

**WAIVER OF RIGHT TO APPEAR--DISABILITY HEARING**

(DO NOT WRITE IN THIS SPACE)

~~Paperwork/Privacy Act Notice: The Social Security Administration is authorized to collect the information on this form under sections 205(a), 1631(e)(1)(A) and (B), and 1872 of the Social Security Act, as amended (42 U.S.C. 405, 1383 and 1395ii). Giving us the information on this form is voluntary. However, if you do not respond, we will be unable to act on your request to waive your right to appear at a disability hearing. The Social Security Administration will use the information on this form to fully evaluate your claim for disability benefits. We may routinely give out the information on this form without your consent if:~~

- ~~1. A Federal law requires that we give out this information;~~
- ~~2. Your Congressman or the President's Office needs this information to answer questions you ask them;~~
- ~~3. Someone needs this information to do statistical research or audit reports for us related to the Social Security programs, or,~~
- ~~4. The Department of Justice needs the information for SSA administered programs.~~

~~Explanations about these and other reasons why information is given to other Federal agencies, State Social Security Offices. If you want to learn more about these reasons, call 1-800-772-6242.~~

See Revised Paperwork Reduction Act and Privacy Act Statements Below.

NAME OF CLAIMANT

NAME OF WAGE EARNER OR SELF-EMPLOYED

SOCIAL SECURITY NUMBER

SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (COMPLETE ONLY IN SUPPLEMENTAL SECURITY INCOME CASE)

TYPE OF BENEFIT	DISABILITY			SSI		
	<input type="checkbox"/> WORKER	<input type="checkbox"/> WIDOW/ WIDOWER	<input type="checkbox"/> CHILD	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> BLIND	<input type="checkbox"/> CHILD

NAME OF REPRESENTATIVE, IF ANY

REPRESENTATIVE'S ADDRESS

TELEPHONE NUMBER (INCLUDE AREA CODE)

I have been advised of my right to have a disability hearing. I understand that a hearing will give me an opportunity to present witnesses and explain in detail to the disability hearing officer, who will decide my case, the reasons why my disability benefits should not end. I understand that this opportunity to be seen and heard could be effective in explaining the facts in my case, since the disability hearing officer would give me an opportunity to present and question witnesses and explain how my impairments prevent me from working and restrict my activities. I have been given an explanation of my right to representation, including representation at a hearing by an attorney or other person of my choice.

Although the above has been explained to me, I do not want to appear at a disability hearing, or have someone represent me at a disability hearing. I prefer to have the disability hearing officer decide my case on the evidence of record plus any evidence which I may submit or which may be obtained by the Social Security Administration. I have been advised that if I change my mind, I can request a hearing prior to the writing of a decision in my case. In this event, I can make the request with any Social Security office.

SIGNATURE (FIRST NAME, MIDDLE INITIAL, LAST NAME) (WRITE IN INK)

DATE (MONTH, DAY, YEAR)

**SIGN  
HERE**

TELEPHONE NUMBER (INCLUDE AREA CODE)

MAILING ADDRESS (NUMBER AND STREET, APT. NO., P.O. BOX, OR RURAL ROUTE)

CITY AND STATE

ZIP CODE

*Witnesses are required ONLY if this form has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person requesting reconsideration must sign below, giving their full addresses.*

1. SIGNATURE OF WITNESS

2. SIGNATURE OF WITNESS

ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)

ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)

*The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:*

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

## **Privacy Act Statement**

### **Collection and Use of Personal Information**

Sections 205(a), 1631(e)(1)(A) and (B), and 1872 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to act upon your request to waive your right to appear at a disability hearing.

The information you furnish on this form is voluntary. However, failure to provide the information will result in our inability to act upon your waiver request.

We rarely use the information you supply for any purpose other than for acting upon your waiver request. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.