REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE

(Take or mail the **signed original** to your local Social Security office, the Veterans Affairs

See Privacy Act Notice

| Regional Office in Manila o | or any U.S. Foreign Service po | | your records) | | Privacy Act Notice | |
|--|--|--|--|---------------------------------------|---------------------------------------|--|
| 1. CLAIMANT NAME | CLAIMANT SSN | | | | | |
| | | | | I | | |
| 3. CLAIMANT CLAIM NUMBER, IF DIFFERENT — — — | 4. SPOUSE'S NAME, IF N | OT WAGE EARNER | T WAGE EARNER | | SPOUSE'S CLAIM NUMBER OR SSN | |
| 5. I REQUEST A HEARING BEFORE AN A | ADMINISTRATIVE LAW JUDGE. | I disagree with the deter | mination made o | n my claim | because: | |
| | | | | | | |
| An Administrative Law Judge of the Social Sappointed to conduct the hearing or other product set for a hearing. | | | | | | |
| 6. I have additional evidence to submit. | | 7. Do not complete if the appeal is a Medicare | | | | |
| Name and address of source of additional evidence: | | | issue. Check one of the blocks: | | | |
| | | | I wish to appear at a hearing. | | | |
| | | | ☐ I do not | wish to appe | ear at a hearing | |
| (5) | ··· 10 1 | | | 1 | decision be made nce in my case. | |
| (Please submit it to the hearing office w provide the address. Attach an addition | | | Form HA-4608) | | | |
| You have a right to be represented at the hreferral and service organizations. If you ar Representative) unless you are appealing a Regardless of the issue you are appealing, your representative is not available to comp | re represented and have not done a Medicare issue. you should complete No. 8 and youlete this form, you should also prinave examined all the information | so previously, complete a our representative (if any) nt his or her name, addres | should complete ss, etc., in No. 9. | SSA-1696 (<i>F</i> e No. 9. If yo | Appointment of ou are represented and | |
| true and correct to the best of my knowledge. 8. (CLAIMANT'S SIGNATURE) (DATE) 9. (REPRESE) | | | 'S SIGNATURE | (NIAME) | (DATE) | |
| o. (CEAIWAINT O SIGNATURE) | 9. (KEI KESENTATIVE | (NET TRESERVATIVE & STORY TO THE TOTAL TO TH | | | | |
| ADDRESS | (ADDRESS) ATTOR | DDRESS) ATTORNEY; NON ATTORNEY; | | | | |
| CITY STATE ZIP CODE - | | CITY | | STATE | ZIP CODE - | |
| TELEPHONE NUMBER | FAX NUMBER | TELEPHONE NUMBER | | FAX N | UMBER | |
| () – | () – | () – | | (|) – | |
| TO BE COMPLETED BY SOC 10. Request received for the Social Securit | | | MENT OF RE | QUEST FO | OR HEARING | |
| To. Trequest received for the Social Securit | te) by: | (Print | t Name) | | | |
| (Title) | (Address) | | (Servicing FO Cod | e) | (PC Code) | |
| 11. Was the request for hearing received w | | determination? | | 1 NO | (2 2 2 2 2) | |
| If no is checked, attach claimant's expla Social Security office. | | | | | al or information in the | |
| 12. Claimant is represented Yes | | 15. Check all claim ty | /pes that apply: | | | |
| List of legal referral and service organical List of legal referral List of legal | RSI only | | | (RSI) | | |
| Language (including sign language): | ☐ Title II Disa | ablility-worker o | r child only | | | |
| 14. Check one: | Conn | Title II Disa | ability-Widow(e | r) only | (DIWW) | |
| 14. Check one: Initial Entitlement Disability Cessation | SSI Aged o | SSI Aged only (SSIA) | | | | |
| Other Postentitlement Case | | SSI Blind o | SSI Blind only (SSIB) | | | |
| 16. HO COPY SENT TO: | SSI Disabil | SSI Disability only (SSID) | | | | |
| CF Attached: Title II; T | /III; I — · | SSI Aged/Title II (SS | | | | |
| ☐ CF Attached: ☐ Title II; ☐ Title XVI; ☐ Title VIII; ☐ T XVIII ☐ Title II CF held in FO ☐ Electronic Folder | | SSI Blind/T | SSI Blind/Title II | | | |
| ☐ CF requested ☐ Title II; ☐ Title XVI; ☐ Title VIII; ☐ T XVIII | | /III SSI Disabi | SSI Disability/Title II | | (SSDC) | |
| (Copy of email or phone report atta | Title XVIII | | | (HI/SMI) | | |
| 17. CF COPY SENT TO: | _ Title VIII O | nly | | (SVB) | | |
| ☐ CF Attached: ☐ Title II; ☐ | Title XVI; Title XVIII | ☐ Title VIII/Ti | tle XVI | | (SVB/SSI) | |
| Other Attached: | | Other - Spe | ecify: | | | |

PAPERWORK/PRIVACY ACT NOTICE

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b) (1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a)) and Section 1839(i) of the Act (P.L. 108-173) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

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