



## Complete the Request to Withdraw an Appeals Council Request for Review (Form HA-86)

### Instructions

This online service allows you to electronically complete, sign, and submit the Request to Withdraw an Appeals Council Request for Review (Form HA-86). 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(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 review at the Appeals Council.

We will use the information you provide to decide if dismissing your 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 the 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 System of Records Notice (SORN) 60-0004, entitled Working File of the Appeals Council, as published in the Federal Register (FR) on April 29, 2009, at 74 FR 19620 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 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:



### Request to Withdraw an Appeals Council Request for Review

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


## Email Confirmation Page:



### Request to Withdraw an Appeals Council Request for Review

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] Signature requested on "Request to Withdraw an Appeals Council Request for Review"

To

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

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 Social Security

**Social Security Administration** requests your signature  
**Request to Withdraw an Appeals Council Request for Review**

Form Expires On July 18, 2021

Review and sign

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THIS LINK EXPIRES IN FIVE (5) CALENDAR DAYS. If the link expires, please visit [secure.ssa.gov/ha86-online-form](https://secure.ssa.gov/ha86-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.](#)

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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.

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Adobe Sign ?

Options ▾ Request to Withdraw an Appeals... Next Required 10

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Form HA-86 (04-2021) Page 1 of 3  
Discontinue Prior Editions OMB No. 0960-0710  
Social Security Administration

<b>REQUEST TO WITHDRAW AN APPEALS COUNCIL REQUEST FOR REVIEW</b>	Do not write in this space
<b>IMPORTANT NOTICE</b> – This is a request to withdraw your request for review at the Appeals Council (AC). The AC will consider this request and decide if dismissing your request for review is appropriate. If the AC denies this request, the appeals process will go on as if you had not filed this form. If the AC approves this request, the appeals process will stop. The Administrative Law Judge decision will stay in effect. The dismissal of the request for review is final and cannot be appealed.	
1. CLAIMANT NAME <span style="float: right;">*</span>	CLAIMANT SSN <span style="float: right;">*</span>
2. WAGE EARNER NAME, IF DIFFERENT (or, if applicable, name of surviving eligible spouse or other individual eligible to receive benefits due a deceased claimant)	3. CLAIMANT CLAIM NUMBER, IF DIFFERENT
4. PRINT YOUR NAME (First name, middle initial, last name)	5. DATE APPEALS COUNCIL REVIEW REQUESTED
	6. DATE OF ALJ DECISION

I wish to withdraw my request for review. My request is voluntary. I understand the effects of this request. Namely, the Appeals Council may dismiss my request for review. If it does, the Administrative Law Judge decision will stay in effect. This may result in the potential loss of benefits. The Appeals Council's dismissal of this request for review is final and cannot be appealed. My decision affects no other potential parties to my knowledge. I understand that all items relating to my claim will be part of SSA's records.

Give reason for withdrawal. (If you need more space, use the reverse of this form.)  
\*

SIGNATURE OF PERSON MAKING REQUEST (OPTIONAL)  Continued on reverse

Signature (First name, middle initial, last name) (Write in ink) * <div style="text-align: center; font-size: 2em; color: gray;">Click here to sign</div>	Date (Month, day, year) * Telephone Number (Include area code) *
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Mailing Address (Number And Street, Apt. No., PO Box, Or Rural Route)  
\*

City and State *	ZIP Code *	Enter Name of County (if any) in which you now live
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Witnesses are required ONLY if this request has been signed by a mark (X) above. If signed by a mark (X), two witnesses to the signing, who know the person making the request, must sign below. Both witnesses must give their full address.

1. Signature of Witness	Address (Number and Street, City, State, ZIP Code)
2. Signature of Witness	Address (Number and Street, City, State, ZIP Code)

↑ ↓ 1 / 3 | ⊖ ⊕ ↓ ×

# HA86 Adobe Form:

The screenshot displays the Adobe Sign interface for a form titled "Request to Withdraw an Appeals...". The form is identified as "Form HA-86 (04-2021)" and is "Page 2 of 3". A yellow "Start" button is visible on the left side. The form content includes the text "FOR USE OF SOCIAL SECURITY ADMINISTRATION" and a field for "SSN:" with a red asterisk and a yellow input box. Below this is a large "Additional Remarks:" section with a yellow background. The top of the interface shows the Adobe Sign logo, a help icon, and a "Next Required" button with the number "10". The bottom of the interface features navigation icons: up, down, page number "2 / 3", zoom in, zoom out, and a close icon.

Adobe Sign ?

Options Request to Withdraw an Appeals... Next Required 10

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

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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 review at the Appeals Council.

We will use the information you provide to decide if dismissing your 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 the 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 System of Records Notices (SORN) 60-0004, entitled Working File of the Appeals Council, as published in the Federal Register (FR) on April 29, 2009, at 74 FR 19620 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 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 (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.*

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X

## HA86 Adobe Form:






Adobe Sign
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Options ▾
Request to Withdraw an Appeals...
Required fields completed ✓

Form HA-86 (04-2021)  
Discontinue Prior Editions  
Social Security Administration

Page 1 of 3  
OMB No. 0960-0710

**REQUEST TO WITHDRAW  
AN APPEALS COUNCIL REQUEST FOR REVIEW**

**IMPORTANT NOTICE** – This is a request to withdraw your request for review at the Appeals Council (AC). The AC will consider this request and decide if dismissing your request for review is appropriate. If the AC denies this request, the appeals process will go on as if you had not filed this form. If the AC approves this request, the appeals process will stop. The Administrative Law Judge decision will stay in effect. The dismissal of the request for review is final and cannot be appealed.

**1. CLAIMANT NAME**  
Test Test

**2. WAGE EARNER NAME, IF DIFFERENT (or, if applicable, name of surviving eligible spouse or other individual eligible to receive benefits due a deceased claimant)**

**4. PRINT YOUR NAME (First name, middle initial, last name)**

Do not write in this space

**CLAIMANT SSN**  
123456789

**3. CLAIMANT CLAIM NUMBER, IF DIFFERENT**

**5. DATE APPEALS COUNCIL REVIEW REQUESTED**

**6. DATE OF ALJ DECISION**

I wish to withdraw my request for review. My request is voluntary. I understand the effects of this request. Namely, the Appeals Council may dismiss my request for review. If it does, the Administrative Law Judge decision will stay in effect. This may result in the potential loss of benefits. The Appeals Council's dismissal of this request for review is final and cannot be appealed. My decision affects no other potential parties to my knowledge. I understand that all items relating to my claim will be part of SSA's records.

Give reason for withdrawal. (If you need more space, use the reverse of this form.)

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SIGNATURE OF PERSON MAKING REQUEST (OPTIONAL)

Signature (First name, middle initial, last name) (Write in ink)

Test Test

Test Test (Jul 13, 2021)

Continued on reverse

Date (Month, day, year)  
07/13/2021

Telephone Number (include area code)  
1234567899

Mailing Address (Number And Street, Apt. No., PO Box, Or Rural Route)  
123 ABC Lane

City and State  
Test MD

ZIP Code  
12345

Enter Name of County (if any) in which you now live

**Witnesses are required ONLY if this request has been signed by a mark (X) above. If signed by a mark (X), two witnesses to the signing, who know the person making the request, must sign below. Both witnesses must give their full address.**

1. Signature of Witness Address (Number and Street, City, State, ZIP Code)

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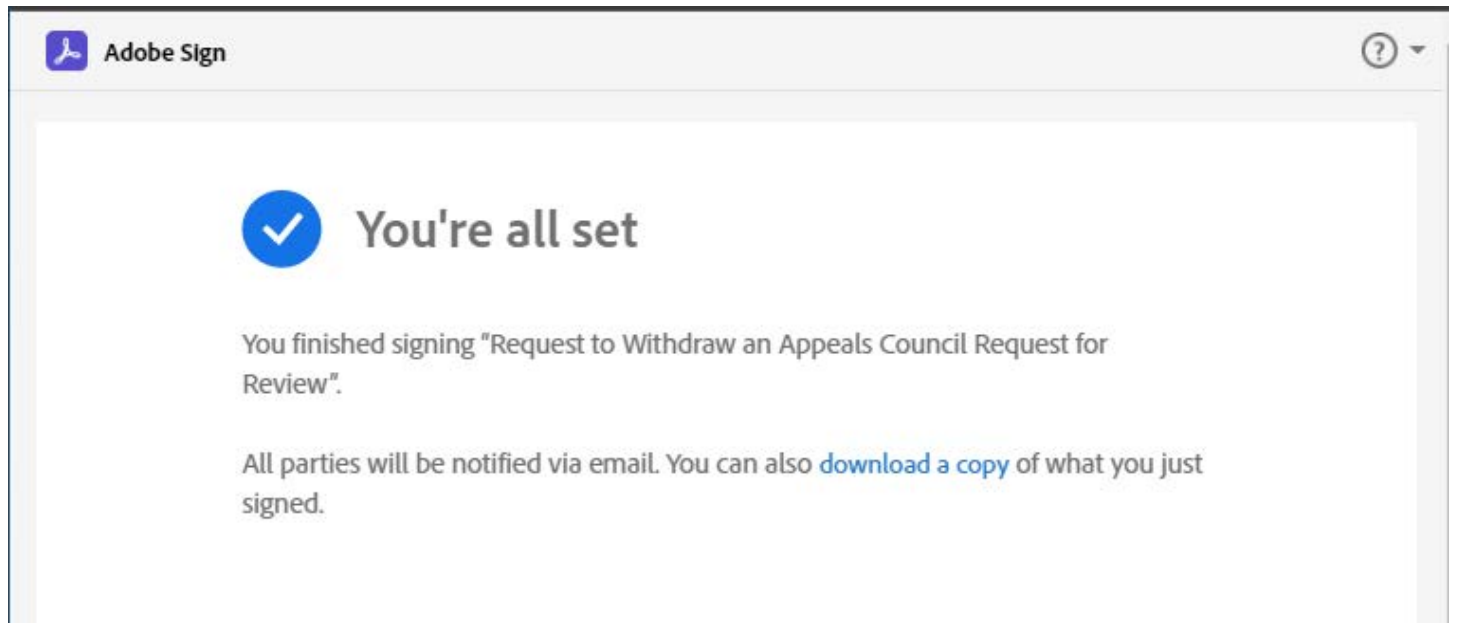
2. Signature of Witness Address (Number and Street, City, State, ZIP Code)

Form HA-86 (04-2021)
Page 2 of 3

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

## HA86 Completion:



# Final Email:


Tue 7/13/2021 10:02 AM  
Social Security Administration <adobesign@adobesign.com>  
[EXTERNAL] Request to Withdraw an Appeals Council Request for Review"


To [redacted]

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.](#)

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 **Social Security**




You're done signing  
**Request to Withdraw an Appeals Council Request for Review**

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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.](#)



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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.

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