

SAMPLE LETTER EXPLAINED

There are three pages in this package.

1. Explanation Letter
2. Sample Letter
3. PDF Form to be completed, printed, signed and mailed to Treasury's Office of D.C. Pensions.

The **Request for Reconsideration and Waiver of Debt Template** is used only by members who have been advised in their letter from Treasury's Office of D.C. Pensions that they owe money on past overpayments.

This Sample letter is an example of how the **Request for Reconsideration and Waiver of Debt Template** would appear for a member who was appointed to the District of Columbia Fire and Emergency Medical Services ("DCFEMS") on September 1, 1970 and served until February 28, 1992. He was born on March 1, 1948 and is 67 years old. His pension is his only source of income.

He received his letter from the Treasury on January 27, 2015. Treasury is proposing to collect \$8,000 in past overpayments. He has not designated a representative.

He lists several health issues that he faces, including Cancer, Diabetes and Arthritis. He lists his monthly living expenses for his mortgage, utilities, home maintenance, transportation, food, clothing and various insurance policies.

The figures that appear here are not meant to be copied. They simply provide examples of how the letter may look after you complete it to fit your personal circumstances.

You may designate someone you wish to act as your representative, if you know someone you feel would be able to do that for you.

If you have additional questions, contact William E. Mould at 240-417-0970 or email him at bmould@strombergmetals.com.

SAMPLE LETTER

To: Department of the Treasury
Office of D.C. Pensions
Attn: Employee Relations Team
U.S. Department of the Treasury
Washington, D.C. 20220

Re: Request for Reconsideration and Waiver of Debt

I am a retired member of the District of Columbia Fire and Emergency Medical Services ("DCFEMS"). I was appointed to the DCFEMS on September 1, 1970. I retired on February 28, 1992. I am 67 years old; my date of birth is March 1, 1948. My pension is my sole source of income.

On January 27, 2015, I received a letter from ODCP informing me that the Government had over paid my pension and that ODCP was taking action to collect \$8,000 in alleged overpayments. A copy of the letter I received is enclosed herewith. Also enclosed is the completed Request for Reconsideration of Benefit Determination Cover Sheet sent to me with the collection letter. I hereby request reconsideration of the ODCP decision and a waiver of the collection action. I also request that I be provided with all documentation which is the basis for the collection action.

Basis for reconsideration and waiver request:

(1) The alleged overpayment did not involve fraud, misrepresentation or lack of good faith on my part; the overpayment was entirely due to a mistake(s) by the Government.

(2) I am not at fault in causing or contributing to the alleged overpayment. I did not provide any fraudulent or incorrect information, nor was I aware of any mistake in my pension payments. I completed all the information required to retire from DCFEMS and I trusted the Government to make the correct calculation of my retirement benefits. If I had known that my pension payments were incorrect, I would have notified DCFEMS or the D.C. Retirement Board. I do not manage the retirement system, the Government does. The alleged error was not obvious and is not one I would have easily detected.

(3) Collecting this alleged debt from me would be against equity and good conscience. A collection action against me would cause me a severe personal and financial hardship.

(4) I am 67 years old. I have no other source of income. I have the following health conditions and limitations, Cancer, Diabetes and Severe Arthritis. I need substantially all of my pension payments to meet my current financial obligations and my current and anticipated ordinary and necessary living expenses, which include rent/mortgage payments of \$1,800 per month, utilities of \$450 per month, home maintenance of \$250 per month, transportation costs of \$175 per month, food costs of \$400 per month, clothing costs of \$50 per month, life insurance costs of \$65 per month, health insurance costs of \$775 per month, accident insurance of \$25 per month. I do not have any substantial liquid assets or other income from which I could pay this alleged debt

Name
Address
February 4, 2015

To: Department of the Treasury
Office of D.C. Pensions
Attn: Employee Relations Team
U.S. Department of the Treasury
Washington, D.C. 20220

Re: Request for Reconsideration and Waiver of Debt – Name of Retiree _____

I am a retired member of the District of Columbia Fire and Emergency Medical Services ("DCFEMS"). I was appointed to DCFEMS on _____. I retired on _____. I am ___ years old; my date of birth is _____. My pension is ___(not) my sole source of income.

On _____ I received a letter from ODCP informing me that the Government had over paid my pension and that ODCP was taking action to collect \$_____ in alleged overpayments. A copy of the letter I received is enclosed herewith. Also enclosed is the completed Request for Reconsideration of Benefit Determination Cover Sheet sent to me with the collection letter. I hereby request reconsideration of the ODCP decision and a waiver of the collection action. I also request that I be provided with all documentation which is the basis for the collection action.

Basis for reconsideration and waiver request:

(1) The alleged overpayment did not involve fraud, misrepresentation or lack of good faith on my part; the overpayment was entirely due to a mistake(s) by the Government.

(2) I am not at fault in causing or contributing to the alleged overpayment. I did not provide any fraudulent or incorrect information, nor was I aware of any mistake in my pension payments. I completed all the information required to retire from DCFEMS and I trusted the Government to make the correct calculation of my retirement benefits. If I had known that my pension payments were incorrect, I would have notified DCFEMS or the D.C. Retirement Board. I do not manage the retirement system, the Government does. The alleged error was not obvious and is not one I would have easily detected.

(3) Collecting this alleged debt from me would be against equity and good conscience. A collection action against me would cause me a severe personal and financial hardship.

(4) I am ___ years old. I have ____ (no) other sources of income. I have the following health conditions and limitations _____. I need substantially all of my pension payments to meet my current financial obligations and my current and anticipated ordinary and necessary living expenses, which include rent/mortgage payments of \$_____ per month, utilities of \$_____ per month, home maintenance of \$_____ per month, transportation costs of \$_____ per month, food costs of \$_____ per month, clothing costs of \$_____ per month, life insurance costs of \$_____ per month, health insurance costs of \$_____ per month, accident insurance of \$_____ per month and the following expenses which are ordinary and necessary _____.

_____ I do ___ (not) have any substantial liquid assets or other income from which I could pay this alleged debt.

Signature

Printed Name

Address

Identifying Information on ODCP letter

Date Request for Reconsideration sent to ODCP