



Securing today  
and tomorrow

## **HA4608 Online Application**

### **Screen Package**

August 11, 2021

# Application Landing Page:



## Complete the Waiver of Your Right to Personal Appearance Before a Judge (Form HA-4608)

### Instructions

This online service allows you to electronically complete, sign, and submit the Waiver of Your Right to Personal Appearance Before a Judge (Form HA-4608). You may use this online service as an alternative to completing a paper version of this form. To complete the form online, you will need a valid email address.

Before beginning the form, you will need to enter and confirm your email address in the online application.

You will receive an email from [adobesign@adobesign.com](mailto:adobesign@adobesign.com) containing a link and instructions on how to access the form. The link will expire after five (5) calendar days. If the link expires, you will need to return to this page to request a new link.

**IMPORTANT:** We will not process the form until you complete the form, **sign the form electronically**, and select “Click to Sign” to submit the form. Upon submission, you will be able to download a copy of the signed form within the application. **We recommend that you save a copy for your records.** You will receive an email confirming your submission.

### PLEASE NOTE:

- This website is most compatible with Microsoft Edge and Google Chrome.
- The form must be electronically completed, signed, and submitted in a single session.
- The system will end your session after 60 minutes of inactivity, and no information will be saved.
- A daily email reminder will be sent for five (5) days or until the form has been submitted.
- If you do not receive an email notification within a few minutes of your online submission, be sure to check your email’s junk folder.

Sections 205(a), 1631(e), and 1869(b) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part may prevent us from making an accurate and timely decision on your claim. We will use the information you provide to continue processing the claim without an oral hearing. We may also share your information for the following purposes, called routine uses:

- To third party contacts in situations where the party to be contacted has, or is expected to have, information relating to the individual’s capability to manage his/her affairs or his/her eligibility for or entitlement to benefits under the Social Security program when the individual is unable to provide information being sought; or the data needed to establish the validity of evidence or to verify the accuracy of information presented by the individual; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs. In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person’s eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0009, entitled Hearing and Appeals Case Control System, as published in the Federal Register (FR) on October 13, 1982, at 47 FR 45589 and 60-0089, entitled Claims Folder System, as published in the FR on April 1, 2003, at 68 FR 15784. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

\* I understand and agree to the above statement

## Email Landing Page:



### Waiver of Your Right to Personal Appearance Before a Judge

We recommend that you verify the accuracy of your email address. If you do not receive an email notification within a few minutes of your online submission, be sure to check your email's junk folder.

Your Email

Confirm Your Email

Document Name

Completion Deadline

Submit


## Email Confirmation Page:



### Waiver of Your Right to Personal Appearance Before a Judge (HA-4608)

To complete the online form, open the email from [adobesign@adobesign.com](mailto:adobesign@adobesign.com) and click on the "Review and sign" button.


## First Email:

 Tue 7/13/2021 12:47 PM  
Social Security Administration <adobesign@adobesign.com>  
[EXTERNAL] Social Security Administration Has Sent You Waiver of Your Right to Personal Appearance Before a Judge to Sign

To

[Retention Policy](#) [Delete \\_7\\_Year\\_Default \(7 years\)](#) Expires 7/11/2028

---

 Social Security

**Social Security Administration** requests your signature  
**Waiver of Your Right to Personal Appearance Before a Judge**

Form Expires On July 18, 2021

Review and sign

---

THIS LINK EXPIRES IN FIVE (5) CALENDAR DAYS. If the link expires, please visit [secure.ssa.gov/ha4608-online-form](https://secure.ssa.gov/ha4608-online-form) to get a new link.

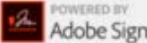
You have a document to review and sign. You can access the document using the link above.

The form must be electronically completed, signed, and submitted in a single session. The system will end your session after 60 minutes of inactivity and no information will be saved.

The "Review and sign" link is personalized for you and, for security purposes, we strongly recommend that you DO NOT share this email or link with others. If you DO share this email or link with others, you accept the risk that others may misuse your personal information. If you have any questions about this email or feel that you received this in error, please contact Social Security at **1-800-772-1213** (TTY **1-800-325-0778**) between 8 a.m. – 7 p.m., Monday through Friday.

Suspect Social Security Fraud?  
If you suspect Social Security fraud, please visit [oig.ssa.gov](https://oig.ssa.gov) or call the Inspector General's Fraud Hotline at **1-800-269-0271** (TTY **1-800-501-2101**).

**SOCIAL SECURITY ADMINISTRATION**  
[Help us improve.](#)

 POWERED BY  
Adobe Sign

By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures.

To ensure that you continue receiving our emails, please add [adobesign@adobesign.com](mailto:adobesign@adobesign.com) to your address book or safe list.

© 2020 Adobe. All rights reserved.

# HA4608 Adobe Form:

Adobe Sign ?

Options Next Required **9**

Form HA-4608 (05-2021) UF Page 1 of 2  
Social Security Administration OMB No. 0980-0264

### WAIVER OF YOUR RIGHT TO PERSONAL APPEARANCE BEFORE A JUDGE

Claimant: *	Wage Earner (Leave blank if same as claimant):	Claimant Social Security Number: *
----------------	---	---------------------------------------

NOTE: Please read the PRIVACY ACT statement and the statements below. Then type your response to the statements in the space provided below.

- I have been advised of my right to appear in person before a judge. I understand that my personal appearance before a judge would provide me with the opportunity to present written evidence, my testimony, and the testimony of other witnesses. I understand that this opportunity to be seen and heard could be helpful to the judge in making a decision.
- Although my right to a personal appearance before a judge has been explained to me, I do not want to appear in person. I want to have my case decided on the written evidence. The reason I do not want to appear in person at a hearing is:  
\*

- I understand that if I do not appear before a judge, I still have the right to present a written summary of my case, or to enter written statements about the facts and law material to my case in the record.
- If I change my mind and decide to request a personal appearance before the judge, I understand that should make this request to the office conducting the hearing before the judge's decision is mailed to me.
- I understand that I have a right to be represented and that if I need representation, the Social Security office or office conducting the hearing can give me a list of legal referral and service organizations to assist me in locating a representative.

SIGNATURE OF CLAIMANT (OR AUTHORIZED REPRESENTATIVE) * Click here to sign	DATE *
--	-----------

MAILING ADDRESS (Number and Street, Apt No., PO Box, or Rural Route)  
\*

CITY *	STATE *	ZIP CODE *
-----------	------------	---------------

↑ ↓ 1 / 2 | ⌂ ⊕ ⬇

✕



# HA4608 Adobe Form:

Adobe Sign

Options ▾ Waiver of Your Right to Pers... Next Required 9

Start

Form HA-4608 (05-2021) UF Page 2 of 2

### Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 1631(e), and 1889(b) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part may prevent us from making an accurate and timely decision on your claim.

We will use the information you provide to continue processing the claim without an oral hearing. We may also share your information for the following purposes, called routine uses:

- To third party contacts in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage his/her affairs or his/her eligibility for or entitlement to benefits under the Social Security program when the individual is unable to provide information being sought; or the data needed to establish the validity of evidence or to verify the accuracy of information presented by the individual; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs.

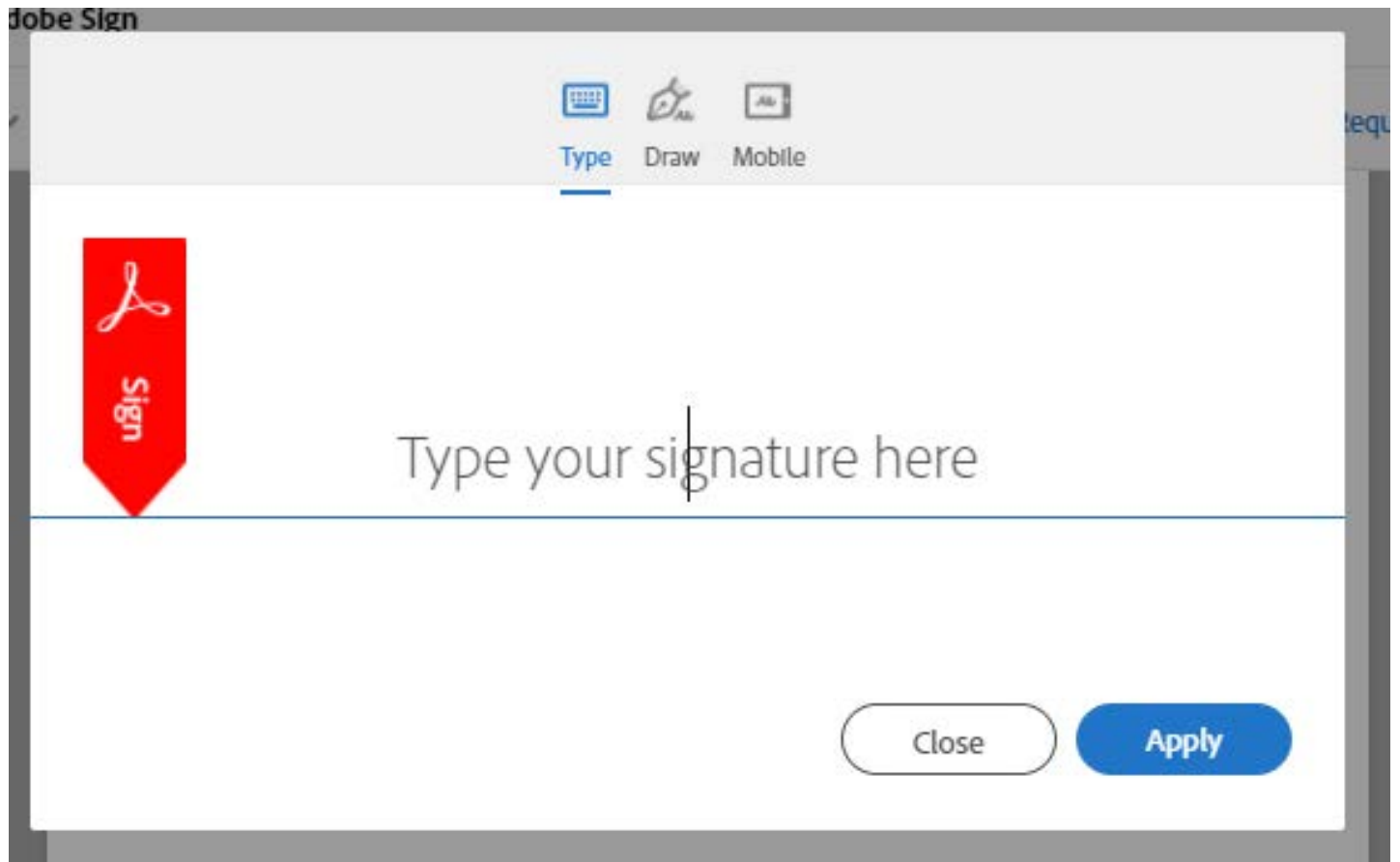
In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0009, entitled Hearing and Appeals Case Control System, as published in the Federal Register (FR) on October 13, 1982, at 47 FR 45589 and 60-0089, entitled Claims Folder System, as published in the FR on April 1, 2003, at 68 FR 15784. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy/](http://www.ssa.gov/privacy/).

**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 2 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 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. Send **only** comments relating to our time estimate or other aspects of this collection to this address, not the completed form.

↑ ↓ 2 / 2 | ⊖ ⊕ ↓ ×

## HA4608 Adobe Form:





Adobe Sign

Options ▾ Waiver of Your Right to Personal A... Required fields completed ✓

Form HA-4608 (05-2021) UF Social Security Administration Page 1 of 2 OMB No. 0980-0284

### WAIVER OF YOUR RIGHT TO PERSONAL APPEARANCE BEFORE A JUDGE

Claimant: Test Test	Wage Earner (Leave blank if same as claimant):	Claimant Social Security Number: 123456789
------------------------	---	---

NOTE: Please read the PRIVACY ACT statement and the statements below. Then type your response to the statements in the space provided below.

- I have been advised of my right to appear in person before a judge. I understand that my personal appearance before a judge would provide me with the opportunity to present written evidence, my testimony, and the testimony of other witnesses. I understand that this opportunity to be seen and heard could be helpful to the judge in making a decision.
- Although my right to a personal appearance before a judge has been explained to me, I do not want to appear in person. I want to have my case decided on the written evidence. The reason I do not want to appear in person at a hearing is:

ADD A RESPONSE HERE

- I understand that if I do not appear before a judge, I still have the right to present a written summary of my case, or to enter written statements about the facts and law material to my case in the record.
- If I change my mind and decide to request a personal appearance before the judge, I understand that should make this request to the office conducting the hearing before the judge's decision is mailed to me.
- I understand that I have a right to be represented and that if I need representation, the Social Security office or office conducting the hearing can give me a list of legal referral and service organizations to assist me in locating a representative.

SIGNATURE OF CLAIMANT (OR AUTHORIZED REPRESENTATIVE) Test Test	DATE 01/01/2021
---	--------------------

MAILING ADDRESS (Number and Street, Apt No., PO Box, or Rural Route)

123 ABC Lane

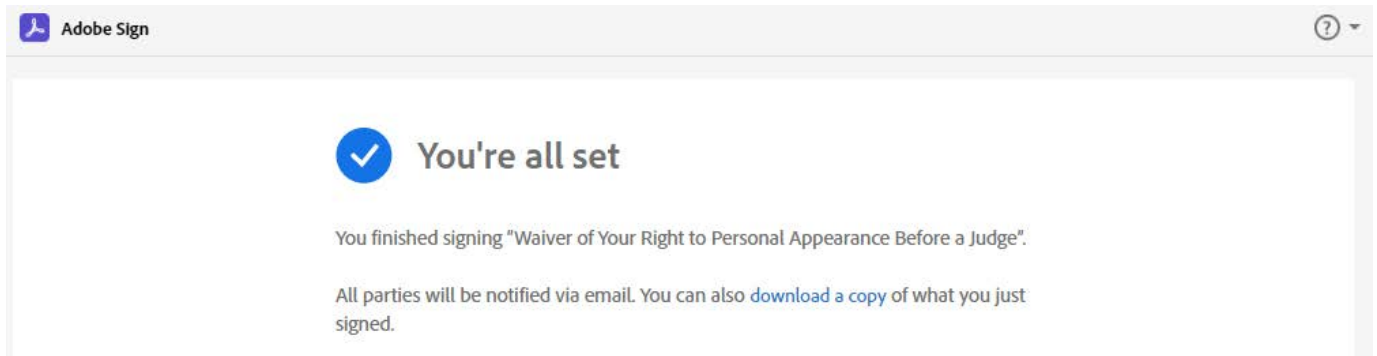
CITY Test	STATE MD	ZIPCODE 12345
--------------	-------------	------------------

Form HA-4608 (05-2021) UF Page 2 of 2

By signing, I agree to both this agreement and the [Consumer Disclosure](#). My use of Adobe Sign is governed by the [Adobe Terms of Use](#).


Click to Sign


## HA4608 Adobe Form:




## Final Email:

Tue 7/13/2021 10:02 AM


 Social Security Administration <adobesign@adobesign.com>  
[EXTERNAL] Waiver of Your Right to Personal Appearance Before a Judge has been Signed and Filed


To 

Retention Policy: Delete\_7\_year\_Default (7 years) Expires: 7/11/2028

 If there are problems with how this message is displayed, click here to view it in a web browser.

---

 Social Security



You're done signing


**Waiver of Your Right to Personal Appearance Before a Judge**

---

The document is complete.

For security purposes, we strongly recommend you DO NOT share this email with others. If you DO share this email, you accept the risk that others may misuse your personal information. If you have any questions about this email or feel that you received this in error, please contact Social Security at 1-800-772-1213 (TTY 1-800-325-0778) between 8 a.m. – 7 p.m., Monday through Friday.

[Help us improve.](#)

 POWERED BY  
Adobe Sign

By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures.

To ensure that you continue receiving our emails, please add [adobesign@adobesign.com](mailto:adobesign@adobesign.com) to your address book or safe list.

© 2020 Adobe. All rights reserved.