

Your New Benefit Amount

0552744

BENEFICIARY'S NAME:

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

How Much Will I Get And When?

- | | |
|--|-------------------|
| • Your monthly amount (before deductions) is | <u>\$1,715.90</u> |
| • The amount we deduct for Medicare medical insurance is
(If you did not have Medicare as of Nov. 20, 2014,
or if someone else pays your premium, we show \$0.00.) | <u>\$104.90</u> |
| • The amount we deduct for your Medicare prescription drug plan is
(If you did not elect withholding as of Nov. 1, 2014, we show \$0.00.) | <u>\$0.00</u> |
| • The amount we deduct for voluntary Federal tax withholding is
(If you did not elect voluntary tax withholding as of
Nov. 20, 2014, we show \$0.00.) | <u>\$0.00</u> |
| • After we take any other deductions, you will receive
on or about Jan. 28, 2015. | <u>\$1,611.00</u> |

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

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

What If I Have Questions?

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

This is not a bill.

This premium payment will be deducted
from your bank account.

NOTICE OF MEDICARE PREMIUM PAYMENT DUE

BILLING NOTICE DATE: _____

YOUR CLAIM NUMBER:

Use Visa/MasterCard/American Express/Discover or
make check/money order payable to "CMS Medicare
Insurance." Send payment with the bottom portion of
this notice in the enclosed envelope to:

**Medicare Premium Collection Center
P.O. Box 790355
St. Louis, MO 63179-0355**

Hospital Insurance Part A	+	Medical Insurance Part B	+	IRMAA Part D	=	Total Amount
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Current amount due for Part A and/or Part B	\$	\$		\$
Past due amount for Part A and/or Part B	\$	\$		\$
Current amount due for IRMAA Part D			\$	\$
Past due amount for IRMAA Part D			\$	\$
Part A: TERMINATION DATE: <input type="text"/>		TOTAL AMOUNT DUE: \$		<input type="text"/>
Part B: TERMINATION DATE: <input type="text"/>		PAYMENT DUE BY:		<input type="text"/>

Last payment received: _____ on _____.

To ensure timely processing, payments must be received by _____. Any payments received after
this date will be included in your next notice.

SEE OTHER SIDE FOR IMPORTANT INFORMATION

Please tear at dotted line and return bottom portion with payment

- If your name or address has changed or is incorrect, check here and complete the back of this notice.
- If the person is deceased, check here.

CLAIM NUMBER:

Show claim number on check or money order.

AMOUNT PAID: \$

AMOUNT DUE: \$ _____ DUE BY: _____

VISA/MASTERCARD/AMERICAN EXPRESS/DISCOVER NUMBER:
 - - -
 EXP. DATE: - -
 SIGNATURE:

Make check/money order payable to: CMS MEDICARE INSURANCE
 DO NOT SEND CASH OR STAMPS.
 SEND PAYMENT TO:
 MEDICARE PREMIUM COLLECTION CENTER
 P.O. BOX 790355
 ST. LOUIS, MO 63179-0355