



## SOCIAL SECURITY ADMINISTRATION

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Refer To: [Claimant's Name]

Office of Disability Adjudication and Review  
Hearing Office Address  
Tel: Office Phone#  
Fax: Fax Phone#

Date

Family of  
[Claimant Name]  
Street Address  
City, State and Zip

To Whom It May Concern:

It has come to the attention of the Administration that the above named person is now deceased. Please accept my sincere condolences on the loss of [claimant].

Prior to death, a case was pending before the Office of Disability Adjudication and Review for disability benefits. The claimant's request for a disability hearing will be dismissed, unless an eligible person assumes the role of a substitute party to this claim.

It is imperative that if a survivor wishes to take over the case that the attached be completed and returned to the above address within 10 days of receipt of this notice. If possible, please attach a copy of the death certificate. If you have any questions, please do not hesitate to contact the number listed above.

Thank you,

[Your Name]  
[Your Title]