

*SAMPLE LETTER-NOTICE OF INTENT TO OFFSET*

*(Enter Date Letter Mailed)*

*(Enter Name of Debtor)*

*(Enter Address of Debtor)*

RE: Amt. of past due debt owed to: *(Enter MWR/VQ Fund Name)*  
\$*(Enter the Amount owed)*  
Date debt became past due: *(Enter Date of Delinquency)*  
Account/Case Number: *(Enter Internal Number if Used)*

Dear: *(Enter the Name of debtor)*

You have not paid the amount you owe to *(Enter MWR/VQ Fund Name)*. *(If not previously provided, explain the nature of the debt. For example, bounced check #XX dated XX/XX/XX)*. If you do not pay your debt or take other action described below before *(Enter the date equal to 60 days from the date of this letter)*, *(Enter MWR/VQ Fund Name)* will submit your debt to the US Dept of Treasury Offset Program. The total amount listed above includes a service charge of \$ *(Enter the amount of your service charge)*.

**TREASURY OFFSET PROGRAM (TOP)**: Once your debt is submitted to the TOP, the U.S. Department of the Treasury (U.S. Treasury) will reduce or withhold any of your eligible Federal payments by the amount of your debt. This process, known as "offset" is authorized by the Debt Collection Act of 1982 and the Debt Collection Improvement Act of 1996. You may not receive another notice before your payment is offset. Federal payments eligible for offset include:

1. Your income tax refunds (See Attachment A for additional information);
2. Your Federal Salary pay, including military pay (See Attachment A for additional information);
3. Your Federal retirement, including military retirement pay;
4. Your contractor/vendor payments;
5. Certain Federal benefit payments, such as Social Security {other than Supplemental Security Income (SSI)}, Railroad Retirement (other than tier 2), and Black Lung (part B) benefits; and

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6. Other Federal payments, including certain loans to you, that are not exempt from offset.

Before we submit your debt to the TOP, we are required to tell you that you may (1) inspect and copy our records related to your debt; (2) request a review of our determination that you owe this debt and if required by law, request a waiver of all or a part of the debt; this review may be in the form of a hearing if we determine that a hearing is required; and (3) enter into an acceptable written repayment agreement. (See Attachment A for additional information).

**TO AVOID THE TOP**, you must do one of the following by *(Enter the date equal to 60 days from the date of this letter)*:

1. **REPAY YOUR DEBT:** To repay your debt, send a check or money order, payable to *(Enter the name of your MWR/VQ Fund)*, for the full amount that you owe to: *(Enter your Fund's mailing address)*.
2. **AGREE TO A REPAYMENT PLAN:** If you are unable to pay your debt in full, you must contact *(Enter the name of the MWR/VQ Fund POC and telephone number)*, agree to a repayment plan acceptable to us, and make payments required in the repayment plan.
3. **REQUEST A REVIEW IF YOU BELIEVE THE DEBT IS NOT OWED:** If you believe that all or a part of the debt is not past due or legally enforceable, you must send evidence to support your position to: *(Enter the name and address of local MWR/VQ Fund)*. We will inform you of our decision about your debt.

**BANKRUPTCY:** If you filed for bankruptcy and the automatic bankruptcy stay is in effect, you are not subject to offset while the stay is in effect. Please notify us of the stay by sending evidence concerning the bankruptcy.

If you make or provide any knowingly false or frivolous statements, representations, or evidence, you may be liable for penalties under the False Claims Act (31 U.S.C. §§3729-3731), or other applicable statutes and/or criminal penalties under 18 U.S.C. §§286, 287, 1001 and 1002, or other applicable statutes.

Unless prohibited by law or contract, we will promptly refund to you any amounts paid by you or deducted from your payment for

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your debt which are later waived or found not owed to the United States.

If you have any questions about this letter or your rights, you should contact *(Enter the name of the MWR/VQ Fund POC and telephone number)* immediately.

Sincerely,

*(Enter the name of your MWR/VQ Fund)*

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