



OFFICE OF APPELATE OPERATIONS,  
SSA  
5107 Leesburg Pike  
FALLS CHURCH, VA 22041 - 3255

Form **HA-520-U5** (01-2016) UF (01-2016)  
Destroy Prior Editions

SSI Blind	(SSIB)
SSI Disability	(SSID)
Title VIII Only	(SVB)
Title VIII/Title XVI	(SVB/SSI)
Other - Specify:	

**TAKE OR SEND ORIGINAL TO SSA AND RETAIN A COPY  
FOR YOUR RECORDS**

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## Privacy Act Statement Request for Review of Hearing Decision/Order

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Sections 205(a), 702, 1631(e), and 1869(b) and (c) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to complete our claims process.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent the continued processing of your claim.

We rarely use the information you supply for any purpose other than to complete our claims process. 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 assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices 60-0005, entitled Administrative Law Judge Working Files and 60-0089, entitled Claims Folder. Additional information about these 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 share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

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~~**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 (OMB) control number. We estimate that it will take about 10 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). **Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**~~

See Revised PRA Statement Attached

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