



SOCIAL SECURITY ADMINISTRATION

Refer To: [ClaimantFirstName] [ClaimantMiddleName] [ClaimantLastName] [ClaimantSuffix] BNC#: [BeneficiaryNoticeControl]

Office of Hearings Operations [LocalOfficeCompleteAddress] Tel: [LocalOfficePhone] / Fax: [LocalOfficeFax]



[Today's Date]

</MainHeader2>

<NoticeHeaderGeneral>

<if OBO>

[OBOFirstName][OBOMiddleName][OBOLastName][OBOSuffix] on behalf of [ClaimantFirstName][ClaimantMiddleName][ClaimantLastName][ClaimantSuffix] [OBOCompleteAddress]

<elseif>

[ClaimantFirstName][ClaimantMiddleName][ClaimantLastName][ClaimantSuffix] [ClaimantAddress]

<endif>

NOTICE OF HEARING <if claimant deceased> – DECEASED CLAIMANT

Based on the Substitution of Party form you submitted, I will continue processing [ClaimantFullName]'s appeal with you as the substitute party. You and your representative, if you have one, should complete the Acknowledgement of Notice of Hearing and return it as soon as possible.

This notice may contain forms requesting information about [ClaimantFullName]. If you can provide any of the requested information or have additional information related to this case, please provide the information to us when you return the Acknowledgement of Notice of Hearing.<endif>

I have scheduled your hearing for:

Day: [HearingDay] Date: [HearingDate] Time: [HearingTime] [HearingTimeZone]

<if hearing=in-person or hearing=agency video>Please bring this notice with you.

Form HA-83 (01-2022)

<if ClmtCopy>Claimant<elseif RepCopy>Representative<endif>

Suspect Social Security Fraud?

Please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

See Next Page

If you would like to call a witness to testify at the hearing, contact this office at [LocalOfficePhone] to arrange for them to participate in your hearing. <endif>

<if hearing=audio>

You are scheduled to attend your hearing by audio using a telephone. On the date and time listed above, I will call you at this telephone number: [ClaimantPhoneNumber]. If this number is not the correct telephone number, please call this office immediately at [LocalOfficePhone].

On the day of the hearing, we will call you at the telephone number you provided:

- If you provided a cell phone number for the hearing, the incoming call will display as “Catonsville, MD.”
- If you provided a landline phone number, your caller ID will display as “SSA U.S. Govt.”
- If you do not receive a telephone call or if you experience technical difficulties with receiving the telephone call, please call this office at [LocalOfficePhone].

<endif>

<if hearing=online video>

You are scheduled to attend your hearing by online video using Microsoft Teams. Before the hearing, you will receive an email with a link to access the hearing by online video on the date and time listed above. If you do not receive an email with a link to access the hearing at least a day before the hearing, please call this office at [LocalOfficePhone].

On the day of the hearing, if you have difficulty connecting by online video, please call this office at [LocalOfficePhone]. As a reminder, you cannot make a video recording, or take photographs or screenshots, of the hearing. You may make an audio recording only if you request to do so and I grant your request.

<endif>

<if hearing=in-person >

Room: [HearingRoom] **Address:** [HearingLocationCompleteAddress]

<elseif hearing=agency video>

Room: [ClaimantHearing Room] **Address:** [ClaimantHearingLocationCompleteAddress]

You are scheduled to attend your hearing by agency video using our video equipment at one of our locations. You must go to the location shown above for the hearing, and I will be at a different location. We will be able to see, hear, and speak to each other during the hearing. I will also be able to see, hear, and speak to anyone else who participates in the hearing, including your representative (if you have one), a friend, or a family member. A technician will be at your location to operate the video equipment and provide any other help you may need.

<endif>

</NoticeHeaderGeneral>

<if SNO indicator=3, 4, 6 or 7>You will receive this document in both a <if SNO=3 Braille>standard print and Braille version. <elseif SNO=4 DataCD>standard print version and on a compact disc in Microsoft Word format. <elseif SNO=6 Audio Disc>standard print version and on an audio compact disc. <elseif SNO=7 Large Print>standard print and large print version.<endif> You will receive each version separately.<endif>

<ItIsImportantHeadingGeneral>

It Is Important That You <if Child Testified=true>and Your Child <endif>Attend Your Hearing

</ItIsImportantHeadingGeneral>

<ItIsImportantParaNew>

I have set aside this time for you to tell me about your case. If you <if Rep=true>and your representative <endif>do not attend the hearing, I may dismiss your request for hearing unless I find that you had a good reason for not attending. I may dismiss your request for hearing without giving you further notice. <endif>

<if Child Testified=true>**Your child should be present for the hearing. You must bring someone to care for your child, as your child may not need to be present for the entire hearing.**<endif>

</ItIsImportantParaNew>

<if hearing=in-person or hearing=agency video>

<ItIsImportantParaPhone>

You **must** bring a valid current picture identification (ID) to your hearing. Examples of acceptable picture ID include a:

- **U.S. State driver's license.**
- **U.S. State-issued identity card.**
- **U.S. passport.**
- **U.S. military ID/dependent military ID.**
- **Native American Tribal ID.**

If you do not have any of these forms of ID, please bring another form of picture ID with you. A valid picture ID is also required for your representative (if you have one), and anyone accompanying you to the hearing. If you or anyone accompanying you to the hearing does not have a picture ID, please call our office at [LocalOfficePhone] so that we can arrange access to the building where your hearing is being held.

</ItIsImportantParaPhone>

<endif>

<TheEnclosedAckForm>

Complete the Enclosed Form

Please complete and return to us the enclosed acknowledgement form using the enclosed envelope as soon as possible. <if Rep=true>We sent your representative a copy of the acknowledgement form. Your representative should also return their copy of the form. <endif>

</TheEnclosedAckForm>

<IfYouCannotComeSchedHeader>

If You Cannot Attend Your Scheduled Hearing

</IfYouCannotComeSchedHeader>

<IfYouCannotComePara2>

You can object to the time of your hearing <if hearing=in person or agency video>, the place of your hearing, or both <endif>. If you cannot attend your hearing at the scheduled time <if hearing=in-person or hearing=agency video>and place <endif>, please call this office immediately at [LocalOfficePhone] to make an objection and request a change. You must **also** submit your request in writing and tell us why you want us to change the time of your hearing <if hearing=in-person or hearing=agency video >, the place of your hearing, or both <endif>.

If you object to the time <if hearing=in-person or hearing=agency video>or place <endif> of the hearing, you must notify us in writing at the earliest possible opportunity, but not later than 5 days before the hearing or 30 days after receiving notice of the hearing, whichever is earlier. We assume you received this notice 5 days after the date on the top of the notice unless you show us that you did not get it within the 5-day period. If you miss the deadline for objecting, please tell us why you missed the deadline. I will extend the deadline if I find that you have good cause, as defined in our regulations, for the delay.

If I find that you have a good reason for objecting and requesting a change, we will reschedule your hearing and will send you another notice at least 20 days before the date of the hearing. If I find that you do not have a good reason for objecting and requesting a change, you must attend at the time <if hearing=in-person or hearing=agency video> and place <endif> shown above or I may dismiss your request for hearing.

</IfYouCannotComePara2>

<if hearing=online video>

If You No Longer Want to Attend Your Hearing by Online Video Using Microsoft Teams

If you no longer want to attend your hearing by online video using Microsoft Teams, please let us know as soon as possible, before the time set for the hearing, by calling [LocalOfficePhone]. If you tell us that you no longer want to attend by online video, we will reschedule your hearing so that you can attend in a different way. Please note that we may need to change the date and time of your hearing.

<endif>

<if Rep=false>

A Representative Could Help With Your Appeal

You have the right to be represented by an attorney or non-attorney. You are not required to have a representative. If you have a representative, we will work with that person just as we would work with you. If you want a representative, you should find one quickly so that person can start preparing your case. If you get a representative, you should show this notice to your representative. For more information about representation, including the fees a representative may charge, visit www.ssa.gov/representation/ on the Internet.

<endif>

<YouMaySubmit>

Submitting More Evidence and Reviewing Your File

You must inform us about or submit **all** evidence known to you that relates to whether or not you are blind or disabled. <if Rep=true>Your representative must help you submit information and evidence to us.<endif> **If you know about or have more evidence, such as recent medical records, reports, or evaluations, you must inform me about it or give it to me no later than 5 business days before the date of your hearing. If you miss this deadline, I may not consider the evidence when I decide your case.**

If you miss the deadline to inform me about or submit evidence, I will accept the evidence if I have not yet issued a decision and you missed the deadline because:

1. Our action misled you.
2. You had a physical, mental, educational, or linguistic limitation that prevented you from informing me about or submitting the evidence earlier.
3. Some other unusual, unexpected, or unavoidable circumstance beyond your control prevented you from informing me about or submitting the evidence earlier.

If you want to review your file before the date of your hearing, please call this office at [LocalOfficePhone] to make arrangements to do so. <if Rep=true>If you have a representative, they may be able to access your file electronically.<endif>

</YouMaySubmit>

Issues Language

1. [If Claim Type=DIB, BIC=HA](#)
2. [elseif Claim Type: SSI=DI or DS and BIC=null](#)
3. [elseif Claim Type=DIB&SSI \(SSI=AI/AS/DI/DS/BI/BS\)](#)
4. [elseif Claim Type=DWB](#)
5. [elseif Claim Type=Child SSI](#)
6. [elseif Claim Type=Adult CDR DIB](#)
7. [elseif Claim Type=Adult CDR DI](#)
8. [elseif Claim Type=Adult CDR DIB/DI](#)
9. [elseif Claim Type=Adult CDR DWB](#)

10. [elseif Claim Type=Adult CDR DWB/DI](#)
11. [elseif Claim Type=Adult CDR DWB/DIB/DI](#)
12. [elseif Claim Type=Adult CDR CDB\(CDBR/CDBD\)](#)
13. [elseif Claim Type=Adult CDR CDB\(CDBR/CDBD\)/DI](#)
14. [elseif Claim Type=Adult CDR CDB\(CDBR/CDBD\)/DIB/DI](#)
15. [elseif Claim Type=SSI Child's CDR \(BC/DC\)](#)
16. [elseif Claim Type=DI \(Disabled Individual\) or BI \(Blind Individual\) \(CDR type=NOT Null and Issue Indicator=A18 \(Age 18 Redetermination CDR \(relevant only on Title XVI\)\)\)](#)
17. [elseif Claim Type=General Hearing any Claim Type:](#)
 - a. [if Overpayment=true, if Title II and Overpayment Only=true \(Issue Indicator=O \(Overpayment\)\)](#)
 - b. [if Title II and Waiver of Overpayment Only=true \(Issue Indicator=W \(Waiver Only \(overpayment issue not disputing amount or cause, non-disability\)\)\)](#)
 - c. [if Title II and Overpayment Only=true and Waiver of Overpayment Only=true \(Issue Indicator=OW \(Overpayment with Waiver Request\)\)](#)
 - d. [if Title XVI and Overpayment Only=true \(Issue Indicator=O \(Overpayment\)\)](#)
 - e. [if Title XVI and Waiver of Overpayment Only=true \(Issue Indicator= W \(Waiver Only \(overpayment issue not disputing amount or cause, non-disability\)\)\)](#)
 - f. [if Title XVI and Overpayment Only=true and Waiver of Overpayment Only=true \(Issue Indicator=OW \(Overpayment with Waiver Request\)\)](#)
 - g. [if Title II & Title XVI and Overpayment Only=true \(Issue Indicator=O \(Overpayment\)\)](#)
 - h. [if Title II & Title XVI and Waiver of Overpayment Only=true \(Issue Indicator= W \(Waiver Only \(overpayment issue not disputing amount or cause, non-disability\)\)\)](#)
 - i. [if Title II & Title XVI and Overpayment Only=true and Waiver of Overpayment Only=true \(Issue Indicator=OW \(Overpayment with Waiver Request\)\)](#)
 - j. [if Title II Child's Benefits \(Issue Indicator= R - Relationship Factors- paternity/marriage \(Non-disability, relevant only on Title II\); BIC=C \(all C BIC values\)\)](#)
 - k. [if Title II Widows/Widower's Benefits \(Issue Indicator= R - Relationship Factors- paternity/marriage \(Non-disability, relevant only on Title II\); BIC=W \(all W BIC values\)\)](#)
 - l. [if Title II Wife's/Husband Benefits \(Issue Indicator= R - Relationship Factors- paternity/marriage \(Non-disability, relevant only on Title II\)\)](#)
 - i. [if Wife; BIC=BK, BL, B2, B3, B5, B7, \(Remarried Widows=D4, D9, DA, DL, DN\)>](#)
 - ii. [elseif Divorced Wife; BIC=BN, BP, BQ, B9, DV, DW, DY, D7](#)
 - iii. [elseif Husband; BIC=BW, BY, \(Remarried Widowers=DP, DQ, DR, DT, D5\)](#)
 - iv. [elseif Divorced Husband; BIC=DC, DM, DS, DX, DZ](#)
 - m. [if Title XVI Non-Disability Issue \(Issue Indicator = EI \(Excess Income/Resources/Living Arrangements \(non-disability, relevant only on Title XVI\)\)\)](#)
18. [elseif Claim Type=DWB \(Disabled Widow\(er\)'s Benefits\)/DI \(Disabled Individual\)](#)
19. [elseif Claim Type=DWB \(Disabled Widow\(er\)'s Benefits\)/DIB \(Disability Insurance Benefits\)](#)
20. [elseif Claim Type=DWB \(Disabled Widow\(er\)'s Benefits\)/DIB \(Disability Insurance Benefits\)/DI \(Disabled Individual\)](#)
21. [elseif Straight CDB=CDBR or CDBD](#)
22. [elseif Claim Type=CDB\(CDBD/CDBR\) \(Child's Insurance Benefits\)/DI \(Disabled Individual\)](#)

- 23. [elseif Claim Type=CDB\(CDBD and CDBR\) \(Child's Insurance Benefits\)/DI \(Disabled Individual\)](#)
- 24. [elseif Claim Type=CDB\(CDBD/CDBR\) \(Child's Insurance Benefits\)/DIB \(Disability Insurance Benefits\)](#)
- 25. [elseif Claim Type=CDB\(CDBD and CDBR\) \(Child's Insurance Benefits\)/DIB \(Disability Insurance Benefits\)](#)
- 26. [elseif Claim Type=CDB\(CDBD/CDBR\) \(Child's Insurance Benefits\)/DIB \(Disability Insurance Benefits\)/DI \(Disabled Individual\)](#)
- 27. [if no canned language and text in Issues I Will Consider textbox=true](#)
- 28. [if Claim Type=straight MQGE \(Medicare Qualified Government Employment\)](#)
- 29. [if Claim Type=MQGE \(Medicare Qualified Government Employment\)/DWB \(Disabled Widow\(er\)'s Benefits\) \(Issue Indicator=D \(Disability\)\)](#)
- 30. [if Claim Type=MQGE \(Medicare Qualified Government Employment\)/DWB \(Disabled Widow\(er\)'s Benefits\)/SSI \(Supplemental Security Income\) \(Issue Indicator=D \(Disability\)\)](#)
- 31. [if Claim Type=MQGE \(Medicare Qualified Government Employment\)/CDB \(Child's Insurance Benefits\)](#)
- 32. [if Claim Type=MQGE \(Medicare Qualified Government Employment\)/DIB \(Disability Insurance Benefits\)](#)
- 33. [if Claim Type=MQGE \(Medicare Qualified Government Employment\)/DIB \(Disability Insurance Benefits\)/DWB \(Disabled Widow\(er\)'s Benefits\)](#)
- 34. [if Claim Type=MQGE \(Medicare Qualified Government Employment\)/DIB \(Disability Insurance Benefits\)/CDB \(Child's Insurance Benefits\)](#)
- 35. [if Claim Type=MQGE \(Medicare Qualified Government Employment\)/DIB \(Disability Insurance Benefits\)/SSI \(Supplemental Security Income\)](#)
- 36. [if Claim Type=MQGE \(Medicare Qualified Government Employment\)/DIB \(Disability Insurance Benefits\)/SSI \(Supplemental Security Income\)/DWB \(Disabled Widow\(er\)'s Benefits\)](#)
- 37. [if Claim Type=MQGE \(Medicare Qualified Government Employment\)/SSI \(Supplemental Security Income\)](#)
- 38. [if Claim Type=MQGE \(Medicare Qualified Government Employment\)/SSI \(Supplemental Security Income\)/CDB \(Child's Insurance Benefits\)](#)
- 39. [if Claim Type=MQGE \(Medicare Qualified Government Employment\)/SSI \(Supplemental Security Income\)/CDB \(Child's Insurance Benefits\)/DIB \(Disability Insurance Benefits\)](#)

<MoreAboutHeader>

More About the Issues

<IssueSpecialPara1>

<if More About the Issues=true>

[More About the Issues]

<endif>

<if IssueIndicator=D, A18, X, MI, MC or M>

If I find that you have been disabled, I will also consider whether your disability continues through the date of the decision or whether your condition(s) has improved.

<endif>

</IssueSpecialPara1>

<If DAA is an issue=true>

<IssueDAAPara>

If I find that you are disabled and that you have a substance use disorder (drug, alcohol, or both), I will also decide whether it is a contributing factor material to the determination of disability. This materiality determination means I will decide whether you would be disabled if you were not using drugs or alcohol. If drug addiction or alcoholism is a contributing factor material to the determination of your disability, I will find you not disabled under Sections 223(d)(2), or 1614(a)(3), or 223(d)(2) and 1614(a)(3) of the Social Security Act.

</IssueDAAPara>

<endif>

</MoreAboutHeader>

<RemarksExpertTestimonyUST>

<if IssueIndicator=D, A18, X, MI, MC or M>

Remarks

I may ask a Vocational Expert, a Medical Expert, or both to attend your hearing and answer questions. If I ask an expert to attend your hearing, I will include that information below, or **I will send you an Amended Notice of Hearing prior to the date of your hearing.**

<If Expert(s) = True>

<if VE=true>A vocational expert will attend the hearing <if VE by audio=false and hearing=in-person>in-person<elseif VE by audio=true>by audio<elseif VE by audio=false and hearing=agency video>by agency video<elseif VE by audio=false and hearing=online video>by online video<endif>. The vocational expert's resume will be added to your file before your hearing, generally 20 days before the hearing.<endif>

<if ME=true>A medical expert will attend the hearing <if ME by audio=false and hearing=in-person>in-person<elseif ME by audio=true>by audio<elseif ME by audio=false and hearing=agency video>by agency video<elseif ME by audio=false and hearing=online video>by online video<endif>. The medical expert's resume will be added to your file before your hearing, generally 20 days before the hearing.<endif>

<if ME=true>A second medical expert will attend the hearing <if ME by audio=false and hearing=in-person>in-person<elseif ME by audio=true>by audio<elseif ME by audio=false and hearing=agency video>by agency video<elseif ME by audio=false and hearing=online video>by online video<endif>. The medical expert's resume will be added to your file before your hearing, generally 20 days before the hearing.<endif>

<if ME=true>A third medical expert will attend the hearing <if ME by audio=false and hearing=in-person>in-person<elseif ME by audio=true>by audio<elseif ME by audio=false and hearing=agency video>by agency video<elseif ME by audio=false and hearing=online video>by online video<endif>. The medical expert's resume will be added to your file before your hearing, generally 20 days before the hearing.<endif>

<if ME=true>A fourth medical expert will attend the hearing <if ME by audio=false and hearing=in-person>in-person<elseif ME by audio=true>by audio<elseif ME by audio=false and hearing=agency video>by agency video<elseif ME by audio=false and hearing=online video>by online video<endif>. The medical expert's resume will be added to your file before your hearing, generally 20 days before the hearing. <endif>

<if ME=true>A fifth medical expert will attend the hearing <if ME by audio=false and hearing=in-person>in-person<elseif ME by audio=true>by audio<elseif ME by audio=false and hearing=agency video>by agency video<elseif ME by audio=false and hearing=online video>by online video<endif>. The medical expert's resume will be added to your file before your hearing, generally 20 days before the hearing. <endif>
<endif>

<if Personalized Remarks=true>
[Personalized Remarks related to expert(s)]
<endif>

</RemarksExpertTestimonyUST>

<IfYouDisagree>

If You Object to the Issues

If you object to the issues or remarks listed above, you must tell me that and explain why in writing. You must tell me as soon as possible, but not later than 5 business days before the date of the hearing. If you miss this deadline, I will consider your objection(s) if you show that you meet one of the exceptions set forth in our regulations.

</IfYouDisagree>

<YourRightToRequest>

Your Right to Request a Subpoena

In general, you must prove that you are blind or disabled. If you cannot get evidence that you reasonably need to present your case fully, I may be able to help you by issuing a legal document called a subpoena. A subpoena may require a person to submit documents or testify at your hearing.

If you want to ask me to issue a subpoena, you must tell me that in writing as soon as possible. I must receive your subpoena request no later than 10 business days before your hearing, unless you show that you meet one of the exceptions set forth in our regulations. I will review your request and may issue a subpoena if reasonably necessary for full presentation of your case. In your request, please tell me:

- What documents you need or who the witnesses are;
- The location of the documents or witnesses;

- The important facts you expect the documents or witnesses to prove; and
- Why you cannot prove these facts without a subpoena.

</YourRightToRequest>

<WhatHappensAt>

What Happens at the Hearing?

- I will ask you and any other witnesses to take an oath or to affirm that the testimony is true.
- You will have a chance to testify and tell me about your case.
- You and your representative (if you have one) may review submitted documents, present and question witnesses, state your case, and make statements about the facts and law. If you want to submit a written statement before your hearing, you must give me a copy and give a copy to each party no later than 5 business days before the date of your hearing. If you miss this deadline, you may still submit a written statement before your hearing if you show that you meet one of the exceptions set forth in our regulations. You may also submit a written statement after the hearing.
- I will ask you and any other witnesses questions that will help me make a decision in your case.
- We will make an audio recording of the hearing. We do not record the video portion of any of our agency video or online video hearings.

</WhatHappensAt>

<TravelCostsNotPhone>

<if hearing=in-person or hearing=agency video>

Travel Expenses

We may pay certain travel expenses when you, your representative (if you have one), or needed witnesses must travel more than 75 miles one-way to the hearing. We have enclosed an information sheet that tells you about our rules for paying travel expenses. Please call this office at [LocalOfficePhone] if you want more information.

<endif>

</TravelCostsNotPhone>

<MyDecision>

The Decision

After the hearing, I will issue a written decision and mail it to you. The decision will explain my findings of fact and conclusions of law. I will base my decision on all the evidence of record, including the testimony at your hearing.

</MyDecision>

<IfYouHave>

If You Have Any Questions

If you have any questions, please call [LocalOfficePhone] or write this office. For your convenience, our address is on the first page of this notice.

</IfYouHave>

<SignatureBlockALJ1>

Sincerely,

[ALJFullName]
Administrative Law Judge

</SignatureBlockALJ1>

<EnclosureGeneralClmt>

<if Spanish=false>

Enclosures:

<if InclBanReminder=true>Form HA-L23 (Restriction Reminder)<endif>

<if rep=false>[SSA Publication No. 05-10075 \(Your Right To Representation\)](#)<endif>

<if hearing=in-person or hearing=agency video>[Form HA-504 \(Acknowledgement of Receipt of Notice of Hearing\)](#)

<if hearing=audio>[Form HA-504-OP1 \(Acknowledgement of Receipt of Notice of Hearing\)](#)

<if hearing=online video>[Form HA-504-OP2 \(Acknowledgement of Receipt of Notice of Hearing\)](#)

<endif>

<endif>

</EnclosureGeneralClmt>

<EnclosureGeneralRep>

<if Spanish=false>

Enclosures:

<if InclBanReminder=true>Form HA-L23 (Restriction Reminder)<endif>

<if hearing=in-person or hearing=agency video>[Form HA-504 \(Acknowledgement of Receipt of Notice of Hearing\)](#)

<if hearing=audio>[Form HA-504-OP1 \(Acknowledgement of Receipt of Notice of Hearing\)](#)

<if hearing=online video>[Form HA-504-OP2 \(Acknowledgement of Receipt of Notice of Hearing\)](#)

</EnclosureGeneralRep>

<endif>

<endif>

<if Spanish=true>

Enclosures:

<if InclBanReminder=true>Form HA-L23 (Restriction Reminder)

Form HA-L23-SP (Restriction Reminder – Spanish) <endif>

Form HA-83 (Notice of Hearing)

Formulario HA-83-SP (Aviso de audiencia - español)

<if hearing=in-person or hearing=agency video>

[Formulario HA-504-SP \(Acuse de recibo de aviso de audiencia\)](#)

[Form HA-504 \(Acknowledgement of Receipt of Notice of Hearing\)](#) <endif>

<if hearing=audio>

[Formulario HA-504-OP1-SP \(Acuse de recibo de aviso de audiencia\)](#)

[Form HA-504-OP1 \(Acknowledgement of Receipt of Notice of Hearing\)](#) <endif>

<if hearing=online video>

[Formulario HA-504-OP2-SP \(Acuse de recibo de aviso de audiencia\)](#)

[Form HA-504-OP2 \(Acknowledgement of Receipt of Notice of Hearing\)](#) <endif>

<endif>

</EnclosureGeneralRep>

<ccBlockRep1>

<if Rep>

cc: [RepFirstName][RepMiddleName][RepLastName][RepSuffix]

[RepFirm]

[RepCompleteAddress]

<endif>

</ccBlockRep1>

<TravelExpenseInformation>

<if hearing=in-person or hearing=agency video>

When we can pay travel expenses

If you must travel more than 75 miles one-way from your home or office to attend the hearing, we may pay certain expenses. The following rules apply:

- We may pay expenses such as the cost of a bus ticket or expenses for driving your car.
- In certain circumstances, you may need meals, lodging, or taxicabs. The Administrative Law Judge (ALJ) must approve these unusual travel costs **before the hearing unless** the costs were unexpected or unavoidable.
- The ALJ may also approve payment of travel expenses for your representative and any witnesses the ALJ determines are needed at the hearing.
- You must submit a written request for payment of travel expenses other than meals, lodging, or taxicabs to the ALJ at the time of the hearing or as soon as possible after the hearing. List what you spent and include supporting receipts. If you requested a change in the scheduled location of the hearing to a location farther from your residence, we cannot pay you for any **additional** travel expenses.
- If you need money for travel costs in advance, you should tell the ALJ as soon as possible **before the hearing**. We can make an advance payment only if you show that without it you would not have the funds to travel to or from the hearing.
- If you receive travel money in advance, you must give the ALJ an itemized list of your actual travel expenses and receipts within 20 days after your hearing.
- If we gave you an advance payment that is more than the amount you are due for travel expenses, you must pay back the difference within 20 days after we tell you how much you owe us.
- If we reimburse you for travel expenses, we follow the rules in the Code of Federal Regulations and apply the same rates and conditions of payment that govern travel expenses for Federal employees. Our determination on travel expense reimbursement is final and not subject to further review. 41 CFR Chapter 301 and <if Title II=true>20 CFR 404.999a-999d <elseif Title XVI=true>20 CFR 416.1495-1499 <elseif Title II and Title XVI=true>20 CFR 404.999a-999d, 416.1495-1499 <endif>.

Privacy Act Statement Collection and Use of Personal Information

Sections 201(j), 1631(h), and 1817(i) of the Social Security Act, as amended, and 20 CFR 404.999(d) and 416.1499 allow us to collect this information, which we will use to make a determination on your request for advance payment and/or reimbursement of allowable travel expenses. Providing this information is voluntary, but not providing all or part of the information may prevent us from making an accurate and timely decision on your request for advance payment and/or reimbursement of allowable travel expenses. As law permits, we may use and share the information you submit, including with other Federal agencies, State and local tax authorities, contractors, and others, as outlined in the routine uses within System of Records Notice(s) (SORN) 60-0089, 60-0231, and 60-0320; available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

<endif>

</TravelExpenseInformation>

Issues I will consider Language:

<if Claim Type = DIB, BIC=HA>

<IssueDIB>

Issues I Will Consider

The hearing concerns your application of [Title II Application Date], for a Period of Disability and Disability Insurance Benefits under sections 216(i) and 223(a) of the Social Security Act (the Act). I will consider whether you are disabled under sections 216(i) and 223(d) of the Act.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted 12 continuous months, can be expected to last for 12 continuous months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured is [DLI Date]. If this is correct, I must decide whether you became disabled on or before that date. <endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B and Subpart P.

[Issues I Will Consider Textbox]

</IssueDIB>

[Return to More About the Issues](#)

<elseif Claim Type: SSI = DI or DS and BIC = null>

<IssueSSI>

Issues I Will Consider

The hearing concerns your application of [Title XVI Application Date], for Supplemental Security Income (SSI) under section 1614(a)(3) of the Social Security Act (the Act). I will consider whether you are disabled under section 1614(a)(3) of the Act.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted 12 continuous months, can be expected to last 12 continuous months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 416, Subpart I.

[Issues I Will Consider Textbox]

</IssueSSI>

[Return to More About the Issues](#)

<elseif Claim Type = DIB&SSI (SSI=AI/AS/DI/DS/BI/BS)>

<IssueSSDC>

Issues I Will Consider

The hearing concerns your application of [Title II Application Date], for a Period of Disability and Disability Insurance Benefits under sections 216(i) and 223(a) of the Social Security Act (the Act). The hearing also concerns your application of [Title XVI Application Date], for Supplemental Security Income (SSI). I will consider whether you are disabled under section 216(i), section 223(d), and section 1614(a)(3) of the Act.

Under the Act, I will find you disabled for those benefits or SSI if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted 12 continuous months, can be expected to last 12 continuous months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;

- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured is [DLI Date]. If this is correct, I must decide whether you became disabled on or before that date. <endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B, Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

</IssueSSDC>

[Return to More About the Issues](#)

<elseif Claim Type = DWB>

275<IssueDWB>

Issues I Will Consider

The hearing concerns your application of [Title II Application Date], for Disabled Widow's Insurance Benefits based upon disability under section 202<if widow or surviving divorced wife>(e)<if widower or surviving divorced husband>(f) of the Social Security Act (Act). To decide your case, I will consider whether:

- The deceased had enough earnings under Social Security to be fully insured;
- You qualify as <if surviving divorced wife>his surviving divorced wife<elseif widow>his widow <elseif widower>her widower<elseif surviving divorced husband>her surviving divorced husband<endif>;
- You are age 50 or older;
- You have a disability as defined in the Act; **and**

- Your disability began on or before [Prescribed Period End Date], the end of a special period set by law.

This period begins with the later of:

- The month of the worker's death; or
- The last month you were entitled to a survivor's benefit on the worker's record.

This period ends with the earlier of:

- The month before you turn age 60; or
- 7 years after the period began.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted 12 continuous months, can be expected to last for 12 continuous months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the "Listing of Impairments";
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B and Subpart P.

[Issues I Will Consider Textbox]

</IssueDWB>

[Return to More About the Issues](#)

<elseif Claim Type=Child SSI>

Issues I Will Consider

The hearing concerns your application of [Title XVI Application Date], for Supplemental Security Income (SSI). I will consider whether you are disabled under section 1614(a)(3)(C) of the Social Security Act (the Act).

Under the Act, I will find you disabled if you have a physical or mental condition(s) and:

- You are not working;
- You have a condition(s) that causes marked and severe functional limitations; **and**
- Your condition(s) has lasted 12 continuous months, can be expected to last 12 continuous months, or can be expected to result in death.

I will follow a step-by-step process to decide if you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work you have may have done after your condition(s) began;
- The severity of your condition(s); and
- Whether your condition(s) meets or medically equals the requirements of a listed impairment in Appendix 1 of Subpart P of our regulations or functionally equals the listings.

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 416, Subpart I.

<if Child Testified=true>[ClaimantFullName] should be present at this hearing so I can consider the case fully. <endif>

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=Adult CDR DIB>

Issues I Will Consider

I will decide whether your disability has ended. To decide this issue, I will apply the standard stated in section 223(f) of the Social Security Act. I will consider:

- Whether there has been any medical improvement relating to your ability to work since we last found you disabled; **and**
- Whether one of the exceptions to medical improvement stated in the Act and our regulations applies.

Our regulations explain the rules for deciding whether you are still disabled and, if not, when your disability ended. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart P.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=Adult CDR DI>

Issues I Will Consider

I will decide whether you continue to be disabled. To decide this issue, I will apply the standard stated in section 1614(a)(4) of the Social Security Act. I will consider:

- Whether there has been any medical improvement relating to your ability to work since we last found you disabled; **and**
- Whether one of the exceptions to medical improvement stated in the Act and our regulations applies.

In addition, if I decide that your disability ended, I will also determine whether you have again become disabled since then.

Our regulations explain the rules for deciding whether you are still disabled and, if not, when your disability ended. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 416, Subpart I.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=Adult CDR DIB/DI>

Issues I Will Consider

I will decide whether you continue to be disabled. To decide this issue, I will apply the standard stated in sections 223(f) and 1614(a)(4) of the Social Security Act. I will consider:

- Whether there has been any medical improvement relating to your ability to work since we last found you disabled; **and**

- Whether one of the exceptions to medical improvement stated in the Act and our regulations applies.

In addition, if I decide that your disability ended, I will also determine whether you have again become disabled since then.

Our regulations explain the rules for deciding whether you are still disabled and, if not, when your disability ended. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=Adult CDR DWB>

Issues I Will Consider

I will decide whether your disability has ended. To decide this issue, I will apply the standard stated in section 223(f) of the Social Security Act. I will consider:

- Whether there has been any medical improvement relating to your ability to work since we last found you disabled; **and**
- Whether one of the exceptions to medical improvement stated in the Act and our regulations applies.

Our regulations explain the rules for deciding whether you are still disabled and, if not, when your disability ended. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart P.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=Adult CDR DWB/DI>

Issues I Will Consider

I will decide whether you continue to be disabled. To decide this issue, I will apply the standard stated in sections 223(f) and 1614(a)(4) of the Social Security Act. I will consider:

- Whether there has been any medical improvement relating to your ability to work since we last found you disabled; **and**
- Whether one of the exceptions to medical improvement stated in the Act and our regulations applies.

In addition, if I decide that your disability ended, I will also determine whether you have again become disabled since then.

Our regulations explain the rules for deciding whether you are still disabled and, if not, when your disability ended. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=Adult CDR DWB/DIB/DI>

Issues I Will Consider

I will decide whether you continue to be disabled. To decide this issue, I will apply the standard stated in sections 223(f) and 1614(a)(4) of the Social Security Act. I will consider:

- Whether there has been any medical improvement relating to your ability to work since we last found you disabled; **and**
- Whether one of the exceptions to medical improvement stated in the Act and our regulations applies.

In addition, if I decide that your disability ended, I will also determine whether you have again become disabled since then.

Our regulations explain the rules for deciding whether you are still disabled and, if not, when your disability ended. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=Adult CDR CDB(CDBR/CDBD)>

Issues I Will Consider

I will decide whether your disability has ended. To decide this issue, I will apply the standard stated in section 223(f) of the Social Security Act. I will consider:

- Whether there has been any medical improvement relating to your ability to work since we last found you disabled; **and**
- Whether one of the exceptions to medical improvement stated in the Act and our regulations applies.

Our regulations explain the rules for deciding whether you are still disabled and, if not, when your disability ended. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart P.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=Adult CDR CDB(CDBR/CDBD)/DI>

Issues I Will Consider

I will decide whether you continue to be disabled. To decide this issue, I will apply the standard stated in sections 223(f) and 1614(a)(4) of the Social Security Act. I will consider:

- Whether there has been any medical improvement relating to your ability to work since we last found you disabled; **and**
- Whether one of the exceptions to medical improvement stated in the Act and our regulations applies.

In addition, if I decide that your disability ended, I will also determine whether you have again become disabled since then.

Our regulations explain the rules for deciding whether you are still disabled and, if not, when your disability ended. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=Adult CDR CDB(CDBR/CDBD)/DIB/DI>

Issues I Will Consider

I will decide whether you continue to be disabled. To decide this issue, I will apply the standard stated in sections 223(f) and 1614(a)(4) of the Social Security Act. I will consider:

- Whether there has been any medical improvement relating to your ability to work since we last found you disabled; **and**
- Whether one of the exceptions to medical improvement stated in the Act and our regulations applies.

In addition, if I decide that your disability ended, I will also determine whether you have again become disabled since then.

Our regulations explain the rules for deciding whether you are still disabled and, if not, when your disability ended. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type= SSI Child's CDR (BC/DC)>

Issues I Will Consider

I will decide whether you continue to be disabled. To decide this issue, I will apply the standards stated in sections 1614(a) (3)(C), (a)(4)(B), and (c) of the Social Security Act. I will consider:

- Whether there has been any medical improvement in the impairment(s) that was present at the time of your most recent favorable determination or decision; **and**
- Whether your impairment(s) still meets, medically equals, or functionally equals the requirements of a listed impairment in Appendix 1 of Subpart P of our regulations; **and**
- Whether you are currently disabled, considering all current impairments.

In addition, I will also determine whether an exception to medical improvement applies.

<if Child Testified=true>The child should be present at this hearing so I can consider the case fully.<endif>

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=DI (Disabled Individual) or BI (Blind Individual) (CDR type=NOT Null and Issue Indicator=A18 (Age 18 Redetermination CDR (relevant only on Title XVI)))>

Issues I Will Consider

I will decide whether you continue to be disabled. To decide this issue, I will determine whether you are disabled under section 1614(a)(3)(A) of the Social Security Act (the Act).

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**

- Has lasted 12 continuous months, can be expected to last 12 continuous months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work, if any, you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 416, Subpart I.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=General Hearing any Claim Type>
 <if Overpayment=true>
 <if Title II and Overpayment Only=true (Issue Indicator=O (Overpayment))>

Issues I Will Consider

The general issue is whether you were overpaid benefits within the meaning of section 204 of the Social Security Act.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<if Title II and Waiver of Overpayment Only=true (Issue Indicator=W (Waiver Only (overpayment issue not disputing amount or cause, non-disability)))>

Issues I Will Consider

The specific issues are whether you were “without fault” as defined in 20 CFR § 404.507 in causing the overpayment and, if so, whether recovery of the overpayment would (1) defeat the purpose of Title II of the Social Security Act, as defined in 20 CFR § 404.508, or (2) be against equity and good conscience as defined in 20 CFR § 404.509.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<if Title II and Overpayment Only=true and Waiver of Overpayment Only=true (Issue Indicator=OW (Overpayment with Waiver Request))>

Issues I Will Consider

The general issues are whether you were overpaid benefits within the meaning of section 204 of the Social Security Act (Act) and, if so, whether recovery of the overpayment may be waived.

The specific issues are whether you were “without fault” as defined in 20 CFR § 404.507 in causing the overpayment and, if so, whether recovery of the overpayment would (1) defeat the purpose of Title II of the Act, as defined in 20 CFR § 404.508, or (2) be against equity and good conscience as defined in 20 CFR § 404.509.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<if Title XVI and Overpayment Only=true (Issue Indicator=O (Overpayment))>

Issues I Will Consider

The general issue is whether you were overpaid benefits within the meaning of section 1631 of the Social Security Act.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<if Title XVI and Waiver of Overpayment Only=true (Issue Indicator= W (Waiver Only (overpayment issue not disputing amount or cause, non-disability)))>

Issues I Will Consider

The specific issues are whether you were “without fault” as defined in 20 CFR § 416.552 in causing the overpayment and, if so, whether recovery of the overpayment would (1) defeat the purpose of Title XVI of the Social Security Act, as defined in 20 CFR § 416.553, (2) be against equity and good conscience as defined in 20 CFR § 416.554, or (3) impede efficient or effective administration of Title XVI due to the small amount involved as defined in 20 CFR § 416.555.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<if Title XVI and Overpayment Only=true and Waiver of Overpayment Only=true (Issue Indicator=OW (Overpayment with Waiver Request))>

Issues I Will Consider

The general issues are whether you were overpaid benefits within the meaning of section 1631 of the Social Security Act (Act) and, if so, whether recovery of the overpayment may be waived.

The specific issues are whether you were “without fault” as defined in 20 CFR § 416.552 in causing the overpayment and, if so, whether recovery of the overpayment would (1) defeat the purpose of Title XVI of the Act, as defined in 20 CFR § 416.553, (2) be against equity and good conscience as defined in 20 CFR § 416.554, or (3) impede efficient or effective administration of Title XVI due to the small amount involved as defined in 20 CFR § 416.555.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<if Title II & Title XVI and Overpayment Only=true (Issue Indicator=O (Overpayment))>

Issues I Will Consider

The general issue is whether you were overpaid benefits within the meaning of sections 204 and 1631 of the Social Security Act.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<if Title II & Title XVI and Waiver of Overpayment Only=true (Issue Indicator= W (Waiver Only (overpayment issue not disputing amount or cause, non-disability)))>

Issues I Will Consider

The specific issues are whether you were “without fault” as defined in 20 CFR § 404.507 and 416.552 in causing the overpayment and, if so, whether recovery of the overpayment would (1) defeat the purpose of Title II and Title XVI of the Social Security Act, as defined in 20 CFR § 404.508 and 416.553, (2) be against equity and good conscience as defined in 20 CFR § 404.509 and 416.554, or (3) impede efficient or effective administration of Title XVI due to the small amount involved as defined in 20 CFR § 416.555.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<if Title II & Title XVI and Overpayment Only=true and Waiver of Overpayment Only=true (Issue Indicator=OW (Overpayment with Waiver Request))>

Issues I Will Consider

The general issues are whether you were overpaid benefits within the meaning of sections 204 and 1631 of the Social Security Act (Act) and, if so, whether recovery of the overpayment may be waived.

The specific issues are whether you were “without fault” as defined in 20 CFR § 404.507 and 416.552 in causing the overpayment and, if so, whether recovery of the overpayment would (1) defeat the purpose of Title II and Title XVI of the Act, as defined in 20 CFR § 404.508 and 416.553, (2) be against equity and good conscience as defined in 20 CFR § 404.509 and 416.554, or (3) impede efficient or effective administration of Title XVI due to the small amount involved as defined in 20 CFR § 416.555.

[Issues I Will Consider Textbox]

<endif>

<endif>

[Return to More About the Issues](#)

<if Title II Child's Benefits (Issue Indicator= R - Relationship Factors- paternity/marriage (Non-disability, relevant only on Title II); BIC=C (all C BIC values))>

Issues I Will Consider

The general issue is whether you are entitled to child's insurance benefits within the meaning of section 202(d) of the Social Security Act.

The specific issues are whether you are dependent on the insured individual or were dependent on the insured individual at the time of their death; you are unmarried; and whether the insured individual is fully insured or was fully insured at the time of their death.

[Issues I Will Consider Textbox]

<endif>

[Return to More About the Issues](#)

<if Title II Widows/Widower's Benefits (Issue Indicator= R - Relationship Factors- paternity/marriage (Non-disability, relevant only on Title II); BIC=W (all W BIC values))>

Issues I Will Consider

The general issue is whether you are entitled to widow(er)'s benefits under section 202(f) of the Social Security Act.

The specific issues are whether you are the widow(er)'s based on a relationship described under 20 CFR §§ 404.345, 404.346 of a person who was fully insured when they died; whether the conditions under 20 CFR § 404.335 are met; whether you are at least 60 years old; and whether you are unmarried.

[Issues I Will Consider Textbox]

<endif>

[Return to More About the Issues](#)

<if Title II Wife's/Husband Benefits (Issue Indicator= R - Relationship Factors- paternity/marriage (Non-disability, relevant only on Title II))>

<if Wife; BIC=BK, BL, B2, B3, B5, B7, (Remarried Widows=D4, D9, DA, DL, DN)>

Issues I Will Consider

The general issue is whether you <ifAged; BIC=B, BA, BD, B8, (Aged Widows=D, D2, D8, DD, DG)>are <else>were <endif> entitled to wife's insurance benefits under section 202(b) of the Social Security Act.

The specific issue is whether you <ifAged; BIC=B, BA, BD, B8, (Aged Widows=D, D2, D8, DD, DG) D8>are <else>were <endif> the legal wife of a fully insured wage earner. This will be determined by whether your relationship <ifAged; BIC=B, BA, BD, B8, (Aged Widows=D, D2, D8, DD, DG) D8>is <else>was <endif> one described in 20 CFR §§ 404.345 or 404.346, and whether one of the conditions set forth under 20 CFR § 404.330 is met.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Divorced Wife; BIC=BN, BP, BQ, B9, DV, DW, DY, D7>

Issues I Will Consider

The general issue is whether you <ifAged; BIC=B6, D6>are <else>were <endif> entitled to divorced wife's insurance benefits under section 202(b) of the Social Security Act.

The specific issue is whether you <ifAged; BIC=B6, D6>are <else>were <endif> the legal divorced wife of a fully insured wage earner. This will be determined by whether your relationship <ifAged; BIC=B6, D6>is <else>was <endif> one described in 20 CFR §§ 404.345 or 404.346, and whether one of the conditions set forth under 20 CFR § 404.330 is met.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Husband; BIC=BW, BY, (Remarried Widowers=DP, DQ, DR, DT, D5)>

Issues I Will Consider

The general issue is whether you <ifAged; BIC=BG, BH, BJ, B1, B4, (Aged Widowers=D1, DH, DJ, DK, D3)>are<else>were<endif> entitled to husband’s insurance benefits under section 202(c) of the Social Security Act.

The specific issue is whether you <ifAged; BIC=BG, BH, BJ, B1, B4, (Aged Widowers=D1, DH, DJ, DK, D3)>are<else>were<endif> the legal husband of a fully insured wage earner. This will be determined by whether your relationship <ifAged; BIC=BG, BH, BJ, B1, B4, (Aged Widowers=D1, DH, DJ, DK, D3)>is<else>was<endif> one described in 20 CFR §§ 404.345, 404.346, and whether one of the conditions set forth under 20 CFR § 404.330 is met.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Divorced Husband; BIC=DC, DM, DS, DX, DZ>

Issues I Will Consider

The general issue is whether you <ifAged; BIC=BR, BT>are<else>were<endif> entitled to divorced husband’s insurance benefits under section 202(c) of the Social Security Act.

The specific issue is whether you <ifAged; BIC=BR, BT>are<else>were<endif> the legal divorced husband of a fully insured wage earner. This will be determined by whether your relationship <ifAged; BIC=BR, BT>is<else>was<endif> one described in 20 CFR §§ 404.345 or 404.346, and whether one of the conditions set forth under 20 CFR § 404.330 is met.

[Issues I Will Consider Textbox]

<endif>

<endif>

[Return to More About the Issues](#)

<if Title XVI Non-Disability Issue (Issue Indicator = EI (Excess Income/Resources/Living Arrangements (non-disability, relevant only on Title XVI)))>

Issues I Will Consider

The general issue is whether you are eligible for supplemental security income under sections 1602 and 1611 of the Social Security Act. The specific issue is whether you have income or resources in excess of the amount set by the regulations as the maximum allowable to be eligible for supplemental security income.

[Issues I Will Consider Textbox]

<endif>
<endif>

[Return to More About the Issues](#)

<elseif Claim Type=DWB (Disabled Widow(er)'s Benefits)/DI (Disabled Individual)>

Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for Disabled Widow(er)'s Insurance Benefits based upon disability under section 202<if widow>(e)<if widower>(f)<endif> of the Social Security Act (Act). The hearing also concerns your application of [Title XVI AppDate], for Supplemental Security Income (SSI). I will consider whether you are disabled under section 216(i), section 223(d), and section 1614(a)(3) of the Act.

To decide whether you are entitled to widow(er)'s benefits, as described in 20 C.F.R. 404.335, I will consider whether:

- The decedent had enough earnings under Social Security to be fully insured;
- You qualify as the decedent's <if divorced>surviving divorced spouse<else>widow(er)<endif>;
- You are age 50 or older;
- You have a disability as defined in the Act; **and**
- Your disability began on or before [DatePrescribedPeriodEnds], the end of a special period set by law.

This period begins with the later of:

- The month of the worker's death; or
- The last month you were entitled to a survivor's benefit on the worker's record.

This period ends with the earlier of:

- The month before you turn age 60; or
- 7 years after the period began.

Under the Act, I will find you disabled for those benefits or SSI if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted or is expected to last for a continuous period of at least 12 months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step during which I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B and Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type= DWB (Disabled Widow(er)'s Benefits)/DIB (Disability Insurance Benefits)>

Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for Disabled Widow(er)'s Insurance, Period of Disability, and Disability Insurance Benefits under sections 202<if widow>(e)<if widower>(f)<endif>, 216(i) and 223(a) of the Social Security Act (Act). I will consider whether you are disabled under sections 216(i) and 223(d) of the Act.

To decide whether you are entitled to widow(er)'s benefits as described in 20 C.F.R. 404.335, I will consider whether:

- The decedent had enough earnings under Social Security to be fully insured;
- You qualify as the decedent's <if divorced>surviving divorced spouse<else>widow(er)<endif>;

- You are age 50 or older;
- You have a disability as defined in the Act; **and**
- Your disability began on or before [DatePrescribedPeriodEnds], the end of a special period set by law.

This period begins with the later of:

- The month of the worker's death; or
- The last month you were entitled to a survivor's benefit on the worker's record.

This period ends with the earlier of:

- The month before you turn age 60; or
- 7 years after the period began.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted or is expected to last for a continuous period of at least 12 months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the "Listing of Impairments";
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured is [DLI Date]. If this is correct, I must decide whether you became disabled on or before that date. <endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B and Subpart P.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type= DWB (Disabled Widow(er)'s Benefits)/DIB (Disability Insurance Benefits)/DI (Disabled Individual)>

Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for Disabled Widow(er)'s Insurance, a Period of Disability, and Disability Insurance Benefits under sections 202<if widow>(e)<if widower>(f)<endif>, 216(i) and 223(a) of the Social Security Act (Act). The hearing also concerns your application of [Title XVI AppDate], for Supplemental Security Income (SSI). I will consider whether you are disabled under section 216(i), section 223(d), and section 1614(a)(3) of the Act.

To decide whether you are entitled to widow(er)'s benefits, as described in 20 C.F.R. 404.335, I will consider whether:

- The decedent had enough earnings under Social Security to be fully insured;
- You qualify as the decedent's <if divorced>surviving divorced spouse<else>widow(er)<endif>;
- You are age 50 or older;
- You have a disability as defined in the Act; **and**
- Your disability began on or before [DatePrescribedPeriodEnds], the end of a special period set by law.

This period begins with the later of:

- The month of the worker's death; or
- The last month you were entitled to a survivor's benefit on the worker's record.

This period ends with the earlier of:

- The month before you turn age 60; or
- 7 years after the period began.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted or is expected to last for a continuous period of at least 12 months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step during which I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured is [DLI Date]. If this is correct, I must decide whether you became disabled on or before that date. <endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B and Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Straight CDB=CDBR or CDBD>

Issues I Will Consider

The general issue is whether you are entitled to child's insurance benefits within the meaning of section 202(d) of the Social Security Act.

The specific issues are whether you are dependent on the insured individual or were dependent on the insured individual at the time of their death; you are unmarried; and whether the insured individual is fully insured or was fully insured at the time of their death.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=CDB(CDBD/CDBR) (Child's Insurance Benefits)/DI (Disabled Individual)>
Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for child's benefits under sections 202(d), 216(i), and 223(a) of the Social Security Act (Act). The hearing also concerns your application of [Title XVI AppDate], for Supplemental Security Income (SSI). I will consider whether you are disabled under section 216(i), section 223(d), and section 1614(a)(3) of the Act.

To decide whether you are entitled to child's benefits, as described in 20 CFR 404.350, I will consider whether you:

- Are the insured person's child, based upon a relationship described in 20 CFR 404.355 through 404.359;
- Are dependent on the insured, as defined in 20 CFR 404.360 through 404.365;
- Filed an application;
- Are unmarried; and
- Are under age 18; or are 18 years old or older and have a disability that began before 22 years old; or are 18 years or older and qualify for benefits as a full-time student as described in 20 CFR 404.367.

Under the Act, I will find you disabled for those benefits or SSI if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted or is expected to last for a continuous period of at least 12 months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step during which I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B, Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=CDB(CDBD and CDBR) (Child's Insurance Benefits)/DI (Disabled Individual)>

Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for child’s benefits under sections 202(d), 216(i), and 223(a) of the Social Security Act (Act). The hearing also concerns your application of [Title XVI AppDate], for Supplemental Security Income (SSI). I will consider whether you are disabled under section 216(i), section 223(d), and section 1614(a)(3) of the Act.

To decide whether you are entitled to child’s benefits, as described in 20 CFR 404.350, I will consider whether you:

- Are the insured person’s child, based upon a relationship described in 20 CFR 404.355 through 404.359;
- Are dependent on the insured, as defined in 20 CFR 404.360 through 404.365;
- Filed an application;
- Are unmarried; and
- Are under age 18; or are 18 years old or older and have a disability that began before 22 years old; or are 18 years or older and qualify for benefits as a full-time student as described in 20 CFR 404.367.

Under the Act, I will find you disabled for those benefits or SSI if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted or is expected to last for a continuous period of at least 12 months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step during which I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B, Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=CDB(CDBD/CDBR) (Child's Insurance Benefits)/DIB (Disability Insurance Benefits)>

Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for child’s benefits, a Period of Disability, and Disability Insurance Benefits under sections 202(d), 216(i), and 223(a) of the Social Security Act (Act). I will consider whether you are disabled under sections 216(i) and 223(d) of the Act.

To decide whether you are entitled to child’s benefits, as described in 20 CFR 404.350, I will consider whether you:

- Are the insured person’s child, based upon a relationship described in 20 CFR 404.355 through 404.359;

- Are dependent on the insured, as defined in 20 CFR 404.360 through 404.365;
- Filed an application;
- Are unmarried; and
- Are under age 18; or are 18 years old or older and have a disability that began before 22 years old; or are 18 years or older and qualify for benefits as a full-time student as described in 20 CFR 404.367.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted or is expected to last for a continuous period of at least 12 months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step during which I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured is [DLI Date]. If this is correct, I must decide whether you became disabled on or before that date. <endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B and Subpart P.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=CDB(CDBD and CDBR) (Child's Insurance Benefits)/DIB (Disability Insurance Benefits)>

Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for child's benefits, a Period of Disability, and Disability Insurance Benefits under sections 202(d), 216(i), and 223(a) of the Social Security Act (Act). I will consider whether you are disabled under sections 216(i) and 223(d) of the Act.

To decide whether you are entitled to child's benefits, as described in 20 CFR 404.350, I will consider whether you:

- Are the insured person's child, based upon a relationship described in 20 CFR 404.355 through 404.359;
- Are dependent on the insured, as defined in 20 CFR 404.360 through 404.365;
- Filed an application;
- Are unmarried; and
- Are under age 18; or are 18 years old or older and have a disability that began before 22 years old; or are 18 years or older and qualify for benefits as a full-time student as described in 20 CFR 404.367.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted or is expected to last for a continuous period of at least 12 months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step during which I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the "Listing of Impairments";
- Whether you can do the kind of work you did in the past; and

- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured is [DLI Date]. If this is correct, I must decide whether you became disabled on or before that date. <endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B and Subpart P.

[Issues I Will Consider Textbox]

[Return to More About the Issues](#)

<elseif Claim Type=CDB(CDBD/CDBR) (Child's Insurance Benefits)/DIB (Disability Insurance Benefits)/DI (Disabled Individual)>

Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for child's benefits, a Period of Disability, and Disability Insurance Benefits under sections 202(d), 216(i), and 223(a) of the Social Security Act (Act). The hearing also concerns your application of [Title XVI AppDate], for Supplemental Security Income (SSI). I will consider whether you are disabled under section 216(i), section 223(d), and section 1614(a)(3) of the Act.

To decide whether you are entitled to child's benefits, as described in 20 CFR 404.350, I will consider whether you:

- Are the insured person's child, based upon a relationship described in 20 CFR 404.355 through 404.359;
- Are dependent on the insured, as defined in 20 CFR 404.360 through 404.365;
- Filed an application;
- Are unmarried; and
- Are under age 18; or are 18 years old or older and have a disability that began before 22 years old; or are 18 years or older and qualify for benefits as a full-time student as described in 20 CFR 404.367.

Under the Act, I will find you disabled for those benefits or SSI if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted or is expected to last for a continuous period of at least 12 months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step during which I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured is [DLI Date]. If this is correct, I must decide whether you became disabled on or before that date. **<endif>**

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B, Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

<endif>

[Return to More About the Issues](#)

<if no canned language and text in Issues I Will Consider textbox=true>

Issues I Will Consider

[Issues I Will Consider Textbox]

<endif>

[Return to More About the Issues](#)

<if Claim Type=straight MQGE (Medicare Qualified Government Employment)>

Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for Medicare benefits under Part A of Title XVIII of the Social Security Act (the Act) as a Medicare for Qualified Government Employment (MQGE) claim. I will consider whether you are disabled under sections 223(d) and 226(b) of the Act.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted 12 continuous months, can be expected to last for 12 continuous months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for Medicare benefits only. If you do, I must decide whether you became disabled while you were insured.

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B and Subpart P.

[Issues I Will Consider Textbox]

<endif>

[Return to More About the Issues](#)

<if Claim Type=MQGE (Medicare Qualified Government Employment)/ DWB (Disabled Widow(er)'s Benefits) (Issue Indicator=D (Disability))>

Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for Disabled Widow(er)'s Insurance Benefits under section 202(e) or (f) of the Social Security Act (Act). The hearing also concerns your application of [Title XVIII AppDate], for Medicare benefits under Part A of Title XVIII of the Act, as a Medicare for Qualified Government Employment (MQGE) claim. I will consider whether you are disabled under sections 223(d) and 226(b) of the Act.

To decide your case, I will consider whether:

- The deceased had enough earnings under Social Security to be fully insured;
- You qualify as the decedent's widow(er);
- You are age 50 or older;
- You have a disability as defined in the Act; **and**
- Your disability began on or before [DatePrescribedPeriodEnds], the end of a special period set by law.

This period begins with the later of:

- The month of the worker's death; or
- The last month you were entitled to a survivor's benefit on the worker's record.

This period ends with the earlier of:

- The month before you turn age 60; or
- 7 years after the period began.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; and
- Has lasted 12 continuous months, can be expected to last for 12 continuous months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);

- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings to be insured for MQGE or Medicare Part A (Hospital Insurance) benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured for purposes of your MQGE claim is [DLI Date] for Medicare Part A benefits. If this is correct, I must decide whether you became disabled on or before that date.<endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B, Subpart D, and Subpart P.

[Issues I Will Consider Textbox]
<endif>

[Return to More About the Issues](#)

<if Claim Type= DWB (Disabled Widow(er)'s Benefits)/MQGE(FE) (Medicare Qualified Government Employment)/ DWB (Disabled Widow(er)'s Benefits)/SSI (Supplemental Security Income) (Issue Indicator=D (Disability))>

Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for Disabled Widow(er)'s Insurance Benefits, under section 202 (e) or (f) of the Social Security Act (Act) and your [Title XVIII AppDate] application for Medicare benefits, under Part A of Title XVIII of the Act, as a Medicare for Qualified Government Employment (MQGE) claim. The hearing also concerns your application of [Title XVI AppDate], for Supplemental Security Income (SSI). I will consider whether you are disabled under sections 223(d), 226(b), and 1614(a)(3) of the Act.

To decide your case, I will consider whether:

- The deceased had enough earnings under Social Security to be fully insured;
- You qualify as the decedent's widow(er);
- You are age 50 or older;
- You have a disability as defined in the Act; **and**
- Your disability began on or before [DatePrescribedPeriodEnds], the end of a special period set by law.

This period begins with the later of:

- The month of the worker's death; or
- The last month you were entitled to a survivor's benefit on the worker's record.

This period ends with the earlier of:

- The month before you turn age 60; or
- 7 years after the period began.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; and
- Has lasted 12 continuous months, can be expected to last for 12 continuous months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the "Listing of Impairments";
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

<if DLI is in the past>Our records indicate that your date last insured for purposes of your MQGE claim is [DLI Date]. If this is correct, I must decide whether you became disabled on or before that date.<endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B, Subpart D, and Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

<endif>

[Return to More About the Issues](#)

<if Claim Type=MQGE (Medicare Qualified Government Employment)/CDB (Child's Insurance Benefits)>

Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for Child's Insurance Benefits under section 202(d) of the Social Security Act (Act). The hearing also concerns your application of [Title XVIII AppDate], for Medicare benefits under Part A of Title XVIII of the Act as a Medicare for Qualified Government Employment (MQGE) claim. I will consider whether you are disabled under sections 216(i), 223(d), and 226(b) of the Act.

To decide whether you are entitled to child's benefits, as described in 20 CFR 404.350, I will consider whether you:

- Are the insured person's child, based upon a relationship described in 20 CFR 404.355 through 404.359;
- Are dependent on the insured, as defined in 20 CFR 404.360 through 404.365;
- Filed an application;
- Are unmarried; and
- Are under age 18; or are 18 years old or older and have a disability that began before 22 years old; or are 18 years or older and qualify for benefits as a full-time student as described in 20 CFR 404.367.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; and
- Has lasted 12 straight months, can be expected to last for 12 straight months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work that you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings to be insured for Medicare Part A benefits only. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured for purposes of your MQGE claim is [DLI Date] for Medicare Part A benefits. If this date is correct, I must decide whether you became disabled on or before that date.<endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B, Subpart P.

[Issues I Will Consider Textbox]

<endif>

[Return to More About the Issues](#)

<if Claim Type=MQGE (Medicare Qualified Government Employment)/DIB (Disability Insurance Benefits)>

Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for a Period of Disability and Disability Insurance Benefits under sections 216(i) and 223(a) of the Social Security Act (Act). The hearing also concerns your application of [Title XVIII AppDate], for Medicare benefits under Part A of Title XVIII of the Act as a Medicare for Qualified Government Employment (MQGE) claim. I will consider whether you are disabled under sections 216(i), 223(d) and 226(b) of the Act.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; and

- Has lasted 12 straight months, can be expected to last for 12 straight months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work that you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured is [DLI Date]. If this date is correct, I must decide whether you became disabled on or before that date. <endif>

I will also consider whether you have enough earnings to be insured for Medicare Part A benefits only. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured for purposes of your MQGE claim is [DLI Date] for Medicare Part A benefits. If this date is correct, I must decide whether you became disabled on or before that date. <endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B and Subpart P.

[Issues I Will Consider Textbox]

<endif>

[Return to More About the Issues](#)

<if Claim Type=MQGE (Medicare Qualified Government Employment)/DIB (Disability Insurance Benefits)/DWB (Disabled Widow(er)'s Benefits)>

Issues I Will Consider

The hearing concerns your application of [Title II DWB AppDate], for Disabled Widow(er)'s Insurance Benefits under sections 202(e) or (f) of the Social Security Act (Act), and your

application of [Title II DIB AppDate], for a Period of Disability and Disability Insurance Benefits under 216(i) and 223(a) of the Act. The hearing also concerns your application of [Title XVIII AppDate], for Medicare benefits under Part A of Title XVIII of the Act as a Medicare for Qualified Government Employment (MQGE) claim. I will consider whether you are disabled under sections 216(i), 223(d) and 226(b) of the Act.

To decide whether you are eligible for Disabled Widow(er)'s Benefits, I will consider whether:

- The decedent had enough earnings under Social Security to be fully insured;
- You qualify as the decedent's <if divorced>surviving divorced spouse<elseif not divorced>surviving spouse<endif>;
- You are age 50 or older;
- You have a disability as defined in the Act; and
- Your disability began on or before [DatePrescribedPeriodEnds], the end of a special period set by law.

This period begins with the later of:

- The month of the worker's death; or
- The last month you were entitled to a survivor's benefit on the worker's record.

This period ends with the earlier of:

- The month before you turn age 60; or
- 7 years after the period began.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; and
- Has lasted 12 straight months, can be expected to last for 12 straight months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work that you have done after your condition(s) began;
- The severity of your condition(s);

- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured is [DLI Date]. If this date is correct, I must decide whether you became disabled on or before that date. <endif>

I will also consider whether you have enough earnings to be insured for Medicare Part A benefits only. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured for purposes of your MQGE claim is [DLI Date] for Medicare Part A benefits. If this date is correct, I must decide whether you became disabled on or before that date. <endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B and Subpart P.

[Issues I Will Consider Textbox]

<endif>

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<if Claim Type=MQGE (Medicare Qualified Government Employment)/DIB (Disability Insurance Benefits)/CDB (Child's Insurance Benefits)>

Issues I Will Consider

The hearing concerns your application of [Title II CDB AppDate], for Child’s Insurance Benefits under section 202(d) of the Social Security Act (Act), and your application of [Title II DIB AppDate], for a Period of Disability and Disability Insurance Benefits under sections 216(i) and 223(a) of the Act. The hearing also concerns your application of [Title XVIII AppDate], for Medicare benefits under Part A of Title XVIII of the Act as a Medicare for Qualified Government Employment (MQGE) claim. I will consider whether you are disabled under sections 216(i), 223(d), and 226(b) of the Act.

To decide whether you are entitled to child's benefits, as described in 20 CFR 404.350, I will consider whether you:

- Are the insured person's child, based upon a relationship described in 20 CFR 404.355 through 404.359;
- Are dependent on the insured, as defined in 20 CFR 404.360 through 404.365;
- Filed an application;
- Are unmarried; and
- Are under age 18; or are 18 years old or older and have a disability that began before 22 years old; or are 18 years or older and qualify for benefits as a full-time student as described in 20 CFR 404.367.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; and
- Has lasted 12 straight months, can be expected to last for 12 straight months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work that you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the "Listing of Impairments";
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured is [DLI Date]. If this date is correct, I must decide whether you became disabled on or before that date. <endif>

I will also consider whether you have enough earnings to be insured for Medicare Part A benefits only. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured for purposes of your MQGE claim is [DLI Date] for Medicare Part A benefits. If this date is correct, I must decide whether you became disabled on or before that date.<endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B, Subpart P.

[Issues I Will Consider Textbox]

<endif>

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<if Claim Type=MQGE (Medicare Qualified Government Employment)/DIB (Disability Insurance Benefits)/SSI (Supplemental Security Income)>

Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for a Period of Disability and Disability Insurance Benefits under sections 216(i) and 223(a) of the Social Security Act (Act). The hearing also concerns your application of [Title XVI AppDate], for Supplemental Security Income (SSI) under section 1614(a)(3) of the Act. The hearing also concerns your application of [Title XVIII AppDate], for Medicare benefits under Part A of Title XVIII of the Act as a Medicare for Qualified Government Employment (MQGE) claim. I will consider whether you are disabled under sections 216(i), 223(d), 226(b), and 1614(a)(3) of the Act.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; and
- Has lasted 12 straight months, can be expected to last for 12 straight months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work that you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured is [DLI Date]. If this date is correct, I must decide whether you became disabled on or before that date. <endif>

I will also consider whether you have enough earnings to be insured for Medicare Part A benefits only. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured for purposes of your MQGE claim is [DLI Date] for Medicare Part A benefits. If this date is correct, I must decide whether you became disabled on or before that date. <endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B, Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

<endif>

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<if Claim Type=MQGE (Medicare Qualified Government Employment)/DIB (Disability Insurance Benefits)/SSI (Supplemental Security Income)/DWB (Disabled Widow(er)'s Benefits)>

Issues I Will Consider

The hearing concerns your application of [Title II DWB AppDate], for Disabled Widow(er)'s Insurance Benefits under sections 202(e) or (f) of the Social Security Act (Act), and your application of [Title II DIB AppDate], for a Period of Disability and Disability Insurance Benefits under sections 216(i) and 223(a) of the Act. The hearing also concerns your application of [Title XVI AppDate], for Supplemental Security Income (SSI) under section 1614(a)(3) of the Act. The hearing also concerns your application of [Title XVIII AppDate], for Medicare benefits under Part A of Title XVIII of the Act as a Medicare for Qualified Government Employment (MQGE) claim. I will consider whether you are disabled under sections 216(i), 223(d), 226(b), and 1614(a)(3) of the Act.

To decide whether you are eligible for Disabled Widow(er)'s Benefits, I will consider whether:

- The decedent had enough earnings under Social Security to be fully insured;
- You qualify as the decedent's <if divorced>surviving divorced spouse<elseif not divorced>surviving spouse<endif>;

- You are age 50 or older;
- You have a disability as defined in the Act; and
- Your disability began on or before [DatePrescribedPeriodEnds], the end of a special period set by law.

This period begins with the later of:

- The month of the worker's death; or
- The last month you were entitled to a survivor's benefit on the worker's record.

This period ends with the earlier of:

- The month before you turn age 60; or
- 7 years after the period began.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; and
- Has lasted 12 straight months, can be expected to last for 12 straight months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work that you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the "Listing of Impairments";
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured is [DLI Date]. If this date is correct, I must decide whether you became disabled on or before that date. <endif>

I will also consider whether you have enough earnings to be insured for Medicare Part A benefits only. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured for purposes of your MQGE claim is [DLI Date] for Medicare Part A benefits. If this date is correct, I must decide whether you became disabled on or before that date.<endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B and Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

<endif>

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<if Claim Type=MQGE (Medicare Qualified Government Employment)/SSI (Supplemental Security Income)>

Issues I Will Consider

The hearing concerns your application of [Title XVIII AppDate], for Medicare benefits under Part A of Title XVIII of the Social Security Act (Act) as a Medicare for Qualified Government Employment (MQGE) claim. The hearing also concerns your application of [Title XVI AppDate], for Supplemental Security Income (SSI) under section 1614(a)(3) of the Act. I will consider whether you are disabled under sections 223(d), 226(b), and 1614(a)(3) of the Act.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; and
- Has lasted 12 straight months, can be expected to last for 12 straight months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work that you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and

- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings to be insured for Medicare Part A benefits only. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured for purposes of your MQGE claim is [DLI Date] for Medicare Part A benefits. If this date is correct, I must decide whether you became disabled on or before that date.<endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B, Subpart P, and Part 416, Subpart I.

[Issues I Will Consider Textbox]

<endif>

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<if Claim Type=MQGE (Medicare Qualified Government Employment)/SSI (Supplemental Security Income)/CDB (Child's Insurance Benefits)>

Issues I Will Consider

The hearing concerns your application of [Title II AppDate], for Child's Insurance Benefits under section 202(d) of the Social Security Act (Act). The hearing also concerns your application of [Title XVI AppDate], for Supplemental Security Income (SSI) under section 1614(a)(3) of the Act. The hearing also concerns your application of [Title XVIII AppDate], for Medicare benefits under Part A of Title XVIII of the Act as a Medicare for Qualified Government Employment (MQGE) claim. I will consider whether you are disabled under sections 216(i), 223(d), 226(b), and 1614(a)(3) of the Act.

To decide whether you are entitled to child's benefits, as described in 20 CFR 404.350, I will consider whether you:

- Are the insured person's child, based upon a relationship described in 20 CFR 404.355 through 404.359;
- Are dependent on the insured, as defined in 20 CFR 404.360 through 404.365;
- Filed an application;
- Are unmarried; and
- Are under age 18; or are 18 years old or older and have a disability that began before 22 years old; or are 18 years or older and qualify for benefits as a full-time student as described in 20 CFR 404.367.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; and
- Has lasted 12 straight months, can be expected to last for 12 straight months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work that you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the “Listing of Impairments”;
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings to be insured for Medicare Part A benefits only. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured for purposes of your MQGE claim is [DLI Date] for Medicare Part A benefits. If this date is correct, I must decide whether you became disabled on or before that date.<endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B, Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

<endif>

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<if Claim Type=MQGE (Medicare Qualified Government Employment)/SSI (Supplemental Security Income)/CDB (Child's Insurance Benefits)/DIB (Disability Insurance Benefits)>

Issues I Will Consider

The hearing concerns your application of [Title II CDB AppDate], for Child’s Insurance Benefits under section 202(d) of the Social Security Act (Act) and your application of [Title II DIB AppDate], for a Period of Disability and Disability Insurance Benefits under sections 216(i) and 223(a) of the Act. The hearing also concerns your application of [Title XVI AppDate], for Supplemental Security Income (SSI) under section 1614(a)(3) of the Act. The hearing also concerns your application of [Title XVIII AppDate], for Medicare benefits under

Part A of Title XVIII of the Act as a Medicare for Qualified Government Employment (MQGE) claim. I will consider whether you are disabled under sections 216(i), 223(d), 226(b), and 1614(a)(3) of the Act.

To decide whether you are entitled to child's benefits, as described in 20 CFR 404.350, I will consider whether you:

- Are the insured person's child, based upon a relationship described in 20 CFR 404.355 through 404.359;
- Are dependent on the insured, as defined in 20 CFR 404.360 through 404.365;
- Filed an application;
- Are unmarried; and
- Are under age 18; or are 18 years old or older and have a disability that began before 22 years old; or are 18 years or older and qualify for benefits as a full-time student as described in 20 CFR 404.367.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; and
- Has lasted 12 straight months, can be expected to last for 12 straight months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work that you have done after your condition(s) began;
- The severity of your condition(s);
- Whether your condition(s) meets or medically equals one of the impairments described in the Social Security regulations known as the "Listing of Impairments";
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured is [DLI Date]. If this date is correct, I must decide whether you became disabled on or before that date. <endif>

I will also consider whether you have enough earnings to be insured for Medicare Part A benefits only. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past>Our records indicate that your date last insured for purposes of your MQGE claim is [DLI Date] for Medicare Part A benefits. If this date is correct, I must decide whether you became disabled on or before that date.**<endif>**

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B, Subpart P and Part 416, Subpart I.

[Issues I Will Consider Textbox]

<endif>

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