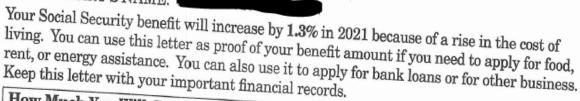




## 4. Social Security Benefits

## Your New Benefit Amount

## BENEFICIARY'S NAME:



Your monthly benefit before deductions	
Deductions:	\$1,479.00
Medicare Medical Insurance (If you did not have Medicare as of November 19, 2020 or if someone else pays your premium, we show \$0.00)	\$0.00
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2021. If you did not elect withholding as of November 1, 2020, we show \$0.00) U.S. Federal tax withholding	\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax vithholding as of November 19, 2020, we show \$0.00)	\$0.00 \$0.00
After we take any other deductions, you will receive	\$1,479.00

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at *www.godirect.org* or call their Electronic Payment Solution Center at 1-800-333-1795. If outside the United States, please call 1-214-254-3113.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. The fastest and easiest way to file an appeal is to visit www.ssa.gov/benefits/disability/appeal.html online.

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