REQUEST FOR RECONSIDERATION - DISABILITY CESSATION - RIGHT TO APPEAR (SEE REVERSE SIDE FOR PAPERWORK/PRIVACY ACT NOTICE)					FOR SOCIAL SECURITY OFFICE USE ONLY (DO NOT WRITE IN THIS SPACE)				
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SUPPLEMENTAL S	ECURITY INCOME CASE)				Benefit Continu				
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CHECK BLOCK 1	AND THE STATEMENT	S THAT APPLY OI	R CHECK BL	OCK 2.					
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CLAIMANT SIGNATURE				SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE					
STREET ADDRESS.			REPRESEN	REPRESENTATIVE'S ADDRESS					
CITY	S	TATE ZIP CODE	CITY		ST	TATE	ZIP CODE		
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1. SIGNATURE OF WITNESS				2. SIGNATURE OF WITNESS					
ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)			ADDRESS	ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)					

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SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (COMPLETE ONLY SUPPLEMENTAL SECURITY INCOME CASE)				FO Code Benefit Continuation Foreign Language Notice					
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