

Social Security Overpayments

DO NOT IGNORE A NOTICE OF OVERPAYMENT. An **overpayment** occurs when Social Security finds that they have paid you money you were not entitled to receive This can happen due to such things as a change in your:

- Earned income or employment status
- Living situation
- Marital or disability status

Social Security will send you a **notice of overpayment** in writing. The notice must contain your:

YOU HAVE THE RIGHT TO DISPUTE AN OVERPAYMENT.

- Overpayment amount
- Overpayment cause
- Repayment options
- Appeal rights

You have three options to resolve an overpayment:

FILE a **request for reconsideration** if you disagree with the overpayment or believe that the amount is incorrect.

TIME LIMITS
MAY APPLY, SO
ACT QUICKLY.

FILE a **request for waiver** if the overpayment was not your fault and you cannot repay it.

You can do **BOTH** a request for reconsideration and a request for waiver.

NEGOTIATE a **payment plan** if you do not dispute the overpayment.

Disability Rights Center - NH 64 N Main Street, Suite 2, 3rd Floor Concord, NH 03301

Phone: 603-228-0432 or 1-800-834-1721 (voice/ TTY)

Fax: 603-225-2077 www.drcnh.org

Email: advocacy@drcnh.org

This brochure is not meant to be legal advice. For specific legal advice, talk to a lawyer.

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Request for Reconsideration SSA Form 561-U2

FILE your request within 30 days of the notice date to stop collection efforts. The absolute deadline to file is within 60 days.

STATE that you disagree with the amount of the overpayment.

ASK on the form that no money be withheld from your check until a final decision is reached.

If you get a decision you disagree with, you can APPEAL.

SSA Form 561-U2 can be found here: http://www.socialsecurity.gov/online/ssa-561.html

Appeal if you are denied.
Appeal rights are on the decision notice & are time limited so act immediately

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decision notice

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& are time

Request for Waiver SSA Form 632-BK

FILE your request at any time, including if your request for reconsideration is denied. File within 30 days of the notice date to prevent money being taken out of your check.

PROVE to Social Security that the overpayment was not your fault and that you cannot afford to repay the money owed.

ASK on the form that no money be withheld from your check until a final decision is reached.

If you get a decision you disagree with, you can APPEAL.

SSA Form 632-BK can be found here: http://www.socialsecurity.gov/online/ssa-632.pdf

Negotiate a Payment Plan (no form necessary)

REQUEST a payment plan from your local Social Security office.

SUGGEST a monthly amount that you can afford as well as an income & expense statement that supports your proposal.

ASK that no money be withheld from your check until a final decision is reached.

Contact Social Security immediately if you are unable to make the full payment.



Adapted with permission from Disability Rights Oregon

Alternate formats available upon request

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