

## AGREEMENT TO APPEARING BY ONLINE VIDEO

Claimant's Name	
Social Security Number:	
Wage Earner:	
Hearing Office:	

**Complete and return this form only if you agree to attend your hearing by Online Video.**

**If you agree to attend your hearing by Online Video, please check the following box and provide your email address:**

- I AGREE to attend my hearing by Online Video using Microsoft Teams and a personal electronic device (*such as a smartphone, tablet, or computer with an internet connection*) in a private location I choose. This location must be within the 50 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, the Commonwealth of Puerto Rico, or the United States Virgin Islands. I also agree to the Social Security Administration using the email address(es) included below for scheduling the online video hearing.

Your Email Address: \_\_\_\_\_

Representative's Email Address: \_\_\_\_\_

Additional Comments:

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Signature:	Date:
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**Privacy Act Statement**  
**Collection and Use of Personal Information**

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Sections 205(b), 205(d), and 1631(c) of the Social Security Act, as amended, allow us to collect this information, which we will use to contact you for your online video hearing, and acknowledge your agreement to attend your hearing by online video. Providing this information is voluntary, but not providing all or part of the information will prevent us from scheduling you to attend your hearing by online video. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, employers, and others, as outlined in the routine uses within System of Records Notice(s) (SORN) 60-0005, 60-0009, 60-0089, and 60-0320; available at [www.ssa.gov/privacy](http://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.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

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