDAY, JANUARY 11, 2016

Time: 3:30 PM

Appointment With JAMES H WAY PHD at
8799 OLD HIGHWAY 6
SANTEE SC 29142

I want

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

IT IS IMPORTANT THAT YOU COMPLETE AND RETURN THE ATTACHED APPOINTMENT REPLY LETTER. WE EXPECT YOU TO GO TO ANY EXAMINATION SCHEDULED FOR YOU. IF YOU DO NOT GO AND WE DO NOT HEAR FROM YOU, THE DISABILITY DECISION WILL BE MADE ON INFORMATION IN YOUR FILE. THIS MAY RESULT IN A DENIAL OF YOUR CLAIM OR YOUR BENEFITS MAY STOP. IF THERE IS A PROBLEM WITH THIS APPOINTMENT, PLEASE CALL ME at (843) 953-0300 or Toll-free: (800) 868-0100.

Please let us know if you need a foreign language or sign language interpreter, we will arrange those services at no cost to you.

Do not change this appointment without calling me. Read the enclosed pamphlet.

We will pay for this exam. You do not need your Medicaid, Medicare or private insurance card. However, **YOU MUST TAKE THIS LETTER WITH YOU.** At the exam, it may be determined other tests are needed or a scheduled test is not necessary.

Please **arrive 15 minutes early** for your appointment. Take your **glasses, hearing aid, and prescribed medication** with you. One adult may go with you. **The examination provider will determine if this individual may go with you into the examination room.** Do not bring any children unless you are taking a child to his/her exam. Adults who are being examined must bring a Picture I.D. Children should bring one if available.

If there are special instructions related to your specific exam or test, they will be included on a Special Examination Instruction form. **The doctor you will see at this appointment does not make the decision about your claim.**

Please be advised that South Carolina State Law (Title 23 - Law Enforcement and Public Safety, CHAPTER 31, FIREARMS, ARTICLE 4, Section 23-31-215 (M)(10) states: **No one (including concealed weapon permit holders) may carry a concealable weapon into a hospital, medical clinic, doctor's office, or any other facility where medical services or procedures are performed unless expressly authorized by the employer.** A person who willfully violates a provision of this subsection is guilty of a misdemeanor and, upon conviction, must be fined not less than one thousand dollars or imprisoned not more than one year, or both, at the discretion of the court and have his permit revoked for five years.

Sincerely,

K. Craig, Disability Examiner

Enclosure:

Reply Letter, SSA Pub. No. 05-10087

Return Envelope

cc:

DG3/317 Claim No: Q66097 SNO:

CL5 (4/15)

[Handwritten signature]

[Handwritten signatures and stamps, including "RECEIVED" and "Q66097"]

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SPECIAL EXAMINATION INSTRUCTIONS**DECEMBER 23, 2015****Appointment For:****Ref. No: Q66097**

LEITHA VICE WASHINGTON
3317 TEE VEE RD
SANTEE SC 29142

**Appointment
With:**

JAMES H WAY PHD
8799 OLD HIGHWAY 6
SANTEE SC 29142

Date: JANUARY 11, 2016**Time:** 03:30PM**Tele. No:** (800) 868-0100

LEITHA VICE WASHINGTON has an examination scheduled with JAMES H WAY PHD on JANUARY 11, 2016 at 03:30 PM. The following are special instructions about your examination:
From I-95 take exit 98. Go west on Hwy 6 (towards Elloree). The office is ½ mile from the I-95 interchange on the right side of the road. Dr. Richard Carpenter is also in this office. His name is on the sign.

These instructions are very important. Please take this letter with you to your appointment.

DG3/317

Claim No: Q66097

CPSI (2/14)

SNO:

Dr James H Way PhD Tell me to wait on my letter.

Where is my letter? social security,



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December 23, 2015

LEITHA VICE WASHINGTON
3317 TEE VEE RD
SANTEE SC 29142

Claimant: LEITHA VICE WASHINGTON

Ref. No: Q66097

Dear LEITHA VICE WASHINGTON:

This refers to your application for disability benefits. Additional medical evidence about your bipolar and depression is needed to evaluate your Social Security disability claim. An appointment has been made for you as shown below for a Mental Exam.

Date: MONDAY, JANUARY 11, 2016

Time: 3:30 PM

Appointment With JAMES H WAY PHD at
8799 OLD HIGHWAY 6
SANTEE SC 29142

I went

this doctor call me on saturday to come to this appoint.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

IT IS IMPORTANT THAT YOU COMPLETE AND RETURN THE ATTACHED APPOINTMENT REPLY LETTER. WE EXPECT YOU TO GO TO ANY EXAMINATION SCHEDULED FOR YOU. IF YOU DO NOT GO AND WE DO NOT HEAR FROM YOU, THE DISABILITY DECISION WILL BE MADE ON INFORMATION IN YOUR FILE. THIS MAY RESULT IN A DENIAL OF YOUR CLAIM OR YOUR BENEFITS MAY STOP. IF THERE IS A PROBLEM WITH THIS APPOINTMENT, PLEASE CALL ME at (843) 953-0300 or Toll-free: (800) 868-0100.

Please let us know if you need a foreign language or sign language interpreter, we will arrange those services at no cost to you.

Do not change this appointment without calling me. Read the enclosed pamphlet.

We will pay for this exam. You do not need your Medicaid, Medicare or private insurance card. However, **YOU MUST TAKE THIS LETTER WITH YOU.** At the exam, it may be determined other tests are needed or a scheduled test is not necessary.

Please arrive 15 minutes early for your appointment. Take your glasses, hearing aid, and prescribed medication with you. One adult may go with you. The examination provider will determine if this individual may go with you into the examination room. Do not bring any children unless you are taking a child to his/her exam. Adults who are being examined must bring a Picture I.D. Children should bring one if available.

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Sigh Leitha Wastylan

Sincerely,

K. Craig, Disability Examiner

Enclosure:
Reply Letter, SSA Pub. No. 05-10087
Return Envelope
cc:
DG3/317 Claim No: Q66097 SNO:
CL5 (4/15)

[Handwritten signatures and stamps, including "RECEIVED" and "NARRATIVE"]



FAX

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Toll-free: (800) 868-0100 ■ Medical Information Fax: (866) 827-7369

SPECIAL EXAMINATION INSTRUCTIONS

DECEMBER 23, 2015

Appointment For:**Ref. No: Q66097**

LEITHA VICE WASHINGTON
3317 TEE VEE RD
SANTEE SC 29142

**Appointment
With:**

JAMES H WAY PHD
8799 OLD HIGHWAY 6
SANTEE SC 29142

Date: JANUARY 11, 2016**Time: 03:30PM****Tele. No: (800) 868-0100**

LEITHA VICE WASHINGTON has an examination scheduled with JAMES H WAY PHD on JANUARY 11, 2016 at 03:30 PM. The following are special instructions about your examination:
From I-95 take exit 98. Go west on Hwy 6 (towards Elloree). The office is ½ mile from the I-95 interchange on the right side of the road. Dr. Richard Carpenter is also in this office. His name is on the sign.

These instructions are very important. Please take this letter with you to your appointment.

DG3/317

Claim No: Q66097

CPSI (2/14)

SNO:

Dr James H Way PhD Tell me to wait on my letter.

Where is my letter? social security, January 22-2016
Letter



DISABILITY DETERMINATION SERVICES

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Toll-free: (800) 868-0100 ■ Medical Information Fax: (866) 827-7369

December 23, 2015

LEITHA VICE WASHINGTON
3317 TEE VEE RD
SANTEE SC 29142

Claimant: LEITHA VICE WASHINGTON

Ref. No: Q66097

Dear LEITHA VICE WASHINGTON:

This refers to your application for disability benefits. Additional medical evidence about your left hip pain and diabetes is needed to evaluate your Social Security disability claim. An appointment has been made for you as shown below for a Physical Exam.

Date: SATURDAY, FEBRUARY 06, 2016

Time: 1:30 PM

**Appointment With SHAUN A NGUYEN MD at
MARSCH CHIROPRACTIC CTR
235 ELLIOTT STREET
ORANGEBURG SC 29115**

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

IT IS IMPORTANT THAT YOU COMPLETE AND RETURN THE ATTACHED APPOINTMENT REPLY LETTER. WE EXPECT YOU TO GO TO ANY EXAMINATION SCHEDULED FOR YOU. IF YOU DO NOT GO AND WE DO NOT HEAR FROM YOU, THE DISABILITY DECISION WILL BE MADE ON INFORMATION IN YOUR FILE. THIS MAY RESULT IN A DENIAL OF YOUR CLAIM OR YOUR BENEFITS MAY STOP. IF THERE IS A PROBLEM WITH THIS APPOINTMENT, PLEASE CALL ME at (843) 953-0300 or Toll-free: (800) 868-0100.

Please let us know if you need a foreign language or sign language interpreter, we will arrange those services at no cost to you.

Do not change this appointment without calling me. Read the enclosed pamphlet.

We will pay for this exam. You do not need your Medicaid, Medicare or private insurance card. However, **YOU MUST TAKE THIS LETTER WITH YOU.** At the exam, it may be determined other tests are needed or a scheduled test is not necessary.

Please **arrive 15 minutes early** for your appointment. Take your **glasses, hearing aid, and prescribed medication** with you. One adult may go with you. **The examination provider will determine if this individual may go with you into the examination room.** Do not bring any children unless you are taking a child to his/her exam. Adults who are being examined must bring a Picture I.D. Children should bring one if available.

If there are special instructions related to your specific exam or test, they will be included on a Special Examination Instruction form. **The doctor you will see at this appointment does not make the decision about your claim.**

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Sincerely,

K. Craig, Disability Examiner

Enclosure:
Reply Letter, SSA Pub. No. 05-10087
Return Envelope
cc:
DG3/317 Claim No: Q66097 SNO:
CL5 (4/15)

Sign: Leitha Washington

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Toll-free: (800) 868-0100 ■ Medical Information Fax: (866) 827-7369

SPECIAL EXAMINATION INSTRUCTIONS

DECEMBER 23, 2015

Appointment For:

LEITHA VICE WASHINGTON
3317 TEE VEE RD
SANTEE SC 29142

Ref. No: Q66097

**Appointment
With:**

SHAUN A NGUYEN MD

MARSCH CHIROPRACTIC CTR
235 ELLIOTT STREET
ORANGEBURG SC 29115

Date: FEBRUARY 06, 2016

Time: 01:30PM

Tele. No: (800) 868-9777

LEITHA VICE WASHINGTON has an examination scheduled with SHAUN A NGUYEN MD on FEBRUARY 06, 2016 at 01:30 PM. The following are special instructions about your examination: Sometimes this panelist schedules appointments on Saturday. If your appointment is on a Saturday, this is not a mistake. If you need directions, please call us during regular business hours Monday - Friday. We are closed on Saturday and will be not be able to assist you on the date of a Saturday appointment.

Also, please be aware that some panelists rent office space to perform exams for us. If you call a local office to confirm the appointment, they may not be aware of it. If you have any questions about this exam, always call our office at the phone number listed in this letter. Do not try to call a doctor's office directly about this appointment.

These instructions are very important. Please take this letter with you to your appointment.

DG3/317

Claim No: Q66097

CPSI (2/14)

SNO:

FAX 803-734-5167
Governor Nikki R. Haley

Contact Kate Craig
Disability Examiner
At 1843-953-0725

Contact Hannah Nails
New York

phone Number 347-404 6870

Cell 347-787-2903
Leitha Washington cell 803-971-1738

I want my January 22-2016
Letter Approved

A May 16-2016 letter social security whole for months
Social Security office is 866-716-8602
they want give me my money they spent it ask please
Oranburg office is Never give me any
money in my life over 1000 dollar
and im 52 years old social security
office need to pay me back pay
social security close my case in 2010
we were in bankrupcie than, we
own now four Loans i need my
check Friday July 2016, my husband
Never made over 2000 dollar. thats wrong
Sign: Leitha Washington

Your Earnings Record

Fax 803-734-5167

| Years You Worked | Your Taxed Social Security Earnings | Your Taxed Medicare Earnings |
|------------------|-------------------------------------|------------------------------|
| 1 1983 | \$ 1,654 | \$ 1,654 |
| 2 1984 | 578 | 578 |
| 3 1985 | 6,468 | 6,468 |
| 4 1986 | 1,964 | 1,964 |
| 5 1987 | 2,659 | 2,659 |
| 6 1988 | 1,420 | 1,420 |
| 7 1989 | 267 | 267 |
| 1990 | 0 | 0 |
| 1991 | 0 | 0 |
| 1992 | 0 | 0 |
| 1993 | 0 | 0 |
| 1994 | 0 | 0 |
| 1995 | 1,688 | 1,688 |
| 1996 | 0 | 0 |
| 1997 | 4,329 | 4,329 |
| 1998 | 4,018 | 4,018 |
| 1999 | 0 | 0 |
| 2000 | 0 | 42 |
| 2001 | 42 | 0 |
| 2002 | 0 | 145 |
| 2003 | 145 | 0 |
| 2004 | 0 | 0 |
| 2005 | 0 | 0 |
| 2006 | 0 | 0 |
| 2007 | 0 | 0 |
| 2008 | 0 | 0 |
| 2009 | Not yet recorded | 0 |

You and your family may be eligible for valuable benefits:

When you die, your family may be eligible to receive survivors benefits.

Social Security may help you if you become disabled—even at a young age.

A young person who has worked and paid Social Security taxes in as few as two years can be eligible for disability benefits.

Social Security credits you earn move with you from job to job throughout your career.

I did all that I can do
Sign: [Signature]

Total Social Security and Medicare taxes paid over your working career through the last year reported on the chart above:

| | | | |
|---|---------|------------------------------------|-------|
| Estimated taxes paid for Social Security: | \$1,483 | Estimated taxes paid for Medicare: | \$350 |
| You paid: | \$1,483 | You paid: | \$350 |
| Your employers paid: | | Your employers paid: | |

Note: You currently pay 6.2 percent of your salary, up to \$106,800, in Social Security taxes and 1.45 percent in Medicare taxes on your entire salary. Your employer also pays 6.2 percent in Social Security taxes and 1.45 percent in Medicare taxes for you.

If you are self-employed, you pay the combined employee and employer amount of 12.4 percent in Social Security taxes and 2.9 percent in Medicare taxes on your net earnings.

Help Us Keep Your Earnings Record Accurate

You, your employer and Social Security share responsibility for the accuracy of your earnings record. Since you began working, we recorded your reported earnings under your name and Social Security number. We have updated your record each time your employer (or you, if you're self-employed) reported your earnings. Remember, it's your earnings, not the amount of taxes you paid or the number of credits you've earned, that determine your benefit amount. When we figure that amount, we base it on your average earnings over your lifetime. If our records are wrong, you may not receive all the benefits to which you're entitled.

Review this chart carefully using your own records to make sure our information is correct and that we've recorded each year you worked. You're the only person who can look at the earnings chart and know whether it is complete and correct. All of your earnings from last year may not appear on your Statement. It could be that we still

were processing last year's earnings reports when your Statement was prepared. Your complete earnings for last year will be shown on next year's Statement. If you worked for more than one employer during the year, or if you had both earnings and self-employment income, we combined your earnings for the year.

There's a limit on the amount of earnings or pay Social Security taxes each year. The limit will not apply yearly. Earnings above the limit will not appear on the earnings chart as Social Security earnings. Since 1994, the maximum earnings amount begins to be taxed.

Call us right away at 1-800-772-1213 (7 local time) if any earnings for years before 1994 are shown incorrectly. Please have your W-2 for those years available. (If you live outside the United States, see the directions at the bottom of page 4.)