


OBJECTION TO APPEARING BY VIDEO TELECONFERENCING

Name: [Claimant Name]	 RQID:000000000000000000000000002722 SITE:T21 DR:S SSN:123123123 DOCTYPE:5032 RF:D CS:25b2
Social Security Number: [Claimant SSN]	
Wage Earner: [Wage Earner]	
Hearing Office: [Hearing Office]	

I do not want to appear at my hearing by video teleconference. Please schedule my hearing so that I may appear in person.

Additional Comments: _____

Signature: _____	Date: _____	Area Code and Telephone Number: _____
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Privacy Act Notice Sections 205(a), 205(c)(2) and 233 of the Social Security Act (40 U.S.C. § 405 and 433), and the Federal Records Act of 1950 (64 Stat. 583), authorizes us to collect the information contained on this form. The information you provide will be used to give the employee credit for the correct amount of wages he or she earned in a given tax year. Completion of this form is voluntary. However, failure to provide all or part of the requested information may affect the processing of this form and could prevent the employee from acquiring his or her correct earnings information.

We rarely use this information provided on this form for any other purpose other than for the reasons explained above. 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. As a quarterly record detail file to provide data in wage investigation cases;
2. As a primary working record file of all SSN holders;
3. To record the latest employer of a wage earner;
4. To provide information to employers/former employers for correcting or reconstructing earnings records and for Social Security tax purposes; and,
5. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

This information may be provided to the Internal Revenue Service for tax administration purposes or the Department of Justice for investigating and prosecuting violations of the Social Security Act. In addition, we may also use this information you provided 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 and administered benefit programs.

A complete list of routine uses for this information is available in Systems of Records Notice, entitled, Earnings Recording and Self-Employment Income System, Social Security Administration Office of Systems, 60-0059. The notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your 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 5 minutes to read the instructions, gather the facts, and answer the questions. *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.*