

**SOCIAL SECURITY ADMINISTRATION**  
**OFFICE OF HEARINGS OPERATIONS**

Form Approved  
OMB No. 0960-0288

**NOTICE REGARDING SUBSTITUTION OF PARTY UPON DEATH OF CLAIMANT**

**NOTE:** Please read the **PRIVACY ACT/PAPERWORK ACT** statement on reverse and the statements below. Then print, write, or type your response to the statements in the space provided below. If you need additional space, attach a separate page to this form.

NAME OF DECEASED CLAIMANT	CLAIM FOR
WAGE EARNER'S NAME <i>(Leave blank if same as above)</i>	SOCIAL SECURITY NUMBER

I have been informed that the claimant had requested a hearing but died before action on the request was completed. I understand that the deceased claimant's request for hearing will have to be dismissed unless an eligible person is substituted. My relationship to the deceased claimant is:

- Widow/Widower
- Surviving Divorced Spouse  
If you have checked either of the above boxes and have in your care the deceased's child (children) who is (are) under the age 16 or disabled, check here
- Child
- Disabled Child
- Parent
- Administrator/Executor of Estate
- Other (Describe) \_\_\_\_\_

Check *either* 1. or 2.

1.  I wish to be made a substitute party and to proceed with the hearing requested by the deceased.  
Check *either* a. or b.
  - a.  I want to come to the hearing in person.
  - b.  I do not want to come to the hearing in person, and I request a decision be made without a hearing.
2.  I do not wish to proceed with the hearing requested by the deceased, and I ask that the request for hearing be dismissed.

SIGNATURE <i>(First Name, Middle Initial, Last Name)</i>	DATE <i>(Month, Day, Year)</i>
SIGN HERE	
PRINT OR TYPE FULL NAME	AREA CODE AND TELEPHONE NUMBER

MAILING ADDRESS *(Number and Street Address, P.O. Box or Rural Route)*

CITY, STATE, AND ZIP CODE

---

## PRIVACY ACT NOTICE

### Collection and Use of Personal Information

Sections 205(a), 1631(e), and 1869(b)(1) and (c) of the Social Security Act, as amended, allow us to collect this information. We will use the information you provide to assist us in making a decision on your claim.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate decision on your claim and could result in the loss of benefits.

We rarely use the information you supply for any purpose other than what we state above. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans' Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice, 60-0089, entitled Claims Folders Systems. Additional information about this and other system of records notices and our programs is available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

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.

**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. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also 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.*