Form OA-CL110
Bureau of Old-Age and
Survivors Insurance
7-40

Always give Claim Number 239-20-7794-A when writing about your claim.

## FEDERAL SECURITY AGENCY

## SOCIAL SECURITY BOARD

WASHINGTON, D. C.

January 22, 1941 Winston-Salem, N. C.

Field Office

Mr. Issaac B. York, 261 South Street, Mount Airy, North Carolina

Dear Sir:

This letter refers to your claim for insurance benefits under the Social Security Act. Our records show that you are entitled to benefits of \$ 24.27 a month, beginning with the month of Dec., 1940. Your first payment will be for December, 1940 and Jan.1941 and will amount to \$ 48.54. This will be sent to you by the Treasury Department at the end of this month. Thereafter, you will receive your regular monthly benefit of \$ 24.27 at the end of each month.

Under the law, if you work for wages of \$15.00 or more a month in employment that is covered by the Social Security Act, you are not entitled to receive a benefit check for that month. You should notify the Social Security Board promptly of any month in which you are so employed, and if you receive a benefit check for that month, you should return it to the Treasury Department, Division of Disbursement, Washington, D.C. Unless you notify the Social Security Board promptly, you may lose more than that month's benefit. If you work and are in doubt as to whether this rule in the law applies in your case, call at or write to the field office at the address given above.

If you change your address, notify the Social Security Board in writing at once so that your benefit checks may reach you without delay. Also give your new address to your letter carrier or local post office. For your convenience, we are enclosing postal cards which you can use to give us any change of address or the information called for above.

If you disagree with this determination, you may request either that your claim be reconsidered by the Bureau of Old-Age and Survivors Insurance, or that a hearing be held on your claim by a referee of the Social Security Board. The request for a reconsideration or hearing should be made promptly and not later than six months from this date.

If you have any questions as to your claim, or as to what you should do in order to obtain further action or consideration, call at or write to the field office.

Very truly yours

John J. Corson,

Director