

## PENSION MEDICAL EVIDENCE NOTICE

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RE: Claim Number

Dear :

We have your claim for a pension. Our laws require us to ask you for more information. The information you give us will help us decide whether we can pay you a pension.

### **What we need**

Send us a medical report from a doctor or clinic that you visited in the past six months. The report should show why you can't work. Please take this letter and the enclosed to your doctor.

### **When we need it**

We need the doctor's report by . We'll have to turn down your claim if we don't get the report by that date.

### **Your right to privacy**

The information you give us is private. We might have to give out this information in a few special cases. But we will not give it out to the general public without your permission. We've attached a form which explains your privacy rights. If you have any questions, call us toll-free by dialing . Our TDD number for the hearing impaired is . If you call, please have this letter available and reference your claim number .

Sincerely,

Enclosures: