\*\*Sections below in this color are a reminder to include specific information about the case in the letter.

*All highlighted sections should be deleted or filled with client specific information and all highlighting removed before submitting to SSA.*

[DATE]

Social Security Administration

[ADDRESS]

[CLAIMANT NAME]

[CLAIMANT SSN]

Dear Sir or Madam:

I am writing regarding a [SSI or SSDI] overpayment of [AMOUNT] for [MONTH to MONTH] based on a notice dated [DATE]. This letter is in support of a **Request for Waiver of Overpayment**. The overpayment should be waived because the overpaid individual is not at fault and recovery would defeat the purpose of the Social Security Act or be against equity and good conscience.

**Administrative Waiver for Overpayment $2000 or Less**

When an individual requests waiver, SSA will waive recovery or adjustment of an overpayment if: the overpaid individual is not at fault; andthe original overpayment amount (not the balance) is $2,000 or less.SSA will not require the individual to complete Form SSA-632 for an overpayment that is $2,000 or less. POMS GN 02250.350.

For purposes of the administrative tolerance provision, SSA will presume the individual is not at fault and will not further develop fault unless the overpayment resulted from these situations: fraud or similar fault (refer to GN 04107.000); or duplicate check negotiation (refer to GN 02406.300). *Id.*

This overpayment did not arise due to fraud or similar fault or duplicate check negotiation. Therefore, SSA should waive it under the administrative tolerance provision and should not require the completion of a Form SSA-632.

Sincerely,

[ADVOCATE NAME]