

## Notice of Benefit Overpayment

Date:

To:

Address:

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Dear ,

Our records indicate that you have received an overpayment of benefits from our agency. Please review the details below regarding your overpayment:

- Case Number:
- Amount Overpaid: \$
- Benefit Period:

You are required to repay the overpaid amount listed above. Please send your payment to our office or contact us immediately if you believe this notice is in error.

For assistance, please contact our office at  or visit .

Sincerely,