

**Supporting Statement for Form SSA-HA-501-U5  
Request for Hearing By Administrative Law Judge  
20 CFR 404.929, 404.933, 416.1429, 416.1433, 418.1350, and 422.203  
OMB No. 0960-0269**

**A. Justification**

**1. Introduction/Authoring Laws and Regulations**

When SSA denies claimants' or beneficiaries' requests for new or continuing benefits, the law entitles those applicants or beneficiaries to appeal those decisions by requesting a hearing by an administrative law judge. Claimants and beneficiaries may use the HA-501-U5, Request for Hearing by Administrative Law Judge, to request a hearing.

The statutory authority is in the *Social Security Act (Act)* at Sections 205(b), 1155, 1631(c), and 1869. The implementing regulations are at 20 CFR 404.929, 404.933, 416.1429, 416.1433, 418.1350, and 422.203 of the *Code of Federal Regulations (Code)*. Additionally, the *Foster Care Independence Act of 1999*, Section 251 of *Public Law (Pub L.) 106-169* established *Title VIII* of the Act for providing special case benefits to certain World War II veterans. Section 809 of *Pub L. 106-169* establishes hearing and review rights, and the procedural protocol to administer this program.

Section 105(a)(2)(B) of *Pub L. 103-296* (the *Social Security Independence and Program Improvements Act*, which established SSA as an independent agency) stipulates that SSA and the Department of Health and Human Services (HHS) would share responsibility for the Medicare (*Title XVIII*) appeals process. The process provides SSA would continue to perform the hearings function for determinations made by SSA about Medicare Part A and Part B entitlement.

20 CFR 404.1713 and 416.1513 of the *Code* mandate that claimant representatives use our electronic services at the times and in the manner we prescribe on matters for which they request direct fee payment. The *Requiring Electronic Filing of Appeals for Certain Representatives* rules mandate the use of the i501 by claimant representatives who file a hearing request on a client's behalf and request direct fee payment on the matter.

This OMB clearance request is a renewal package that includes minor revisions to the paper Form HA-501-U5.

**2. Description of Collection**

Claimant or beneficiary respondents use the HA-501-U5, Request for Hearing by Administrative Law Judge, to request review of reconsideration determinations, and the determinations and decisions listed in 20 CFR 404.930 (Title II) and 416.1430

(Title XVI). The completion and submission of the HA-501-U5 is voluntary. However, to request a hearing by an administrative law judge, claimants and beneficiaries must do so in writing by completing and submitting the HA-501-U5, or submitting a written document that indicates disagreement with SSA's determination or decision.

SSA has three levels of administrative review (appeal) described in *20 CFR 404.900* and *416.1400*. The three appeal levels are reconsideration, hearing by an administrative law judge, and Appeals Council review. Claimants who are dissatisfied with SSA's final decision may file an action in Federal district court, as per *20 CFR 404.981* and *416.1481*.

Reconsideration is the first level of the administrative appeals process. The reconsideration process also includes the disability hearing:

- Claimants, who disagree with our determination on their initial disability claims or non-medical issues, may request a reconsideration. Claimants may use the SSA-561-U2, Request for Reconsideration (OMB No. 0960-0622) to request a reconsideration. Beneficiaries may use the SSA-561 to request a reconsideration on non-medical issues. Claimants or beneficiaries can find additional information about the reconsideration process and the SSA-561 under OMB No. 0960-0622.
- Beneficiaries are entitled to a reconsideration disability hearing when SSA denies their requests for continuing benefits because SSA determined that their disabilities have ceased, did not exist, or are no longer disabling. Beneficiaries may use the SSA-789, Request for Reconsideration – Disability Cessation – Right to Appear (OMB No. 0960-0349) to request a reconsideration disability hearing. Beneficiaries can find additional information about the reconsideration disability hearing, and the SSA-789, under OMB No. 0960-0349.
- Appeals Council review is the third level of appeals, and the final level of the administrative appeals process. Claimants and beneficiaries who disagree with their administrative law judges' decisions on disability issues, or non-medical issues, may use the HA-520, Request for Review of Hearing Decision/Order (0960-0277), to request Appeals Council review. Claimants or beneficiaries can find additional information about the HA-520 and Appeals Council review under OMB No. 0960-0277.

The remainder of this Supporting Statement discusses how claimants and beneficiaries may request a hearing by an administrative law judge. The hearing by an administrative law judge is the second level of the administrative appeals process. The administrative law judge hearing occurs after the reconsideration and before the Appeals Council review.

Claimants or beneficiaries may request a hearing by an administrative law judge on disability issues and non-medical issues, such as, but not limited to, overpayments, underpayments, and benefit amounts. Claimants or beneficiaries may complete their hearing requests on their own, with the assistance of another person, or with the assistance of a field an SSA field office technician. SSA offers three ways for claimants and beneficiaries to request a hearing by an administrative law judge:

**1. Paper Form HA-501-U5:**

To request a hearing on a non-medical issue, claimants or beneficiaries complete and submit the paper Form HA-501-U5 to their local SSA field offices. Field office technicians transcribe the information provided on the hearing requests into SSA’s internal Modernized Claims System (MCS) or Supplemental Security Income (SSI) Claims System.

To request a hearing on a disability issue, claimants or beneficiaries complete and submit the paper Form HA-501-U5 to their local SSA field offices. Field office technicians transcribe the information provided on the hearing requests into SSA’s internal Modernized Claims System (MCS) or Supplemental Security Income (SSI) Claims System. Claimants who are requesting a hearing on an initial disability issue should also complete the paper Form SSA-3441, Disability Report – Appeal (0960-0144), and submit it along with the hearing request. Field office technicians transcribe the information provided on the SSA-3441, Disability Report – Appeal, into SSA’s Intranet SSA-3441 in SSA’s Electronic Disability Control System (EDCS).

Claimants and beneficiaries may request a paper HA-501-U5 from SSA’s 800 number, their local SSA field office, or access [www.ssa.gov](http://www.ssa.gov) and select Menu, select Forms, and type “HA-501-U5 and SSA-3441” into the search field.

**2. i501:**

To request a hearing on a non-medical issue, claimants or beneficiaries complete and submit the i501, the electronic version of the paper Form HA-501-U5. The i501 is available through the iAppeals Non-Medical link at [www.ssa.gov](http://www.ssa.gov). For non-medical appeals, field office technicians transcribe the information provided on the hearings requests into the MCS or SSI Claims System.

To request a hearing on a disability issue, claimants complete and submit the i501 and i3441, the electronic version of the SSA-3441, Disability Report – Appeal. The i501 and i3441 are available through the iAppeals Disability link at [www.ssa.gov](http://www.ssa.gov). Information from the i501 propagates into the MCS or SSI Claims System, and information from the i3441 propagates into EDCS.

**3. SSA’s Internal MCS or SSI Claims System:**

For non-medical issues, claimants or beneficiaries may visit their local SSA field offices to request a hearing. During an in-person interview, a field office technician documents the claimant’s or beneficiary’s hearing request in the MCS or SSI Claims System.

For initial disability determinations, claimants may visit their local SSA field office to file a hearing request. During an in-person interview, a field office technician documents the claimant’s or beneficiary’s hearing request in the MCS or SSI Claims System. The field office technician also documents the claimant’s medical information into the electronic Disability Report – Appeal available in EDCS.

As stated throughout this description, respondents are claimants and beneficiaries.

SSA uses the information provided to determine if the individual: (1) filed the request within the prescribed time; (2) is the proper party; and (3) took the steps necessary to obtain the right to a hearing. SSA uses the information to determine: (1) the individual’s reason(s) for disagreeing with SSA’s prior determinations in the case; (2) if the individual has additional evidence to submit; (3) if the individual wants an oral hearing or a decision on the record; and (4) whether the individual has (or wants to appoint) a representative. The respondents are Social Security disability applicants and recipients who want to appeal SSA’s denial of their request for new or continued benefits for disability and non-medical hearing requests; and Medicare Part B recipients who must pay the Medicare Part B Income-Related Monthly Adjustment Amount.

**3. Use of Information Technology to Collect the Information**

In accordance with the agency’s Government Paperwork Elimination Act plan, SSA created an Internet version of the Form HA-501-U5, the i501, for disability and non-medical hearing requests, which is part of our iAppeals application.

Information from the i501 disability-hearing request automatically propagates into SSA’s internal MCS and SSI Claims System. Technicians transfer information from the i501 non-medical hearing to MCS and the SSI Claims System. SSA also makes the collection instrument available through MCS and the SSI Claims System to respondents who file a hearing request by mail or through a personal interview in a field office. SSA estimates that 96% of the respondents use the i501 to file a hearing request.

**4. Why We Cannot Use Duplicate Information**

The nature of the information we collect and the manner in which we collect it precludes duplication. SSA does not use another collection instrument to obtain similar data.

5. **Minimizing Burden on Small Respondents**

This collection does not affect small businesses or other small entities. However, if we did not impose this burden, there would be a delay in processing hearing requests for initial disability claims. We minimized the burden by carefully reviewing the form and ensuring we only ask small businesses or entities to complete relevant and necessary questions. The hearing request that is available on the iAppeals application can be completed in one or multiple session. iAppeals issues users reentry numbers that they can use to access and complete unfinished requests for hearings for initial disability claims. Therefore, small businesses or entities that do not have all of the information needed to complete the request for hearing in one session may complete part of the hearing request, gather the needed information, and return to iAppeals to complete and submit the hearing request. iAppeals saves appeals 65 days from the date that iAppeals issues the reentry number. Users who wait more than 65 days must restart the process. Although iAppeals saves an appeal for 65 days, users must complete their appeals within the 60-day appeal period (as specified on their determination notice). The appeal period begins five days after the date on the determination notice. Users who file an appeal outside of the 60-day appeal period must prove they have good cause for late filing of the appeal for SSA to extend their appeal period and process their appeals.

6. **Consequence of Not Collecting Information or Collecting it Less Frequently**

If we did not use Form HA-501-U5, or the electronic versions (MCS, SSI Claims System, and the i501), the public would have no way to request a hearing. Because we only collect the information once, we cannot collect it less frequently. There are no technical or legal obstacles to burden reduction.

7. **Special Circumstances**

There are no special circumstances that would cause SSA to conduct this information collection in a manner inconsistent with 5 *CFR* 1320.5.

8. **Solicitation of Public Comment and Other Consultations with the Public**

The 60-day advance Federal Register Notice published on July 3, 2019, at 84 FR

31972, and we received the following public comments:

- *Comment:* The commenter criticized our time estimates for the Internet applications, i501 and i561 (0960-0622), stating that the estimates we provide are a severe underestimate, and claiming that respondents need to complete the i501/i561, as well as input background information and medical information. The commenter also cited our “Getting Ready” section that states, “This appeal may take 60 minutes or longer to complete.” In addition, the commenter stated that, while additional information about the claimant’s medical treatment, medications, functional limitations, activities, education, and training may have practical utility, SSA should not require this information to request a reconsideration or ALJ hearing. The commenter believes that SSA should only request the information on the i501 and i561 that we include on the paper forms, and not require any additional information in the iAppeals System.
  - *SSA Response:* The time estimates we provide for the appeals forms are for completion of the Form HA-501/i501 (0960-0269) only. The paper Form HA-501 takes longer to complete because claimants must write in rather than type in their responses to the questions on the form. Claimants submit the HA-501/i501 when they appeal a decision on a non-disability or disability issue. While our general policy states that a claimant can submit additional evidence along with the HA-501/i501, it is not a requirement. However, the disability policy includes specific requirements on collecting additional evidence when a claimant files an appeal, including the submission of Form SSA-3441/i3441 (OMB #0960-0144). Our time estimates for the HA-501/i501 do not include the time it takes to complete the SSA-3441/i3441, or the submission of evidence required for that form. For the SSA-3441/i3441, we include the remaining time estimate shown in iAppeals in the PRA Statement on the screens for the i3441, and within the burden data we provide for the SSA-3441/i3441 under its unique OMB Control Number (0960-0144). The time estimate for the SSA-3441/i3441 in combination with the time estimate for the HA-501/i501 brings the total estimated time for an iAppeals request to approximately 60 minutes. As stated in our iAppeals Terms of Service, and by staff in the field office to those using our paper appeals process, we ask respondents who choose to fill out the paper forms to complete the SSA-3441 as well, at the time of appeal. However, simultaneous submission of the SSA-3441 with the HA-501 is not required in the paper appeals process. For iAppeals submissions, we require the i3441 before we can process a request for reconsideration or request for an ALJ hearing using the electronic appeals process.
- *Comment:* The commenter stated that SSA is not in compliance with our regulations regarding our electronic, iAppeals process. The commenter

suggested that SSA should state in our iAppeals system that a paper process exists; provide a link to the pdf version of the appropriate paper form; and explain how the respondents can submit the paper forms. The commenter mentioned that this would still not make the electronic process compliant with regulations, but would better inform claimants about their options.

- o *SSA's Response:* Our regulations provide that claimants who seek reconsideration or a hearing may do so by filing a “written request” within 60 days of the date they receive notice of our determination. These regulations give us the authority to establish mechanisms by which a claimant can file the “written request” to appeal a determination. We explained this interpretation of our regulations in Social Security Ruling (SSR) 19-3p, *Requesting Reconsideration or Hearing by an Administrative Law Judge*, which we published in the Federal Register on August 14, 2019, at 84 FR 40467.

Through SSR 19-3p, we explained our policy that a claimant may file a “written request” for appeal using either the paper-based appeals process, or our iAppeals system. The SSR explains several things, including that claimants who choose to use iAppeals to request an appeal must complete the full electronic appeals application to file the appeal electronically. Completing the full electronic appeal application requires claimants to answer questions from both the HA-501/i501 and the disability report form (SSA-3441/i3441). However, iAppeals offers several flexibilities for claimants, as it: permits claimants to leave questions blank if they are not applicable; allows claimants to indicate they need additional time to collect specific evidence; and enables claimants to partially complete an electronic appeal application and save it to return to finish it later (so long as they return and submit it within the regulatory appeal period). Claimants must file their appeals, whether using the paper or electronic appeals process, within the 60-day regulatory appeals period.

While there are some differences between our paper and electronic appeals options for filing a request for reconsideration or hearing, the substantive standards we use to evaluate a claimant’s appeal request remain the same regardless of the option the claimant chooses to use to submit the appeal.

In response to the request that we include information about the paper process on our iAppeals screens, the iAppeals “Getting Ready” Screen, “More Information” Section includes the “Other Ways to Complete a Disability Appeal” link. The “Other Ways to Complete a Disability Appeal” Screen provides information on how to determine the appeal

level; how to obtain the PDF or paper versions of the forms; and where to submit the appeals forms. The page also links to the Forms page, which includes the forms claimants need to file their appeals. The Terms of Service also explains other ways for claimants to file their appeals.

- *Comment:* The commenter noted that the words “information” and “question” are misspelled in the “Follow-up” section on page 1 of the screenshots, and that the text switches from second person to third person (“After you are finished... The claimant can log in”). The commenter stated that the switch from second to third person is confusing.
  - *SSA Response:* The words “question” and “information” were misspelled on the screen shots for the Getting Ready Screen – Follow-up Section in the version we submitted. However, these words are spelled correctly on the iAppeals Getting Ready Screen – Follow-up Section accessed by our claimants. We have already corrected the misspelling. In addition, we also corrected the issue with the use of second and third person tenses on our accessible iAppeals screens.
- *Comment:* The commenter expressed concern over the wording of our new Terms of Service (TOS), stating that SSA should not list all of the items we list as requirements for completing iAppeals, and that SSA’s new TOS indicates that claimants cannot complete their appeals electronically if they did not have all of the information stated in the TOS.
  - *SSA Response:* The purpose of the TOS is to ensure that claimants know and understand the information they will need to complete their appeals electronically. However, not having that information does not prevent claimants from filing their appeals electronically. The TOS – I Acknowledge – Reconsideration and Hearing Sections explain what actions claimants can take if they do not have all of the information for their appeals. The TOS - If you do not wish to complete your appeal section also provides other ways for claimants to file an appeal when they do not have the information they need to file their appeals electronically within the 60-day appeal period or do not want to file their appeals electronically.
- *Comment:* The commenter included concerns over the medical information we listed in the checklist on p.57 of the i501 screen shots, and p.56 of the i561 screen shots. The commenter believes we should not include this information as “information you need to complete your disability appeal” as it is not required by regulation. Rather, SSA should explain on the iAppeals screens that medical information is not necessary, but, if the respondents do not provide it, SSA’s

decision is more likely to be a denial of the request. In addition, the commenter also stated that the checklist is numbered incorrectly.

- o *SSA Response:* The “Information You Need To Complete Your Disability Appeal” section has been a part of iAppeals from the beginning. As of this update, the only difference is that claimants have the option to print the checklist. The printed checklist will allow claimants to keep track of evidence as they gather it.

The comments also stated that the numbering on the screenshot of the checklist was inaccurate. The checklist available to the public is not numbered.

- *Comment:* The commenter stated that the screens shots do not explain which, if any, of the fields in the “medical” or “activities/training” section are mandatory. In addition, the commenter stated that, since the regulations do not require this information for appeal, SSA should not require any of these fields, and the screens should explain that this information is optional.

- o *SSA Response:* The medical and activities/training fields are part of the SSA-3441/i3441 (OMB #0960-0144) and are not covered under the HA-501/i501. However, *SSR 19-3p* states that claimants who choose to use iAppeals to request an appeal must complete the full electronic appeal application to file the appeal electronically. Completing the full electronic appeal applications requires claimants to answer questions from both the standard appeal request form (HA-501/i501) and the disability report form (SSA-3441/i3441). However, iAppeals offers several flexibilities for claimants, as it: permits claimants to leave questions blank if they are not applicable; allows claimants to indicate they need additional time to collect specific evidence; and enables claimants to partially complete an electronic appeal application and save it to return to finish it later (so long as they return and submit it within the regulatory appeal period). Claimants must file their appeals, whether using the paper or electronic appeals process, within the 60-day regulatory appeals period.

- *Comment:* The commenter made the following suggestions for improving our Re-entry Screen for iAppeals Disability requests:
  - Explain and provide a deadline date for filing the appeal.
  - Explain filing a late appeal, and writing, and providing a good cause statement if the appeal is not filed within the 60-day appeal period

- o *SSA Response:* We will consider these suggestions and share them with

internal stakeholders. However, implementation of the suggestions depends on viability, internal stakeholder consensus, and resources.

- *Comment:* The commenter made the following suggestions for improving our Identification (3<sup>rd</sup> party applicant) Screen for iAppeals Disability requests:
  - Provide an example sentence that uses the word gender. An example will help claimants understand the purpose of the question.
  - *SSA Response:* The agency acknowledges that the information gained from the question pertaining to gender provides no practical utility, and we do not require it for the proper performance of the functions of the agency. However, the question currently has system logic associated with it, as there are numerous instances within iAppeals pages where the questions are customized based off the gender value provided (for example, “Describe **his** medical conditions”). This creates a short-term resource barrier to removing this question. Removing this question will depend on viability, internal stakeholder consensus, and resources.
- *Comment:* The commenter made the following suggestions for improving the iAppeals Information about the applicant Screen for non-medical appeals:
  - Add the words “or beneficiary” because a person filing a non-medical appeal may already be receiving benefits.
  - *SSA Response:* We will consider this suggestion and share it with internal stakeholders. However, implementation of the suggestion depends on viability, internal stakeholder consensus, and resources.
- *Comment:* The commenter made the following suggestions for improving the Notice Information Screen for non-medical appeals:
  - Clarify the questions in order to provide additional guidance concerning the claimants to the appropriate appeal level.
  - *SSA Response:* We will consider this suggestion and share it with internal stakeholders. However, implementation of the suggestion depends on viability, internal stakeholder consensus, and resources.

The 30-day FRN published on September 16, 2019 at 84 FR 48694. If we receive any comments in response to this Notice, we will forward them to OMB.

We consulted with five advocacy group participants for two iAppeals Single Submission Conference Calls and meetings regarding current the iAppeals Internet application. We asked these advocacy groups for their concerns related to the single submission practice for iAppeals, which OMB approved in March 2015.

During the conference calls and meetings, the advocacy participants shared their experiences illustrating the practical challenges they encountered using iAppeals since the implementation of single submission. They also expressed concerns regarding the single submission practice. Based on their feedback, SSA agreed to continue internal discussions on ways to improve the iAppeals application, including improvements to the single submission practice.

**9. Payment of Gifts to Respondents**

SSA does not provide payments or gifts to the respondents.

**10. Assurances of Confidentiality**

SSA protects and holds confidential the information it collects in accordance with 42 U.S.C. 1306, 20 CFR 401 and 402, 5 U.S.C. 552 (Freedom of Information Act), 5 U.S.C. 552a (Privacy Act of 1974), and OMB Circular No. A-130.

**11. Justification for Sensitive Questions**

The information collection does not contain any questions of a sensitive nature.

**12. Estimates of Public Reporting Burden**

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)	Average Theoretical Hourly Cost Amount (dollars)*	Average Wait Time in a Field Office (minutes)**	Total Annual Opportunity Cost (dollars)***
HA-501; MCS; SSI Claims System	10,325	1	10	1,721	\$11.70*	24**	\$68,457***
i501 (Internet iAppeals)	653,318	1	15	163,330	\$11.70*		\$1,910,961***
<b>Totals</b>	<b>663,643</b>			<b>165,051</b>			<b>\$1,979,418***</b>

\* We based this figure on average DI payments based on SSA's current FY 2022 data (<https://www.ssa.gov/legislation/2022factsheet.pdf>).

\*\* We based this figure on the average FY 2022 wait times for field offices, based on SSA's current management information data.

\*\*\* This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. **There is no actual charge to respondents to complete**

**the application.**

In addition, OMB’s Office of Information and Regulatory Affairs is requiring SSA to use a rough estimate of a 30-minute, one-way, drive time in our calculations of the time burden for this collection. OIRA based their estimation on a spatial analysis of SSA’s current field office locations and the location of the average population centers based on census tract information, which likely represents a 13.97 mile driving distance for one-way travel. We depict this on the chart below:

Total Number of Respondents Who Visit a Field Office	Frequency of Response	Average One-Way Travel Time to a Field Office (minutes)	Estimated Total Travel Time to a Field Office (hours)	Total Annual Opportunity Cost for Travel Time (dollars)*****
10,325	1	30	5,163	\$60,407*****

\*\*\*\*\*We based this dollar amount on the Average Theoretical Hourly Cost Amount in dollars shown on the burden chart above.

Per OIRA, we include this travel time burden estimate under the 5 CFR 1320.8(a) (4), which requires us to provide “time, effort, or financial resources expended by persons [for]...transmitting, or otherwise disclosing the information,” as well as 5 CFR 1320.8(b)(3)(iii) which requires us to estimate “the average burden collection...to the extent practicable.” SSA notes that we do not obtain or maintain any data on travel times to a field office, nor do we have any data which shows that the average respondent drives to a field office, rather than using any other mode of transport. SSA also acknowledges that respondents’ mode of travel and, therefore, travel times vary widely dependent on region, mode of travel, and actual proximity to a field office.

NOTE: We included the total total opportunity cost estimate from this chart in our calculations when showing the total time and opportunity cost estimates in the paragraph below.

We base our burden estimates on current management information data, which includes data from actual interviews, as well as from years of conducting this information collection. Per our management information data, we believe that 15 minutes accurately shows the average burden per response for reading the instructions, gathering the facts, and answering the questions. Based on our current management information data, the current burden information we provided is accurate. The total burden for this collection instrument is **165,051** burden hours (reflecting SSA management information data), which results in an associated theoretical (not actual) opportunity cost financial burden of **\$2,039,825**. SSA does not charge respondents to complete our applications.

NOTE: The completion of 0960-0269 only requires providing limited information

regarding the respondent or beneficiary and the reason for appeal. SSA recognizes that for most appeals, the respondent will also provide updated medical information using Form SSA-3441 (or i3441 Internet screens), Disability Report – Appeal (OMB Control No. 0960-0144). We capture the burden associated with Form SSA-3441, and any other information collections associated with a reconsideration or ALJ hearing, under their appropriate OMB Control Numbers [(0960-0622 (SSA-561), 0960-0269 (HA-501), and 0960-0144 (SSA-3441)]. We do not show that burden here.

**13. Annual Cost to the Respondents**

This collection does not impose a known cost burden on the respondents.

**14. Annual Cost to the Federal Government**

The annual cost to the Federal Government is approximately \$550,000. This estimate accounts for costs from the following areas: (1) designing, printing, and distributing the form; (2) SSA employee (e.g., field office, 800 number, DDS staff) information collection and processing time; and (3) systems development, updating, and maintenance costs.

**15. Program Changes or Adjustment to the Information Collection Request**

The decrease in burden hours is because there are fewer claimants and beneficiaries filing hearing requests. We based our burden information on current management information data. There is no change in our average burden time per response. Although the number of responses changed, SSA did not take any actions to cause this change.

\* Note: The total burden reflected in ROCIS is **174,344**, while the burden cited in #12 of the Supporting Statement is **165,051**. This discrepancy is because the ROCIS burden reflects the following components: field office waiting time + a rough estimate of a 30-minute, one-way, drive burden. In contrast, the chart in #12 of the Supporting Statement reflects actual burden.

**16. Plans for Publication or Adjustments to the Information Collection Request**

SSA will not publish the results of the information collection.

**17. Displaying the OMB Approval Expiration Date**

For the paper Form HA-501-U5, SSA will not publish the OMB approval expiration date. OMB granted SSA an exemption from the requirement to print the OMB expiration date on its program forms. SSA produces millions of public-use forms with life cycles exceeding the OMB approval date. Since SSA does not periodically (e.g., on an annual basis), revise and reprint its public-use forms, OMB granted this exemption so SSA would not have to destroy stocks of otherwise useable forms with expired OMB approval dates, thereby avoiding Government waste.

For the Internet application, i501 (iAppeals), SSA is not requesting an exception to the requirement to display the OMB approval expiration date.

18. **Exemption to Certification Statement**

SSA is not requesting an exception to the certification requirements at 5 *CFR* 1320.9 and related provisions at 5 *CFR* 1320.8(b) (3).

**B. Collections of Information Employing Statistical Methods**

SSA does not use statistical methods for this information collection.