REQUEST FOR REVIEW OF H	EARING DECISION/ORDER See
(Do not use this form for objecting t Either mail the signed original form to the Appeals Cou the signed original to your local Social Security office, th in Manila, or any U.S. Foreign Service Post and keep a	o a <u>recommended</u> decision.)  ncil at the address shown below, or take or mail ne Department of Veterans Affairs Regional Office  Notice
1. CLAIMANT NAME	2. CLAIMANT SSN 3. CLAIM NUMBER (If different than SSN)
4. I request that the Appeals Council review the Judge's	s action on the above claim because:
☐ Please grant me an extension of time to submit evid	ence or argument.
ADDITI	ONAL EVIDENCE
Appeals Council about it or submit it. If you have a represevidence unless the evidence falls under an exception. Council. If you need additional time to submit evidence now. This will ensure that the Appeals Council has the	d on or before the date of the hearing decision, you must inform the esentative, then your representative must help you obtain the You may also submit any other additional evidence to the Appeals or legal argument, you must request an extension of time in writing opportunity to consider the additional evidence before taking its now or within any extension of time the Appeals Council grants, idence currently in your file.
RECEIVED A BARCODE FROM US, THE BARCOD	IMBER ON ANY LETTER OR MATERIAL YOU SEND US. IF YOU E SHOULD ACCOMPANY THIS DOCUMENT AND ANY OTHER LYOU SUBMIT TO US.
<b>SIGNATURE BLOCKS</b> : You should complete No. 5 and represented and your representative is not available to etc. in No. 6.	d your representative (if any) should complete No. 6. If you are complete this form, you should also print his or her name, address,
declare under penalty of perjury that I have examin statements or forms, and it is true and correct to the	ned all the information on this form, and on any accompanying be best of my knowledge.
5. CLAIMANT'S SIGNATURE DATE	6. REPRESENTATIVE'S SIGNATURE DATE
PRINT NAME	PRINT NAME ATTORNEY NON-ATTORNEY
MAILING ADDRESS CITY, STATE, ZIP	ADDRESS CITY, STATE, ZIP
TELEPHONE NUMBER FAX NUMBER	TELEPHONE NUMBER FAX NUMBER
THE SOCIAL SECURITY ADMINIS	TRATION STAFF WILL COMPLETE THIS PART
7. Request received for the Social Security Administrati	on onby:
	(Date) (Print Name)
(Title) (Address) 8 Is the request for review received within 65 days of the	(Servicing FO Code) (PC Code) ne Judge's Decision/Dismissal? Yes No
9. If "No"  (1) attach claimant's explanation for	
checked: (2) attach copy of appointment not Social Security Office.	tice, letter or other pertinent material or information in the
10. Check one:	11. Check all claim types that apply:
Initial Entitlement	Retirement or survivors (RSI) Disability-Worker (DIWC)
Termination or other  APPEALS COUNCIL	Disability-Widow(er) (DIWW) Disability-Child (DIWC) SSI Aged (SSIA)

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



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

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 <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a> 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.

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 <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a>. 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

