**Refer to:** TLC

 [SSN]

 [XSSN]

SOCIAL SECURITY ADMINISTRATION

Office of Analytics, Review and Oversight

5107 Leesburg Pike

Falls Church, VA 22041-3255

Telephone: (877) 670-2722

Date:

**NOTICE OF APPEALS COUNCIL ACTION**

[*Addressee*] [for] [NOTE: If there is no addressee entry, this line will not be generated]

[*Claimant Name*]

[*Claimant Address1*]

[*Claimant Address2*]

[*Claimant CSZ*]

This is about the [Appeals Council’s] decision dated [*Disp Date*].

Under section 205(u) of the Social Security Act (Act), we must redetermine an individual’s entitlement to disability benefits when there is reason to believe fraud or similar fault was involved in that individual’s application for benefits. In conducting a redetermination, we must disregard any evidence if there is a reason to believe that fraud or similar fault was involved in providing that evidence. The New York County District Attorney’s Office and the Office of the Inspector General of the Social Security Administration conducted an extensive criminal investigation that resulted in the criminal indictment of Raymond Lavallee, Thomas Hale, Joseph Esposito, and John Minerva. Those individuals were charged with making false statements to the Social Security Administration (SSA) and they all pleaded guilty to their involvement in the fraudulent scheme. The District Attorney also identified psychiatrists Edward Sodaro, M.D. and Dr. Raymond Pierre-Paul, M.D. as participants in the fraudulent scheme.

Because one or more of the individuals who pleaded guilty provided evidence in your case regarding a mental impairment that we used to find you disabled, we must redetermine your entitlement to disability benefits. We are not allowed to consider any evidence submitted by the four named individuals who pleaded guilty to involvement in the fraudulent scheme. Additionally, we are not allowed to consider medical evidence from Dr. Sodaro and Dr. Pierre-Paul.

**We Are Redetermining the Appeals Council’s Decision**

We are writing to tell you that we looked at your case again to see if the decision was supported after disregarding the evidence identified above. After reviewing all of the relevant information, we now find that you were not entitled to Social Security disability benefits on [DATE], the date we initially allowed your claim. We are stopping your benefits.

[IF CDR performed] Although you [recently] underwent a continuing disability review and we continued benefits, this redetermination began after that review. This redetermination will replace any findings we made during your continuing disability review.

**Rules We Applied**

Under section 205(u) of the Act, we must redetermine your entitlement to benefits if there is reason to believe that fraud or similar fault was involved in the application for benefits. In making that redetermination, section 205(u)(1)(B) requires us to disregard evidence when there is a reason to believe that fraud was involved in providing that evidence.

**What We Considered**

We considered the written record that was before the [Appeals Council], [the testimony at the hearing], [and any evidence that you submitted as a part of your request for review that did not come from a source who pleaded guilty or was identified by the DA as being involved in the scheme].

By law, the Appeals Council was not able to consider evidence from [source of evidence]. The Appeals Council considered all evidence that it was not required to disregard that related to the period on or before the original allowance date.

**What We Plan To Do**

[List the applicable sources of evidence -- evidence regarding a mental impairment submitted by Mr. Lavallee, Mr. Hale, Mr. Esposito, or Mr. Minerva; and/or medical evidence from Dr. Sodaro and/or Dr. Pierre-Paul; also incorporate exhibit numbers if applicable] provided evidence in your case and the [Appeals Council] used this evidence to find you disabled. Absent the evidence from [list the source], the Appeals Council determined that you are not entitled to benefits on or before [Date of Appeals Council’s decision], the date SSA initially allowed the claim.

We plan to set aside the favorable Appeals Council decision and send your case back to an Administrative Law Judge for more action and to issue a new decision.

**Why We Are Taking This Action**

[List reasons why we are remanding the case and what the ALJ must do to correct]

**You May Send More Information**

You may send us more evidence or a statement about the facts and the law in your case within 30 days of the date of this letter.

**{b} [User selects paragraph {b} if closed record applies]**

We will consider more evidence if:

* It is new and material;

AND

* It is about “disability” starting on or before [*AC Decision Date*], the date of the Appeals Council’s decision.

**{c} [User selects paragraph {c} if DLI expires before Appeals Council decision date (Title II disability only)]**

We will consider more evidence if:

* It is new and material;

AND

* It is about “disability” starting on or before [User keys in date (DLI)], the date you were last insured for disability benefits.

**We Will Not Act For 30 Days**

If you have more information, you must send it to us within 30 days of the date of this letter.

Our address and FAX number are:

**ADDRESS:** Appeals Council

Office of Analytics, Review and Oversight

 ATTN: Executive Director’s Office, Suite 1400

5107 Leesburg Pike

Falls Church, VA 22041-3255

**FAX:** 703-605-7101, Attn: Redetermination Staff

***Put the Social Security Number shown at the top of this letter on your request.***

***If you send us anything by fax, do not send duplicates by mail. That may delay processing your claim.***

**What Happens Next**

If we do not hear from you within 30 days, we will assume that you do not want to send us more information. We will then send your case back to an Administrative Law Judge for further action.

**If You Have Any Questions**

If you have any questions, you may call or write the Appeals Council. Our telephone number and address are shown at the top of this letter. If you do call, please have this notice with you.

[*Judge Name1*]

Administrative Appeals Judge

[*Judge Name2*]

Administrative Appeals Judge

Enclosure(s):

Self-addressed envelope

cc:

[*Rep Name*]

[*Rep Firm*]

[*Rep Address1*]

[*Rep Address2*]

[*Rep CSZ*]