REQUEST FOR RECONSIDERATION - DISABILITY CESSATION RIGHT TO APPEAR

(SEE REVERSE SIDE FOR PAPERWORK/PRIVACY ACT NOTICE)

NAME OF CLAIMANT	SOCIAL SECURITY NUMBER
NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON (if different from Claimant)	SOCIAL SECURITY NUMBER
SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (COMPLETE ONLY IN SUPPLEMENTAL SECURITY INCOME CASE)	

FOR SOCIAL SECURITY OFFICE USE ONLY **(DO NOT WRITE IN THIS SPACE)**

☐ FO Code _____

☐ Benefit Continuation

☐ Foreign Language Notice _____

TYPE OF BENEFIT	**DISABILITY**			**SSI**		
	☐ WORKER	☐ WIDOW	☐ CHILD	☐ DISABILITY	☐ BLIND	☐ CHILD

I DO NOT AGREE WITH THE DETERMINATION TO STOP DISABILITY BENEFITS AND I REQUEST RECONSIDERATION.
My reasons are (reasons should relate to the basis for stopping disability benefits and be as specific as possible):
NOTE: If the notice of the determination on your claim is dated more than 65 days ago, include your reason for not making this request earlier. Include the date on which you received the notice.

I AM SUBMITTING THE FOLLOWING ADDITIONAL INFORMATION (If "NONE" write "NONE")
(Attach additional page if needed):

I understand that I do not need to provide additional information or evidence to submit this form. I will be able to provide additional evidence until the date of the hearing. It is preferable that I provide additional information or evidence at the earliest possible time.

CHECK BLOCK 1 AND THE STATEMENTS THAT APPLY OR CHECK BLOCK 2

☐ 1. **I (and/or my representative) wish to appear** at a disability hearing. The disability hearing will be with a person called a disability hearing officer and it will let me explain why I do not agree with the decision to stop benefits.

☐ I need an interpreter at the disability hearing - Language _____
(If you need an interpreter, SSA will provide one at no cost to you.)

OR

☐ 2. **I do not wish to appear nor do I wish a representative to appear for me** at the disability hearing and I request that a decision be made based on the evidence in my case (Complete SSA-773 Waiver of Right to Appear - Disability Hearing)

Anyone who knowingly makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, or submits or causes to be submitted any false statement or document knowing the same to contain any misrepresentation of material fact, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

ENTER ADDRESSES FOR BOTH THE CLAIMANT AND REPRESENTATIVE (IF REPRESENTED)

NAME OF CLAIMANT			NAME OF CLAIMANT'S REPRESENTATIVE		
STREET ADDRESS			REPRESENTATIVE'S ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	DATE		TELEPHONE NUMBER	DATE	

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a) and (b), and 1631(c)(1)(A) and (B) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part may prevent us reconsideration a determination on your claim.

We will use the information to reconsider your eligibility for disability benefits. We may also share your information for the following purposes, called routine uses:

- To third party contacts, where necessary, to establish or verify information provided by representative payees or representative payee applicants; and,

- To third party contacts (including private collections agencies under contract with us), for the purpose of their assisting us in recovering overpayments.

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

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0009, entitled Hearings and Appeals Case Control System, as published in the Federal Register (FR) on October 13, 1982, at 47 FR 45589; 60-0010, entitled Hearing Office Tracking System of Claimant Cases, as published in the FR on January 11, 2006 at 71 FR 1806; and 60-0089, entitled Claims Folders Systems, as published in the FR on October 31, 2019 at 84 FR 58422. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 13 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to*****:** *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*