REQUEST FOR RECONSIDERATION

(Do not write in this space)

NAME OF CLAIMANT		NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON *(If different from claimant.)*
CLAIMANT SSN	CLAIMANT CLAIM NUMBER (if different from SSN)	SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) CLAIM NUMBER
SPOUSE'S NAME *(Complete ONLY in SSI cases)*		SPOUSE'S SOCIAL SECURITY NUMBER *(Complete ONLY in SSI cases)*

CLAIM FOR *(Specify type, e.g., retirement, disability, hospital /medical, SSI, SVB, etc.)*

I do not agree with the determination made on the above claim and request reconsideration. My reasons are:

SUPPLEMENTAL SECURITY INCOME OR SPECIAL VETERANS BENEFITS RECONSIDERATION ONLY

(See the three ways to appeal in the How To Appeal Your Supplemental Security Income (SSI) Or Special Veterans Benefit (SVB) Decision instructions.)

"I want to appeal your decision about my claim for Supplemental Security Income (SSI) or Special Veterans Benefits(SVB). I've read about the three ways to appeal. I've checked the box below."

☐ Case Review ☐ Informal Conference ☐ Formal Conference

ENTER ADDRESSES FOR THE CLAIMANT AND THE REPRESENTATIVE

CLAIMANT SIGNATURE- OPTIONAL			NAME OF CLAIMANT'S REPRESENTATIVE ☐ NON-ATTORNEY ☐ ATTORNEY		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE NUMBER *(Include area code)*		DATE	TELEPHONE NUMBER *(Include area code)*		DATE

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

See list of initial determinations

1. HAS INITIAL DETERMINATION BEEN MADE? ☐ YES ☐ NO

2. CLAIMANT INSISTS ON FILING ☐ YES ☐ NO

3. IS THIS REQUEST FILED TIMELY? ☐ YES ☐ NO

(If "NO", attach claimant's explanation for delay and attach any pertinent letter, material, or information in Social Security office.)

RETIREMENT AND SURVIVORS RECONSIDERATIONS ONLY (CHECK ONE) REFER TO (GN 03102.125)

☐ NO FURTHER DEVELOPMENT REQUIRED (GN 03102.300)

☐ REQUIRED DEVELOPMENT ATTACHED

☐ REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS

SOCIAL SECURITY OFFICE ADDRESS

ROUTING INSTRUCTIONS (CHECK ONE) →

☐ DISABILITY DETERMINATION SERVICES *(ROUTE WITH DISABILITY FOLDER)*

☐ ODO, BALTIMORE

☐ PROGRAM SERVICE CENTER

☐ OIO, BALTIMORE

☐ OEO, BALTIMORE

☐ DISTRICT OFFICE RECONSIDERATION

☐ CENTRAL PROCESSING SITE (SVB)

NOTE: Take or mail the **completed 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.