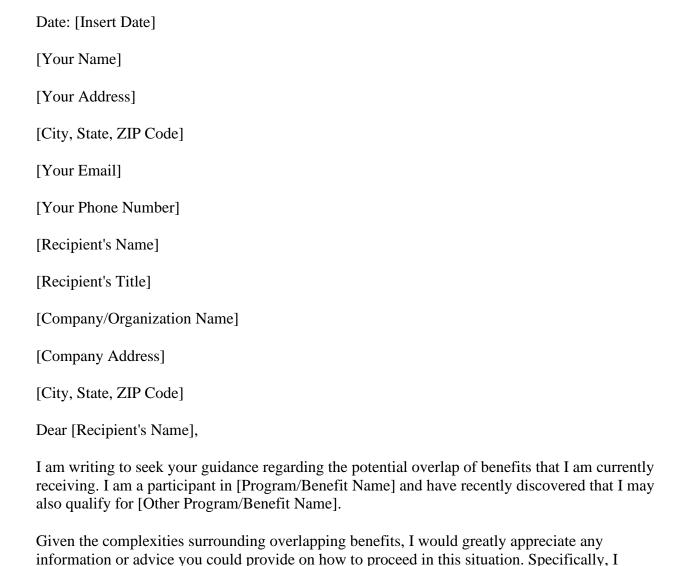
Request for Guidance on Overlapping Benefits



- The eligibility criteria for both benefits
- How these benefits might interact with each other
- Any necessary steps I need to take to ensure compliance

Thank you for your assistance in this matter. I look forward to your prompt response so that I can make informed decisions regarding my benefits.

Sincerely,

would like to understand:

[Your Name]