



# Social Security Administration Benefit Verification Letter

Date: October 5, 2023  
BNC#: 23IG956G73005  
REF: C2, DI

CHRISTOPHER LEE KING  
26565 E BLACK FOX DR  
KANSAS OK 74347-7053

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You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

## Information About Current Social Security Benefits

Beginning March 1995, the full monthly Social Security benefit before any deductions is \$0.00.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$0.00.  
(We must round down to the whole dollar.)

Benefits were stopped beginning March 1995.

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third Wednesday of each month.

## Type of Social Security Benefit Information

You are entitled to monthly benefits as a dependent of the wage earner.

## Information About Supplemental Security Income Payments

Beginning September 2023, the current Supplemental Security Income payment is \$914.00.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.

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(For example, Supplemental Security Income Payments for March are paid in March.)

We found that you became disabled under our rules on November 12, 2019.

### **Type of Supplemental Security Income Payment Information**

You are entitled to monthly payments as a disabled individual.

### **Date of Birth Information**

The date of birth shown on our records is March 16, 1977.

### **Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

### **If You Have Questions**

#### **Need more help?**

1. Visit [www.ssa.gov](http://www.ssa.gov) for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **1-888-878-0013**.

SOCIAL SECURITY  
2108 DENVER HARNAR DR  
MIAMI OK 74354

**How are we doing?** Go to [www.ssa.gov/feedback](http://www.ssa.gov/feedback) to tell us.

*Social Security Administration*