

REQUEST FOR RECONSIDERATION

(Do not write in this space)

NAME OF CLAIMANT

1 Myrtle Johnson

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON (If different from claimant.)

2

CLAIMANT SSN

3 987-65-4321

CLAIMANT CLAIM NUMBER (if different from SSN)

- -

SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) CLAIM NUMBER

4 - -

SPOUSE'S NAME (Complete ONLY in SSI cases)

5

SPOUSE'S SOCIAL SECURITY NUMBER (Complete ONLY in SSI cases)

6 - -

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

7 disability

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

8 The reviewer did not consider my doctor's statement that I met the listing and my illness is degenerative

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."

9

Case Review Informal Conference Formal Conference

EITHER THE CLAIMANT OR REPRESENTATIVE SHOULD SIGN - 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

10 Myrtle Johnson

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE

NON-ATTORNEY ATTORNEY

MAILING ADDRESS

2300 Harard Way

MAILING ADDRESS

CITY

Baltimore

STATE

MD

ZIP CODE

43202

CITY

STATE

ZIP CODE

-

TELEPHONE NUMBER (Include area code)

11 (555) 555-5555

DATE

1/27/12

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?

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

YES NO

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)

PROGRAM SERVICE CENTER

DISTRICT OFFICE RECONSIDERATION

ODO, BALTIMORE

OIO, BALTIMORE

CENTRAL PROCESSING SITE (SVB)

OEO, BALTIMORE

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.