



SOCIAL SECURITY OVERPAYMENTS

DO NOT
IGNORE
A NOTICE
OF
OVERPAYMENT.

An **overpayment** occurs when Social Security finds you have gotten more money in your check than you should. This can happen due to such things as a change in your:

- Earned income or employment status
- Living situation
- Marital or disability status

YOU HAVE
THE RIGHT
TO DISPUTE
AN
OVERPAYMENT.

Social Security will send you a **notice of overpayment** in writing. The notice must contain your:

- Overpayment amount
- Overpayment cause
- Repayment options
- Appeal rights

TIME LIMITS
MAY
APPLY,
SO ACT
QUICKLY.

You have three options to resolve an overpayment:

FILE a **request for reconsideration** if you disagree with the overpayment or believe that the amount is incorrect.

FILE a **request for waiver** if the overpayment was not your fault and you cannot repay it.

NEGOTIATE a **payment plan** if you do not dispute the overpayment.

Contact our PABSS Program if your overpayment is due to your wages or earned income. There may be work incentives that can help resolve your overpayment, and we may be able to answer your questions as to how the overpayment occurred.

REQUEST FOR RECONSIDERATION

SSA Form 561-U2

FILE your request within 30 days of the notice date to stop collection efforts. The absolute deadline to file is within 60 days.

STATE that you disagree with the amount of the overpayment.

ASK on the form that no money be withheld from your check until a final decision is reached.

CONTACT our Plan for Work team to find out if you can use Work Incentives.

Appeal if you are denied. Appeal rights are on the decision notice & are time limited so act immediately.

REQUEST FOR WAIVER

SSA Form 632-BK

FILE your request at any time, including if your request for reconsideration is denied. File within 30 days of the notice date to prevent money being taken out of your check.

PROVE to Social Security that the overpayment was not your fault and that you cannot afford to repay the money owed.

ASK on the form that no money be withheld from your check until a final decision is reached.

Appeal if you are denied. Appeal rights are on the decision notice & are time limited so act immediately.

NEGOTIATE A PAYMENT PLAN

(No form necessary)

REQUEST a payment plan from your local Social Security office.

SUGGEST a monthly amount that you can afford as well as an income & expense statement that supports your proposal.

ASK that no money be withheld from your check until a final decision is reached.

Contact Social Security immediately if you are unable to make the full payment.

PROTECTION & ADVOCACY FOR BENEFICIARIES OF SOCIAL SECURITY (PABSS) PROGRAM

The PABSS Program helps people with disabilities who receive SSI or SSDI and have a disability-related employment issue.

Major funding for the PABSS Program at Disability Rights Oregon (DRO) is provided by the Social Security Administration (SSA). SSA has reviewed this publication for technical accuracy only; this should not be considered an official SSA document.

DISABILITY RIGHTS OREGON

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Alternate formats available upon request

Disability Rights Oregon is the Protection & Advocacy System for Oregon