

REQUEST FOR RECONSIDERATION

- Form SSA-561-U2

FIRST APPEAL: This request is made by completing the SSA-561-U2, Request for Reconsideration. If you are uncertain whether this is the appropriate request to file, the letter you received explains our determination and contains a paragraph specifically mentioning your right to file a request for reconsideration.

OVERPAYMENT: If you have been overpaid, and do not agree with the fact or the amount of the overpayment, you should complete the SSA-561-U2, Request for Reconsideration.

If you feel you are overpaid but you should not have to pay back the overpayment you should complete a form [SSA-632-BK](#), Request for Waiver of Recovery of an Overpayment.

When to Use This Form

If you both disagree with the fact you are overpaid (or the amount) and feel, if it is determined you are overpaid, you should not have to refund the overpayment, you can file both requests, SSA-561-U2 and [SSA-632-BK](#).

EVIDENCE: You should present any evidence you have that shows the original determination was incorrect. In the case of a denied claim for a disability benefit you must complete and sign additional forms. These forms are the [SSA-3441-F6 Disability Report-Appeal](#), and [SSA-827](#) , Authorization to Disclose Information to SSA.

If you have further questions about filing for reconsideration call 1-800-772-1213 ([TTY 1-800-325-0778](#)), or contact your local SSA office. If you contact us be sure to have available any letters to which you may be referring.

How to

Below you will find the FORM SSA-561-U2 REQUEST FOR RECONSIDERATION in

Obtain the Form

Portable Document Format (PDF).. The PDF permits you to print out a duplicate of the original form using ANY graphics printer. The PDF was developed by Adobe Systems, Inc. and allows the reader to print a publication close in appearance to the original printed version, preserving typography, columns, charts, tables and graphics.

To read and print a PDF publication, you must have the Adobe Acrobat Reader software installed on your PC. Adobe Systems, Inc. permits the Social Security Administration and other organizations to offer this software to the public free of charge. If you do not already have this special software, see our [page on downloading and printing PDF documents](#).

After you download the Adobe Acrobat Reader, come back to this page and download the PDF version of the SSA-561-U2 below. *Remember to enable the "Load to Disk" capability of your WWW browser prior to downloading the SSA-561-U2 in either PDF format.* PDF files are printer independent and should print easily on any graphics printer (i.e., laser, inkjet, dot-matrix).

[SSA-561-U2 in !\[\]\(0f848bbd71cef6b345273b16f905912a_img.jpg\)](#)

NAME OF CLAIMANT: Name of the individual on whose behalf this reconsideration is being filed.

NAME OF WAGE EARNER OR SELF EMPLOYED INDIVIDUAL: If you receive social security benefits from another person having worked, enter that person's name.

SOCIAL SECURITY NUMBER: This is the Social Security Number of the person for whom the appeal is being filed.

SOCIAL SECURITY CLAIM NUMBER (If different from Social Security Number): This is the Social Security number of the wage earner

How to Complete the Form

as shown in number 2 above with a suffix after it (ie, HA, B2, C1, D, etc.) It is placed on all correspondence you receive from SSA.

SUPPLEMENTAL SECURITY INCOME (SSI) CLAIM NUMBER: For SSI claimants. This will normally be the claimant's Social Security number.

SPOUSES NAME: Complete this only if you are filing a reconsideration on an SSI claim.

SPOUSES SOCIAL SECURITY NUMBER: Complete this only if you are filing an SSI claim.

CLAIM FOR: State the type of claim/decision on which you wish reconsideration (retirement, SSI disability, Social Security disability, SSI overpayment, **hospital/medical**, etc).

"I DO NOT AGREE... MY REASONS ARE:"
Briefly state the determination with which you disagree and why you disagree with that determination. You can add to this statement by using the back of the form or a continuation sheet.

In SSI cases you can request different ways to handle the appeal. Read the attachments to the SSA-561-U2 regarding these methods and mark your preference.

The representative signs on the right side and/or the claimant signs on the left side. Addresses should be annotated accordingly. If you wish to have a legal representative (attorney, etc) you need to contact SSA to request a form SSA-1696. You do not have to delay filing your request for this form, however we cannot discuss your case with your legal representative until this form has been filed.

Make sure to provide your current day-time

phone number.

YOU DO NOT NEED TO COMPLETE ANYTHING ELSE ON THIS FORM. OUR REPRESENTATIVE WILL COMPLETE THE REST OF THE FORM WHEN WE RECEIVE IT. YOU WILL BE SENT A PHOTOCOPY FOR YOUR RECORDS.

Where To Send The Form

Print the PDF SSA-561-U2 form on 8 1/2 x 11 inch paper, complete and sign form, fold in thirds, insert it in a standard size number 10 business envelope (4 1/8 x 9 1/2) and mail to your closest Social Security office. If you are not sure where your local office is located, try our [Social Security Office Locator service](#) or call 1-800-772-1213 ([TTY 1-800-325-0778](#)).