

Complete the Request to Withdraw a Hearing Request (Form HA-85)

Instructions

This online service allows either the claimant or the appointed representative to electronically complete, sign, and submit the Request to Withdraw a Hearing Request (Form HA-85). 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 enter and confirm your email address in the online application.

You will receive an email from adobesign@adobesign.com containing a link and instructions 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.

If you are the claimant and have an appointed representative, you should provide a copy of the completed form you saved to your representative. If you are the appointed representative, you should provide a copy of the completed form you saved to your client.

PLEASE NOTE:

- This website is most compatible with the following browsers: 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(d)(1), and 1872 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 of the information may prevent us from making an accurate determination regarding your request to withdraw your request for a hearing.

We will use the information you provide to decide if dismissing your hearing request is appropriate. We may also share your information for the following purposes, called routine uses:

- . To a congressional office in response to an inquiry from that office made at the request of a subject of a record; and
- To a contractor or other Federal agency to assist in the efficient administration of our 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 Systems of Records Notices (SORN) 60-0005, entitled Administrative Law Judge Working File on Claimant Cases, as published in the Federal Register (FR) on April 29, 2009, at 74 FR 19617; and 60-0009, entitled Hearings and Appeals Case Control System, as published in the FR on October 13, 1982, at 47 FR 45589. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy...

	*I understand	and	agree t	to the	above	statement
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Request to Withdraw a Hearing Request - 85

inutes of your online submission, be s our Email Address	,
our Email Address	
Enter Your Email Address	
Confirm Your Email Address	
Confirm Your Email Address	
ocument Name Request to Withdraw a Hearing Reque	est
Completion Deadline	



Request to Withdraw a Hearing Request

To complete the online form, open the email from adobesign@adobesign.com and click on the "Review & Sign" button.



Mon 6/7/2021 2:58 PM

Social Security Administration <adobesign@adobesign.com>

[EXTERNAL] Social Security Administration Has Sent You Request to Withdraw a Hearing Request to Sign

To Claimant Email Address

Retention Policy Delete_7_Year_Default (7 years)

Expires 6/5/2028

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



Social Security Administration requests your signature Request to Withdraw a Hearing Request

Form Expires On June 12, 2021

Review and sign

THIS LINK EXPIRES IN FIVE (5) CALENDAR DAYS. If the link expires, please visit secure.ssa.gov/ha85-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 or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-800-501-2101).

SOCIAL SECURITY ADMINISTRATION

Help us improve.



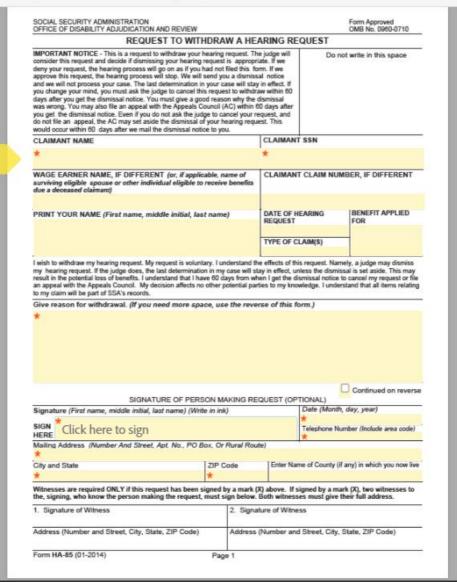
By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures.

To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.

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Start

Options ~

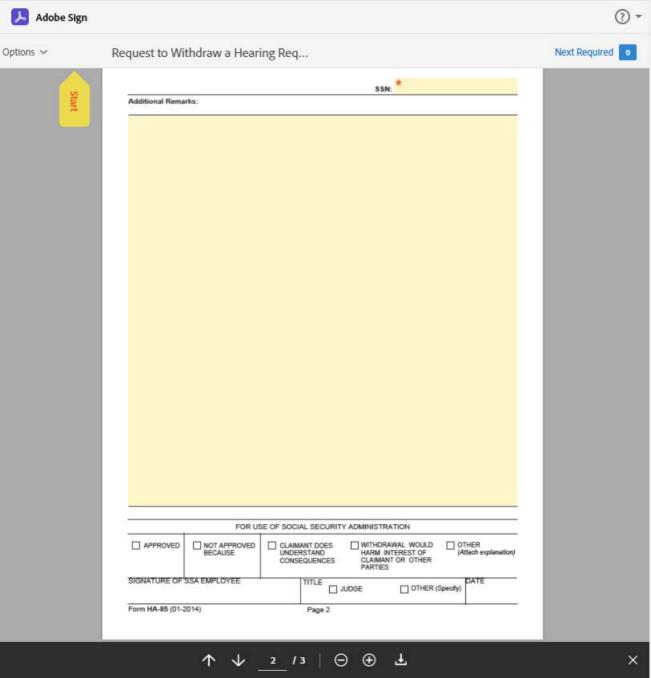




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Options >

Privacy Act Statement Collection and Use of Personal Information

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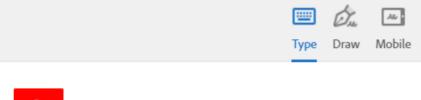
Paperwork Reduction Act Statement . This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

Form HA-85 (01-2014)











Test Claimant

Clear

Close

Apply

OFFICE OF DISABILITY ADJUDICATION AND REVIEW		Form Approved OMB No. 0960-0710		
REQUEST TO WITHDE	RAW A HEA	ARING RI	EQUEST	
IMPORTANT NOTICE - This is a request to withdraw your hear consider this request and decide if dismissing your hearing request, the hearing process will go on as if you had approve this request, the hearing process will stop. We will sen and we will not process your case. The last determination in you you change your mind, you must ask the judge to cancel this re days after you get the dismissal notice. You must give a good re was wrong, You may also life an appeal with the Appeals Coun you get the dismissal notice. Even if you do not ask the judge to do not file an appeal, the AC may set aside the dismissal of you would occur within 60 days after we mail the dismissal notice for would occur within 60 days after we mail the dismissal notice for mount of the process	est is appropri- not filed this for I you a dismissi ir case will stay quest to withdra asson why the d all (AC) within 6 to cancel your re or hearing reques	ate. If we m. If we al notice in effect. If w within 60 dismissal 0 days after squest, and	Do	not write in this space
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PRINT YOUR NAME (First name, middle initial, last na Test Claimant	me)	DATE OF	HEARING	BENEFIT APPLIED FOR
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ssn: 123456789





✓ You're all set

You finished signing "Request to Withdraw a Hearing Request".

All parties will be notified via email. You can also download a copy of what you just signed.



Mon 5/17/2021 3:49 PM

Social Security Administration <adobesign@adobesign.com>

[EXTERNAL] Request to Withdraw a Hearing Request has been Signed and Filed

Claimant Email Address

Retention Policy Delete_7_Year_Default (7 years)

Expires 5/15/2028

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





You're done signing Request to Withdraw a Hearing Request

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.



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 to your address book or safe list.

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SSA will insert the following Privacy Act & PRA Statements into the form as soon as possible:

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 1631(d)(1), and 1872 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 of the information may prevent us from making an accurate determination regarding your request to withdraw your request for a hearing.

We will use the information you provide to determine if dismissing your hearing request is appropriate. We may also share the information for the following purposes, called routine uses:

- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs. We contemplate disclosing information under this routine use only in situations in which SSA may enter into a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records; and
- To a congressional office in response to an inquiry from that office made at the request of the subject of a record.

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.

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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 <u>Paperwork Reduction Act of 1995</u>. 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 <u>only</u> 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.