



City of Richmond, Virginia

RICHMOND RETIREMENT SYSTEM

February 14, 2014

RE: 2014 SOCIAL SECURITY DISABILITY PENSION AUDIT

WHY WE ARE CONTACTING YOU

We are writing to let you know that you are required to participate in the *2014 Social Security Disability Pension Audit*. Step-by-step directions are below.

STEP-BY-STEP AUDIT DIRECTIONS

- 1 Carefully read this letter and the *Social Security Administration Consent for Release of Information* form (enclosed).
- 2 Complete the form and return it to the RRS at 900 E. Broad Street, Suite 400, Richmond, Virginia 23219 by March 15, 2014.
- 3 If the RRS does not receive the form before March 31, 2014, you will not receive a pension payment until you are in full compliance with the audit.

IMPORTANT INFORMATION

This audit is being conducted in accordance with the *Code of the City of Richmond, Chapter 78, Section 244*.

If you have any additional questions, please call Sheila Lewis at (804) 646-6445. If you make a mistake, blank forms are available at www.richmondgov.com/retirement.

Sincerely,

Victoria Knab
Fiscal Administrator

Richmond Retirement System

900 East Broad Street * Suite 400 * Richmond, VA 23219
Phone: 804-646-5958 * 1-888-288-2781 * Fax: 804-646-5299
<http://www.richmondgov.com/retirement/>

Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (*signifies a required field).

TO: Social Security Administration

*My Full Name	*My Date of Birth (MM/DD/YYYY)	*My Social Security Number

I authorize the Social Security Administration to release information or records about me to:

*NAME OF PERSON OR ORGANIZATION: RICHMOND RETIREMENT SYSTEM	*ADDRESS OF PERSON OR ORGANIZATION: 900 E. BROAD STREET RICHMOND, VIRGINIA 23219
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***I want this information released because:** CALCULATION OF DISABILITY RETIREMENT BENEFITS
We may charge a fee to release information for non-program purposes.

***Please release the following information selected from the list below:**

You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.

1. Social Security Number
2. Current monthly Social Security benefit amount
3. Current monthly Supplemental Security Income payment amount
4. My benefit or payment amounts from date _____ to date _____
5. My Medicare entitlement from date _____ to date _____
6. Medical records from my claims folder(s) from date _____ to date _____
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
7. Complete medical records from my claims folder(s)
8. Other record(s) from my file (you must specify the records you are requesting, e.g., doctor report, application, determination or questionnaire)

SOCIAL SECURITY BENEFITS AWARD LETTER

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

*Signature: _____ *Date: _____

*Address: _____

Relationship (if not the subject of the record): _____ *Daytime Phone: _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness	2. Signature of witness
Address(Number and street, City, State, and Zip Code)	Address(Number and street, City, State, and Zip Code)