

Social Security Notice

From: Social Security Office

- Mr. John Smith
100 State St.
Oakland, CA 94612

Date:

Claim Number(s): - -

You must meet certain medical and nonmedical requirements to be entitled to disability benefits.

We have found that you meet the medical requirements for disability benefits. An explanation of our finding is attached. Please read it carefully.

We have not yet made a decision about whether you meet the nonmedical requirements, but we will make that decision soon. Then we will send you a second notice explaining our decision. After you receive this second notice you will have 60 days to appeal the determination we made about your claim for disability benefits.

If you have any questions about your disability claim or wish to appeal our findings, please do not get in touch with the Social Security office until you have the second notice. The people at the Social Security office will be better able to answer your questions when they have the information from both notices.

After you have received your second notice, you can call or write any Social Security office to appeal our determination or to get answers to your questions. Most questions can be handled by telephone or mail. If you go to the Social Security office in person, please take both notices with you.

EXPLANATION OF DETERMINATION

Name of Claimant John Smith	NH's Name (If CDB or DWB Claim)	SSN	Type of Claim INDIB
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In addition to the information you provided the following medical evidence was used to document your disability claim:

- Jerry Jones, MD, Report Received, 2/24/2006
- Winston Trust, MD, Report Received, 1/10/2006
- R. Andrew Tomas, MD, Report Received, 1/5/2006

We considered your age, education/training and work experience in determining your eligibility for disability benefits as defined by this program. We have determined that your condition is severe enough to keep you from working.

You state you are unable to work because of a three bulging discs and a bone spur on the spine causing chronic back pain and left knee pain. You state you have been unable to work since 06/06/2007.

Based on a review of all of the information in your file we are able to find you disabled beginning 10/01/2007. Prior to this date the record supports a finding of not disabled according to the rules for disability defined by this program.

If you disagree with this decision or have any questions please write, call or visit any Social Security office about filing another application.

CLAIMS REP (DO-SGA DETERM)	Date	Disability Examiner DDS	Date	<i>(Initial and Date)</i>	
Review Physician DDS	Date	Disability Examiner SSA	Date	Disability Examiner SSA	Date