

## Request For Review By A Federal Reviewing Official

*(Do not write in this space)*

NAME OF CLAIMANT	NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON <i>(If different from claimant)</i>
SOCIAL SECURITY CLAIM NUMBER	SUPPLEMENTAL SECURITY INCOME (SSI) CLAIM NUMBER
SPOUSE'S NAME <i>(Complete ONLY in SSI cases)</i>	SPOUSE'S SOCIAL SECURITY NUMBER <i>(Complete ONLY in SSI cases)</i>

Type of Disability Claim (medical issue only)     Social Security                       Supplemental Security Income

I do not agree with the determination on my disability claim and request a review. My reasons are:

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**EITHER THE CLAIMANT OR REPRESENTATIVE SHOULD SIGN AND ENTER ADDRESSES FOR BOTH**

**I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.**

CLAIMANT SIGNATURE			SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE <input type="checkbox"/> NON-ATTORNEY <input type="checkbox"/> ATTORNEY		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE NUMBER <i>(Include area code)</i>		DATE	TELEPHONE NUMBER <i>(Include area code)</i>		DATE

**TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION**

HAS INITIAL DETERMINATION BEEN MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY OFFICE ADDRESS
IS THIS REQUEST FILED TIMELY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "NO", attach claimant's explanation for delay and attach only pertinent letter, material, or information in social security office.)</i>	

**NOTE:** Take or mail the **signed original** to your local Social Security office, the Veterans Affairs Regional office in Manila or any U.S. Foreign Service post and keep a copy for your records.

## PRIVACY ACT STATEMENT

The information requested on this form is authorized by the Social Security Act, sections 205(a) and 1631(e)(A) and (B) (42 U.S.C. § 405(a) and 1383(e)(A) and (B)), and Title 20 CFR 405.1, 405.120, 405.201, 405.210, 405.215, 405.217, 405.220, 405.225, and 405.230. The information provided will be used to begin a review by a Federal reviewing official of the initial determination on the disability portion of your claim for benefits. Your response to the questions on this form is voluntary; however, the Social Security Administration (SSA) cannot review the determination on your claim unless the information is furnished. While the information you furnish on this form would almost never be used for any purpose other than making a determination about your disability, such information may be disclosed by SSA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using the information as necessary for administrative purposes or as authorized by routine uses in the applicable Privacy Act system of records. For example, SSA may disclose information to other agencies such as the Government Accountability Office or to the Department of Veterans Affairs to comply with Federal Laws requiring the release of information from our records. SSA may also use the information you give us when we match records by computer. Matched programs compare SSA records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows SSA to do this even if you do not agree to it. Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security office.

**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 8 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** 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.***