(Do not use this form for objecting to a recommended ALJ decision.)
(Take or mail original and all copies to your local Social Security office,

the Veterans Affairs Regional Office in Manila or a	any U.S. Foreign Service post)				
1. CLAIMANT	2. WAGE EARNER, IF DIFFERENT				
3. SOCIAL SECURITY CLAIM NUMBER	4. SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (Complete ONLY in Supplemental Security Income Case)				
5. I request that the Appeals Council review the Administrative Law Ju	udge's action on the above claim because:				
	AL EVIDENCE  v. If you need additional time to submit evidence or legal argument, you				
must request an extension of time in writing now. If you request an ext	ension of time, you should explain the reason(s) you are unable to submit egal argument now nor within any extension of time the Appeals Council				
IMPORTANT: Write your Social Security Clain SIGNATURE BLOCKS: You should complete No. 6 and your representat	n Number on any letter or material you send us.				
representative is not available to complete this form, you should also pr					
DATE	☐ ATTORNEY ☐ NON-ATTORNEY				
6. CLAIMANT'S SIGNATURE	7. REPRESENTATIVE'S SIGNATURE				
PRINT NAME	PRINT NAME  ADDRESS  (CITY, STATE, ZIP CODE)				
ADDRESS					
(CITY, STATE, ZIP CODE)					
TELEPHONE NUMBER FAX NUMBER	TELEPHONE NUMBER FAX NUMBER				
THE SOCIAL SECURITY ADMINISTRA	ATION STAFF WILL COMPLETE THIS PART				
Request received for the Social Security Administration on	by:				
(1	Date) (Print Name)				
(Title) (Address)	(Servicing FO Code) (PC Code)				
9. Is the request for review received within 65 days of the ALJ's Deci-	sion/Dismissal? Yes No				
10. If no checked: (1) attach claimant's explanation for delay; and (2) attach copy of appointment notice, letter or othe	r pertinent material or information in the Social Security Office.				
11. Check one: Initial Entitlement	12. Check all claim types that apply:				
Termination or other	Retirement or survivors (RSI)				
APPEALS COUNCIL OFFICE OF HEARINGS AND APPEALS, SSA 5107 Leesburg Pike FALLS CHURCH, VA 22041 - 3255	□ Disability-Worker (DIWE) □ Disability-Widow(er) (DIWW) □ Disability-Child (DIWC) □ SSI Aged (SSIA) □ SSI Blind (SSIB) □ SSI Disability (SSID) □ Health Insurance-Part A (HIA) □ Health Insurance-Part B (HIB) □ Title VIII Only (SVB) □ Title VIII/Title XVI (SVB/SSI) □ Other - Specify:				

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b)(1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a)) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

We may also use the information you give us when we match records by computer. Matching programs compare our 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 us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

(<u>Do not</u> use this form for objecting to a <u>recommended ALJ decision.</u>)
(<u>Take or mail original and all copies to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post)</u>

the veterans Arrans negional Office in Mania	bi any o.e. i oreign octivice post,			
1. CLAIMANT	2. WAGE EARNER, IF DIFFERENT			
3. SOCIAL SECURITY CLAIM NUMBER	4. SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (Complete ONLY in Supplemental Security Income Case)			
5. I request that the Appeals Council review the Administrative Law	v Judge's action on the above claim because:			
ADDITIO	NAL EVIDENCE			
must request an extension of time in writing now. If you request an	view. If you need additional time to submit evidence or legal argument, you extension of time, you should explain the reason(s) you are unable to submit or legal argument now nor within any extension of time the Appeals Council se of record.			
·	laim Number on any letter or material you send us. ntative (if any) should complete No. 7. If you are represented and your o print his or her name, address, etc. in No. 7.			
DATE	☐ ATTORNEY ☐ NON-ATTORNEY			
6. CLAIMANT'S SIGNATURE	7. REPRESENTATIVE'S SIGNATURE			
PRINT NAME	PRINT NAME  ADDRESS  (CITY, STATE, ZIP CODE)			
ADDRESS				
(CITY, STATE, ZIP CODE)				
TELEPHONE NUMBER FAX NUMBER	TELEPHONE NUMBER FAX NUMBER			
THE SOCIAL SECURITY ADMINIS	TRATION STAFF WILL COMPLETE THIS PART			
Request received for the Social Security Administration on	request received for the Social Security Administration on by:			
	(Fine Name)			
(Title) (Address)	(Servicing FO Code) (PC Code)			
9. Is the request for review received within 65 days of the ALJ's D	ecision/Dismissal? Yes No			
10. If no checked: (1) attach claimant's explanation for delay; and (2) attach copy of appointment notice, letter or o	other pertinent material or information in the Social Security Office.			
11. Check one: Initial Entitlement	12. Check all claim types that apply:			
Termination or other	Retirement or survivors (RSI)			
	──			
	Disability-Child (DIWC)			
ADDEALS COLINGII	│			
APPEALS COUNCIL OFFICE OF HEARINGS AND APPEALS, SSA	SSI Disability (SSID)			
5107 Leesburg Pike	Health Insurance-Part A (HIA)			
FALLS CHURCH, VA 22041 - 3255	Health Insurance-Part B (HIB)			
	│			
	Other - Specify:			

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b)(1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a)) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

We may also use the information you give us when we match records by computer. Matching programs compare our 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 us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

(<u>Do not</u> use this form for objecting to a <u>recommended</u> ALJ decision.)
(<u>Take or mail original and all copies to your local Social Security office</u>,
e Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post)

		ariy U.S. I				
1. CLAIMANT		2. WA	GE EARNER, IF DIFFEREN	Т		
3. SOCIAL SECURITY CLAIM NUM	/IBER		4. SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (Complete ONLY in Supplemental Security Income Case)			
5. I request that the Appeals Coun	cil review the Administrative Law J	udge's acti	on on the above claim be	cause:		
must request an extension of time in the evidence or legal argument now grants, the Appeals Council will tak	n writing now. If you request an ex or. If you neither submit evidence or e its action based on the evidence or	w. If you no tension of t legal argum of record.	eed additional time to sub ime, you should explain tl ent now nor within any e	mit evidence or legal argument, you ne reason(s) you are unable to subm xtension of time the Appeals Counci		
IMPORTA SIGNATURE BLOCKS: You should c representative is not available to co		ive (if any)	should complete No. 7. I	f you are represented and your		
DATE			ATTORNEY	□ NON-ATTORNEY		
6. CLAIMANT'S SIGNATURE  PRINT NAME  ADDRESS  (CITY, STATE, ZIP CODE)		7. REPI	RESENTATIVE'S SIGNATI	JRE		
		PRIN	PRINT NAME  ADDRESS  (CITY, STATE, ZIP CODE)			
		ADD				
(CITY, STATE, ZIP CODE)		(CIT	Y, STATE, ZIP CODE)			
(CITY, STATE, ZIP CODE) TELEPHONE NUMBER	FAX NUMBER		Y, STATE, ZIP CODE) EPHONE NUMBER	FAX NUMBER		
TELEPHONE NUMBER	FAX NUMBER  THE SOCIAL SECURITY ADMINISTR	TELI	EPHONE NUMBER			
TELEPHONE NUMBER	THE SOCIAL SECURITY ADMINISTR	TELI	EPHONE NUMBER	S PART		
TELEPHONE NUMBER	THE SOCIAL SECURITY ADMINISTR	TELI	EPHONE NUMBER			
TELEPHONE NUMBER	THE SOCIAL SECURITY ADMINISTR	TELI	EPHONE NUMBER  AFF WILL COMPLETE THI  by:	S PART		
TELEPHONE NUMBER  T 8. Request received for the Social	THE SOCIAL SECURITY ADMINISTR Security Administration on (Address)	TELE ATION STA	AFF WILL COMPLETE THI by: (Servicing	S PART (Print Name)		
TELEPHONE NUMBER  T 8. Request received for the Social  (Title)  9. Is the request for review received for the Social states of the Soc	Security Administration on (Address)  (Address)  (Address of the ALJ's Decided in the ALJ's D	TELE  ATION STA  Date)  sion/Dismis	EPHONE NUMBER  AFF WILL COMPLETE THI by: (Servicing	S PART  (Print Name)  FO Code) (PC Code)  No		
TELEPHONE NUMBER  T 8. Request received for the Social  (Title)  9. Is the request for review received 10. If no checked: (1) attach claim (2) attach copy of the social (2) attach copy of the social (3) attach copy of the social (4) attach copy of the social (4) attach copy of the social (5) attach copy of the social (4) attach copy of the social (4) attach copy of the social (5) attach copy of the social (6) attach copy o	(Address)  ed within 65 days of the ALJ's Decimant's explanation for delay; and	TELE  ATION STA  Date)  sion/Dismiser pertinent	EPHONE NUMBER  AFF WILL COMPLETE THI by: (Servicing	S PART  (Print Name)  FO Code) (PC Code)  No the Social Security Office.		
TELEPHONE NUMBER  T 8. Request received for the Social  (Title)  9. Is the request for review received for the Social for the	(Address)  ed within 65 days of the ALJ's Decident's explanation for delay; and of appointment notice, letter or other	TELE  ATION STA  Date)  sion/Dismiser pertinent	AFF WILL COMPLETE THI by:  (Servicing saal? Yes	S PART  (Print Name)  FO Code) (PC Code)  No  the Social Security Office.		

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b)(1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a)) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

We may also use the information you give us when we match records by computer. Matching programs compare our 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 us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

(Do not use this form for objecting to a recommended ALJ decision.)

(Take or mail original and all copies to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post)

	the veterans Arrans negional office in Marina of an	y O.	<i>O. 1</i> C	reight betwiee post,	
1.	CLAIMANT	2. \	NAGE	EARNER, IF DIFFERENT	
3.	SOCIAL SECURITY CLAIM NUMBER			SE'S NAME AND SOCIAL Dilete ONLY in Supplementa	
5.	I request that the Appeals Council review the Administrative Law Judg	ge's a	action	on the above claim becau	ise:
	ADDITIONAL	EVI		CE	
the	If you have additional evidence submit it with this request for review. st request an extension of time in writing now. If you request an extension evidence or legal argument now. If you neither submit evidence or legants, the Appeals Council will take its action based on the evidence of respectively.	sion al arg	of tin gume	ne, you should explain the	reason(s) you are unable to submit
	IMPORTANT: Write your Social Security Claim N NATURE BLOCKS: You should complete No. 6 and your representative resentative is not available to complete this form, you should also print	(if a	any) s	hould complete No. 7. If yo	ou are represented and your
DΑ	TE			ATTORNEY	NON-ATTORNEY
6.	CLAIMANT'S SIGNATURE	7. F	REPRE	SENTATIVE'S SIGNATUR	E
PRINT NAME		PRINT NAME			
ADDRESS (CITY, STATE, ZIP CODE)		ADDRESS (CITY, STATE, ZIP CODE)			
0	THE SOCIAL SECURITY ADMINISTRAT Request received for the Social Security Administration on	ION	STAF		PART
Ο.	(Da	te)		by:(F	Print Name)
	(Title) (Address)			(Servicing F	O Code) (PC Code)
9.	Is the request for review received within 65 days of the ALJ's Decisio	n/Dis	smiss		□ No
10.	If no checked: (1) attach claimant's explanation for delay; and (2) attach copy of appointment notice, letter or other p	ertin	ient n	naterial or information in th	e Social Security Office.
11.	Check one:	12.	Chec	k all claim types that apply Retirement or survivors Disability-Worker Disability-Widow(er) Disability-Child SSI Aged SSI Blind	(RSI) (DIWE) (DIWW) (DIWC) (SSIA) (SSIB)
				SSI Disability Health Insurance-Part A Health Insurance-Part E Title VIII Only Title VIII/Title XVI Other - Specify:	

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b)(1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a)) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

We may also use the information you give us when we match records by computer. Matching programs compare our 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 us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

# REQUEST FOR REVIEW OF HEARING DECISION/ORDER (Do not use this form for objecting to a recommended ALJ decision.)

(Take or mail original and all copies to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post)

the veterans Arrans	s ricgional Office in Mainia of an	iy 0.0. i	oreign bervice post,							
1. CLAIMANT		2. WAG	E EARNER, IF DIFFERENT							
3. SOCIAL SECURITY CLAIM NUMBE	ĒR	4. SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (Complete ONLY in Supplemental Security Income Case)								
5. I request that the Appeals Council	review the Administrative Law Jud	lge's actio	on on the above claim beca	ause:						
	ADDITIONAL	EVIDE	NCE							
If you have additional evidence sul must request an extension of time in v the evidence or legal argument now. If grants, the Appeals Council will take it	f you neither submit evidence or leg	nsion of ti gal argum	me, you should explain the	e reason(s) you are unable to submit						
IMPORTANT SIGNATURE BLOCKS: You should com representative is not available to comp		e (if any)	should complete No. 7. If	you are represented and your						
DATE			ATTORNEY	□ NON-ATTORNEY						
6. CLAIMANT'S SIGNATURE	CLAIMANT'S SIGNATURE		RESENTATIVE'S SIGNATUI	RE						
PRINT NAME  ADDRESS  (CITY, STATE, ZIP CODE)		PRINT NAME  ADDRESS  (CITY, STATE, ZIP CODE)								
						TELEPHONE NUMBER	FAX NUMBER	TELE	PHONE NUMBER	FAX NUMBER
						THE	SOCIAL SECURITY ADMINISTRAT	LION STA	FF WILL COMPLETE THIS	PART
8. Request received for the Social Se	· ———		by:	(D: AN )						
	(Da	ate)		(Print Name)						
(Title)	(Address)		(Servicing I	FO Code) (PC Code)						
9. Is the request for review received	within 65 days of the ALJ's Decision	on/Dismis	sal? Yes	☐ No						
10. If no checked: (1) attach claiman (2) attach copy of	t's explanation for delay; and appointment notice, letter or other	pertinent	material or information in t	he Social Security Office.						
11. Check one:	ial Entitlement	12. Che	ck all claim types that app	ly:						
Ter	mination or other		Retirement or survivor	rs (RSI)						
		╵╴□	Disability-Worker	(DIWE)						
		ᅵ	Disability-Widow(er)	(DIWW)						
		H	Disability-Child SSI Aged	(DIWC) (SSIA)						
			SSI Blind	(SSIB)						
			SSI Disability	(SSID)						
			Health Insurance-Part							
			Health Insurance-Part							
		ᅵ	Title VIII Only	(SVB)						
			Title VIII/Title XVI Other - Specify:	(SVB/SSI)						

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b)(1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a)) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

We may also use the information you give us when we match records by computer. Matching programs compare our 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 us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.