

**REQUEST FOR RECONSIDERATION**

NAME OF CLAIMANT	CLAIMANT SSN	CLAIM NUMBER (If different than SSN)
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ISSUE BEING APPEALED (Specify if retirement, disability, hospital or medical, SSI, SVB, overpayment, etc.)

I do not agree with the Social Security Administration's (SSA) determination and request reconsideration. My reasons are:

**SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) RECONSIDERATION ONLY**

I want to appeal your determination about my claim for SSI or SVB. I have read about the three ways to appeal. I have checked the box below.

**THREE WAYS TO APPEAL**

- CASE REVIEW** - You can pick this kind of appeal in all cases. You can give us more facts to add to your file. Then we will decide your case again. You do not meet with the person who decides your case.
- INFORMAL CONFERENCE** - You can pick this kind of appeal in all SSI cases except for medical issues. In SVB cases, you can pick this kind of appeal only if we are stopping or lowering your SVB payment. You will meet with a person who will decide your case. You can tell that person why you think you are right. You can give us more facts to help prove you are right. You can bring other people to help explain your case.
- FORMAL CONFERENCE** - You can pick this kind of appeal only if we are stopping or lowering your SSI or SVB payment. This meeting is like an informal conference, but we can also get people to come in and help prove you are right. We can do this even if they do not want to help you. You can question these people at your meeting.

**CONTACT INFORMATION**

CLAIMANT SIGNATURE - OPTIONAL			NAME OF CLAIMANT'S REPRESENTATIVE (If any)		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (Include area code)		DATE	TELEPHONE NUMBER (Include area code)		DATE

**TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION**

<p>1. HAS INITIAL DETERMINATION BEEN MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. IS THIS REQUEST FILED TIMELY? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If "NO", attach claimant's explanation for delay. Refer to GN 03102.125)</i></p>	<p><b>FIELD OFFICE DEVELOPMENT (GN 03102.300)</b></p> <p><input type="checkbox"/> NO FURTHER DEVELOPMENT REQUIRED</p> <p><input type="checkbox"/> REQUIRED DEVELOPMENT ATTACHED</p> <p><input type="checkbox"/> REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS</p>
<p><b>SOCIAL SECURITY OFFICE ADDRESS AND DATE APPEAL RECEIVED</b></p>	<p><b>SSI CASES ONLY - GOLDBERG KELLY (GK) (SI 02301.310) RECIPIENT APPEALED AN ADVERSE ACTION:</b></p> <p><input type="checkbox"/> WITHIN 10 DAYS AFTER RECEIVING THE ADVANCE NOTICE;</p> <p><input type="checkbox"/> AFTER THE 10-DAY PERIOD AND GOOD CAUSE EXISTS FOR EXTENDING THE TIME LIMIT</p> <p><input type="checkbox"/> PAYMENT CONTINUATION APPLIES AND INPUT MADE TO SYSTEM</p>

**NOTE:** Take or mail the **completed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post and keep a copy for your records.

## **ADMINISTRATIVE ACTIONS THAT ARE INITIAL DETERMINATIONS** **(See GN03101.070, GN03101.080, and SI04010.010)**

**NOTE:** These lists cover the vast majority of administrative actions that are initial determinations. However, they are not all inclusive.

### **Title II**

1. Entitlement or continuing entitlement to benefits;
2. Reentitlement to benefits;
3. The amount of benefit;
4. A recomputation of benefit;
5. A reduction in disability benefits because benefits under a worker's compensation law were also received;
6. A deduction from benefits on account of work;
7. A deduction from disability benefits because of claimant's refusal to accept rehabilitation services;
8. Termination of benefits;
9. Penalty deductions imposed because of failure to report certain events;
10. Any overpayment or underpayment of benefits;
11. Whether an overpayment of benefits must be repaid;
12. How an underpayment of benefits due a deceased person will be paid;
13. The establishment or termination of a period of disability;
14. A revision of an earnings record;
15. Whether the payment of benefits will be made, on the claimant's behalf to a representative payee, unless the claimant is under age 18 or legally incompetent;
16. Who will act as the payee if we determine that representative payment will be made;
17. An offset of benefits because the claimant previously received Supplemental Security Income payments for the same period;
18. Whether completion of or continuation for a specified period of time in an appropriate vocational rehabilitation program will significantly increase the likelihood that the claimant will not have to return to the disability benefit rolls and thus, whether the claimant's benefits may be continued even though the claimant is not disabled;
19. Nonpayment of benefits because of claimant's confinement for more than 30 continuous days in a jail, prison, or other correctional institution for conviction of a criminal offense;
20. Nonpayment of benefits because of claimant's confinement for more than 30 continuous days in a mental health institution or other medical facility because a court found the individual was not guilty for reason of insanity; a court found that he/she was incompetent to stand trial or was unable to stand trial for some other similar mental defect; or, a court found that he/she was sexually dangerous.

### **Title XVI**

1. Eligibility for, or the amount of, Supplemental Security Income benefits;
2. Suspension, reduction, or termination of Supplemental Security Income benefits;
3. Whether an overpayment of benefits must be repaid;
4. Whether payments will be made, on claimant's behalf to a representative payee, unless the claimant is under age 18, legally incompetent, or determined to be a drug addict or alcoholic;
5. Who will act as payee if we determine that representative payment will be made;
6. Imposing penalties for failing to report important information;
7. Drug addiction or alcoholism;
8. Whether claimant is eligible for special SSI cash benefits;
9. Whether claimant is eligible for special SSI eligibility status;
10. Claimant's disability; and
11. Whether completion of or continuation for a specified period of time in an appropriate vocational rehabilitation program will significantly increase the likelihood that claimant will not have to return to the disability benefit rolls and thus, whether claimant's benefits may be continued even though he or she is not disabled.

**NOTE:** Every redetermination which gives an individual the right of further review constitutes an initial determination.

### **Title VIII (See VB 02501.035)**

1. Meeting or failing to meet the qualifying and/or entitlement factors for special veterans benefits (SVB);
2. Reduction, suspension or termination of SVB payments;
3. Applicability of a disqualifying event prior to SVB entitlement;
4. Administrative actions in SVB cases similar to those listed under Title II-items 3, 4, 10, 11 & 16.

### **Title XVIII**

1. Entitlement to hospital insurance benefits and to enrollment for supplementary medical insurance benefits;
2. Disallowance (including denial of application for HIB and denial of application for enrollment for SMIB);
3. Termination of benefits (including termination of entitlement to HI and SMI).
4. Initial determinations regarding Medicare Part B income-related premium subsidy reductions.

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I do not agree with the Social Security Administration's (SSA) determination and request reconsideration.  
My reasons are:

**SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB)  
RECONSIDERATION ONLY**

I want to appeal your determination about my claim for SSI or SVB. I have read about the three ways to appeal. I have checked the box below.

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MAILING ADDRESS	MAILING ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
TELEPHONE NUMBER (Include area code) DATE	TELEPHONE NUMBER (Include area code) DATE

**TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION**

1. HAS INITIAL DETERMINATION BEEN MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. IS THIS REQUEST FILED TIMELY? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "NO", attach claimant's explanation for delay. Refer to GN 03102.125)	<b>FIELD OFFICE DEVELOPMENT (GN 03102.300)</b> <input type="checkbox"/> NO FURTHER DEVELOPMENT REQUIRED <input type="checkbox"/> REQUIRED DEVELOPMENT ATTACHED <input type="checkbox"/> REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS
<b>SOCIAL SECURITY OFFICE ADDRESS AND DATE APPEAL RECEIVED</b>	<b>SSI CASES ONLY - GOLDBERG KELLY (GK) (SI 02301.310)</b> RECIPIENT APPEALED AN ADVERSE ACTION: <input type="checkbox"/> WITHIN 10 DAYS AFTER RECEIVING THE ADVANCE NOTICE; <input type="checkbox"/> AFTER THE 10-DAY PERIOD AND GOOD CAUSE EXISTS FOR EXTENDING THE TIME LIMIT <input type="checkbox"/> PAYMENT CONTINUATION APPLIES AND INPUT MADE TO SYSTEM

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## HOW TO APPEAL YOUR SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFIT (SVB) DECISION

Now that you picked the kind of appeal that fits your case, fill out this form or we'll help you fill it out. You can have a lawyer, friend, or someone else help you with your appeal. There are groups that can help you with your appeal. Some can give you a free lawyer. We can give you the names of these groups.

**NOTE:** DON'T FILL OUT THIS FORM IF WE SAID WE'LL STOP YOUR DISABILITY CHECK FOR MEDICAL REASONS OR BECAUSE YOU'RE NO LONGER BLIND. WE'LL GIVE YOU THE RIGHT FORM (SSA-789-U4) FOR YOUR APPEAL.

The information on this form is authorized by regulation (20 CFR 404.907 - 404.921 and 416.1407 - 416.1421) and Public Law 106-169 (section 809(a)(1) of section 251(a)). While your response to these questions is voluntary, the Social Security Administration cannot reconsider the decision on this claim unless the information is furnished.

### Privacy Act Statement Request for Reconsideration

See Revised  
Privacy Act  
Statement

~~Section 205(a), of the Social Security Act as amended, [42 U.S.C. 405(a)] and Titles 4.922 and 416.1407 - 416.1422 authorize us to collect this information. We will use this information to help us determine your entitlement to benefits. Providing this information is voluntary. However, failing to provide us with all or part of the requested information may affect our ability to re-evaluate the decision on your claim.~~

~~We rarely use the information you provide on this form for any purpose other than for determining problems in Social Security programs. 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 the 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 agencies 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.~~

~~A complete list of routine uses for this information is available in our System of Records Notice entitled Claims Folder System 60-0089, and 60-0103, Supplemental Security Income Record and Special Veterans Benefits. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security office.~~

**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 8 minutes to read the instructions, gather the facts, and answer the questions.

**SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under **U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**