



**SOCIAL SECURITY ADMINISTRATION**

Refer To:

Office of Disability Adjudication and Review  
One Bowdoin Square  
4th Floor  
Boston, MA 02114  
Tel: (888)870-7573

July 2, 2015

Boston, MA

Dear \_\_\_\_\_:

Thank you for your request for a hearing before an administrative law judge (ALJ). This letter explains the hearing process and things that you should do now to get ready for your hearing. We will send you a notice after we schedule your hearing. We will notify you at least 75 days before the date of your hearing. The notice will provide you with the time and place of your hearing. We generally process requests for hearing by date order, with the oldest receiving priority. We will schedule your hearing as soon as we can, which may take several months.

**Use of Video Conferencing (VTC) At Your Hearing**

In certain situations, we hold your hearing by VTC rather than in person. We will let you know ahead of time if we schedule your hearing by VTC.

If we schedule your appearance by VTC, you and the ALJ will be at different locations during the hearing. A large, color monitor will enable you and the ALJ to see, hear, and speak to each other. The ALJ will also be able to see, hear, and speak to anyone who comes with you to the hearing. This may include your representative (if you have one), a friend, or a family member. We will provide someone at your location to run the equipment and provide any other help you may need.

**You must let us know within 30 days after the date you receive this notice if you do not want to appear at your hearing by VTC. (We may extend the 30-day period if you show you had good cause for missing the deadline.) Please let us know by completing**

Form HA-L2 (04-2015)  
Claimant

**Suspect Social Security Fraud?**

**Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).**

See Next Page

**and returning the attached form in the envelope we sent you. We will arrange for you to appear in person.**

If you move before we hold your hearing, we retain the right to decide how you will appear at your hearing, even if you objected to appearing by VTC. For us to consider your change of residence when we schedule your hearing, you must submit evidence proving your new residence.

### **The Hearing**

At your hearing, you may present your case to the ALJ who will make the decision on your claim(s). The ALJ will consider the issue(s) you raise, the evidence now in your file, and any additional evidence you provide. The ALJ may also consider other issues, including issues that were decided in your favor in the decision you appealed. The Notice of Hearing will list the issues the ALJ plans to consider at the hearing.

Your hearing is the time to explain why you believe the ALJ should decide the issues in your favor.

### **Your Right to Representation**

You may choose to have a representative help you. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee only if you receive benefits. Others may represent you for free. Usually, your representative may not charge a fee unless we approve it. We are enclosing a list of groups that can help you find a representative.

If you get a representative, you or that person must notify us in writing. You may use our Form SSA 1696 U4 Appointment of Representative. Any local Social Security office can give you this form.

### **Submitting Evidence**

We need to make sure that your file has everything that the ALJ will need to decide your case. After the ALJ reviews the evidence in your file, he or she may request more evidence to consider at your hearing.

You are required to inform us about or submit all evidence known to you that relates to whether or not you are blind or disabled. You must inform us about or give us evidence no later than five business days before the date of your hearing. The ALJ may choose to not consider the evidence if you fail to provide it timely.

We can help you get evidence. If you need help, contact our office, your local Social Security office, or your representative (if you appoint one) immediately.

If a physician, expert, or other person is not providing documents important to your case, you may ask the ALJ to issue a subpoena. A subpoena is a special document that requires a person to submit documents or to testify at your hearing. The ALJ will issue a subpoena only if he or she thinks the evidence is necessary to decide your case, and the evidence cannot be obtained another way. You must ask the ALJ to issue a subpoena at least 10 days before your hearing date. Send your request in writing to the address at the top of the first page of this letter.

**You May See The Evidence In Your File**

If you wish to see the evidence in your file, you can see it on or before the date of your hearing. If you wish to see your file before the date of your hearing, please call us as soon as you reasonably can at the number at the top of the first page of this letter.

**If You Have Any Questions Or Your Address Changes**

If you have any questions, please call or write us. You must tell us if you change your address. For your convenience, we gave you our telephone number and address on the first page of this letter.

Sincerely yours,

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Hearing Office Director

**Enclosures:**

- HA-55 (Objection to Appear by Video Teleconferencing)
- SSA Publication No. 05-10075 (Your Right To Representation)
- HA-L1 (Important Notice Regarding Representation)
- HA-L4 (What Happens Next)
- SSA Publication No. 70-067 (Why You Should Have Your Hearing By Video)
- HA-827 (Medical Release Notice)
- SSA-827 (Authorization to Disclose Information to SSA)



# Your Right To Representation

You can have a representative, such as an attorney, help you when you do business with Social Security. We will work with your representative, just as we would with you.

For your protection, your representative cannot charge or collect a fee from you without first getting written approval from us. However, your representative may accept money from you in advance as long as it is held in a trust or escrow account.

Both you and your representative are responsible for providing us with accurate information. It is illegal to furnish false information knowingly and willfully. If you do, you may face criminal prosecution.

## What a representative can do

Once you appoint a representative, he or she can act on your behalf in most Social Security matters by:

- Getting information from your Social Security file;
- Helping you get medical records or information to support your claim;
- Coming with you, or for you, to any interview, conference or hearing you have with us;
- Requesting a reconsideration, hearing or Appeals Council review; and
- Helping you and your witnesses prepare for a hearing and questioning any witnesses.

Your representative also will receive a copy of the decision(s) we make on your claim(s).

## Choosing a representative

You can choose an attorney or other qualified person to represent you. You also can have more than one representative. However, you cannot have someone who has been suspended or disqualified from representing others before the Social Security Administration or who may not, by law, act as a representative.

Some organizations can help you find an attorney or give you free legal services if you qualify. Some representatives do not charge

unless you receive benefits. Your Social Security Office has a list of organizations that can help you find a representative.

You can appoint one or more people in a firm, corporation or other organization as your representative, but you **may not** appoint the firm, corporation or organization itself.

After you choose a representative, you must tell us **in writing** as soon as possible. To do this, get Form SSA-1696-U4, *Appointment of Representative*, from our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or from any Social Security office.

You must give the name of the person you are appointing and sign your name. If the person is **not** an attorney, he or she must give his or her name, in writing, state that he or she accepts the appointment, and sign the form.

## What your representative may charge you

To charge you a fee for services, your representative first must file either a fee agreement or a fee petition with us.

Your representative **cannot** charge you more than the fee amount we approve. If you or your representative disagree with the fee we approve, either of you can ask us to look at it again.

A representative who charges or collects a fee without our approval, or charges or collects too much, may be suspended or disqualified from representing anyone before the Social Security Administration and also may face criminal prosecution.

## Filing a fee agreement

If you and your representative have a written fee agreement, your representative may ask us to approve it any time before we decide your claim. Usually, we will approve the agreement and tell you in writing how much your representative may charge as long as:

- You both signed the agreement;
- Your claim was approved and resulted in past-due benefits; and

(over)

Your Right To Representation

- The fee you agreed on is no more than 25 percent of past-due benefits or \$6,000, whichever is less.

If we do not approve the fee agreement, we will notify you and your representative in writing that your representative must file a fee petition.

### **Filing a fee petition**

Your representative may give us a fee petition after completing the work on your claim(s). This written request should describe in detail the amount of time spent on each service your representative provided. Your representative must give you a copy of the fee petition and each attachment. If you disagree with the fee requested or the information shown, contact us within 20 days. We will consider the reasonable value of the representative's services and tell you, in writing, the amount of the fee we approve.

### **How much you pay**

The amount of the fee we decide your representative may charge is the most you owe for his or her services even if you agreed to pay your representative more. However, your representative can charge you for out-of-pocket expenses, such as medical reports, without our approval.

If an attorney or non-attorney whom Social Security has found eligible for direct payment represents you, we usually withhold 25 percent (but never more) of your past-due benefits to pay toward the fee. We pay all or part of the representatives from this money and send you any money left over.

Sometimes you must pay your representative directly:

- You must pay the rest you owe if the amount of the approved fee is more than the amount of money we withheld and paid your representative for you.
- You must pay the entire fee amount if:
  - Your representative is not eligible for direct payment;
  - We did not withhold 25 percent from your past-due Social Security or Supplemental Security Income benefits, or both; or

- Your representative did make a timely request for a fee and we sent you the money which we should have withheld.

You must pay for out-of-pocket expenses your representative incurs or expect(s) to incur (for example, the cost of getting your doctor's or hospital records).

### **If someone else pays your representative**

Even when someone else will pay the fee for you (for example, an insurance company), we must approve the fee unless:

- It is a nonprofit organization or federal, state, county or city agency that will pay the fee and any expenses from government funds; and
- Your representative gives us a written statement that you will not have to pay any fee or expenses.

### **If you appeal your claim to the federal court**

The court can allow a reasonable fee for your attorney. The fee usually will not exceed 25 percent of all past-due benefits that result from the court's decision. Your attorney cannot charge any additional fee for services before the court.

### **Contacting Social Security**

For more information, visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call toll-free 1-800-772-1213 (for the deaf or hard of hearing, call or TTY number, 1-800-325-0778). We can answer specific questions from 7 a.m. to 7 p.m. Monday through Friday. We can provide information by automated phone service 24 hours a day.

We treat all calls confidentially. We also want to make sure you receive accurate and courteous service. That is why we have a second Social Security representative monitor some telephone calls.



Social Security Administration  
 SSA Publication No. 05-10075  
 ICN 468000  
 Unit of Issue – HD (one hundred)  
 June 2009 (Destroy prior editions)

**Important Notice About Representation**

You may choose to have a representative help you. You may appoint an attorney or other person to act as your representative. Some representatives may represent you for free. We will work with this person just as we would work with you.

Most representatives do not charge a fee unless your claim is successful and you receive benefits. **Usually, your representative may not charge a fee unless we approve it.**

If you get a representative, you or that person must notify us in writing. You may use our Form SSA-1696-U4 Appointment of Representative. Any local Social Security office can give you this form.

**If you want an attorney to help you, you may contact the organization(s) listed below. The organization you contact should give you the name and number of an attorney with experience representing people at Social Security hearings.**

Organizations	Address	Telephone
National Association of Disability Representatives	1615 L Street NW Suite 650 Washington, DC 20036	800-747-6131

**If you cannot pay for legal representation and you think you might qualify for free legal help, you may contact the organization(s) listed below. If they cannot help you, they may refer you to someone else.**

Organization	Address	Telephone
Boston College Legal Assistance Bureau	24 Crescent St., Suite 202 Waltham, MA 02453	781-893-4793
Cambridge & Somerville Legal Services	60 Gore Street, Suite 203 Cambridge, MA 02141	617-603-2700
Cambridgeport Problem Center, Inc.	One West Street Cambridge, MA 02139	617-661-1010
Harvard Legal Aid Bureau	23 Everett Street Cambridge, MA 02138	617-495-4408
Justice Center	231 Main Street Suite 201 Brockton, MA 02301	508-586-2110
Lawyers Referral Service	Massachusetts Bar Association 20 West Street Boston, MA 02111	800-392-6164
Lawyers Referral Service	Boston Bar Association 29 Temple Place, Ste. 300 Boston, MA 02111	617-742-0625
Lawyers Referral Service	40 Thorndike Street Cambridge, MA 02141	617-225-0259
Lawyers Referral Service	19 Norwich Street Worcester, MA 01608	508-753-9069
Legal Services Center	122 Boylston Street Jamaica Plain, MA 02130	617-522-3003
Legal Services of Cape Cod & Islands, Inc.	8 Main Street, Suite 301B Plymouth, MA 02360	800-585-4933
Massachusetts Justice Project	405 Main Street, 4th Floor Worcester, MA 01608	508-831-9888
Merrimack Valley Legal Services, Inc.	170 Common Street, Suite 300 Lawrence, MA 01840-1507	800-4427-2521
Merrimack Valley Legal Services, Inc.	35 John Street, Suite 302 Lowell, MA 01852	978-458-1465
Metro West Legal Services	63 Fountain Street Suite 304 Framingham, MA 01702	800-696-1501
Middlesex County Bar Association	200 Trade Center, 3rd Floor Room 329 Woburn, MA 01801	781-939-2797
Neighborhood Legal Services	37 Friend Street Lynn, MA 01902	617-599-7730



New England School of Law Legal Services	46 Church Street, 1st Floor Boston, MA 02116	617-422-7380
South Coastal County Legal Services	22 Bedford Street 1st Floor Fall River, MA 02720	508-676-6265
South County Legal Service	460 West Main Street Hyannis, MA 02601	508-775-7020
The National Lawyer's Guild	Lawyer Referral Service 14 Beacon Street Boston, MA 02108	617-227-7335
Volunteer Lawyers Project	99 Chauncy Street, Suite 400 Boston, MA 02111	617-423-0648
National Association of Disability Representatives	P. O. Box 1303 Framingham, Massachusetts 01701- 1303	800-747-6131
National Organization of Social Security Clmt Reps	560 Sylvan Avenue Englewood Cliffs, New Jersey 07632	800-431-2804
National Organization of Social Security Reps	6 Prospect Street Midland Park, NJ 07432	1-800-431-2804

**If you want someone who is not an attorney to help you, you may contact the organization(s) listed below. The organization you contact should give you the name and number of someone with experience representing people at Social Security hearings.**

Organization	Address	Telephone

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**SOCIAL SECURITY HEARING PROCESS**  
**WHAT HAPPENS NEXT?**  
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- \* Your hearing request and your file are now at the Office of Disability Adjudication and Review (ODAR).
- \* We may look at your case to see if we can make a decision in your favor without a hearing. If we do not make a decision this way, we will prepare your case for an administrative law judge (ALJ). We prepare cases in the order we get them.
- \* An ALJ will review your file after we prepare it. We will then schedule a hearing for your case. You will get a notice informing you when and where we will hold your hearing. We will send you the notice at least 75 days before the date of your hearing. If you have a representative, we will also send the notice to that person. You can expect to wait months from the time you file your request for a hearing until your actual hearing date.
- \* You will come to your hearing and talk to the ALJ. Other people, such as witnesses or your representative, can also come to your hearing. If the ALJ wants any more evidence, or if you ask for more time to give us more evidence, the ALJ will tell you how long we will wait for that evidence.
- \* The ALJ will make a decision after your hearing if he or she has all of the evidence. Otherwise, the ALJ will make a decision when he or she gets the evidence needed to make a decision.
- \* You can expect to wait another months after the hearing until you receive your written decision in the mail.
- \* We cannot talk to you about the outcome of your case before we mail you the written decision.
- \* Remember: In order to make your case go as quickly as possible, please be sure to send us all of your medical and other evidence as soon as possible. Your representative, if you have one, may also send evidence to us. Having the evidence sooner could help the ALJ decide your case sooner.

# Why You Should Have Your Hearing By Video

If you are getting ready for a hearing before an administrative law judge, Social Security offers an efficient method using new technology—video hearings. With video hearings, we can make the hearing more convenient for you. Often an appearance by video hearing can be scheduled faster than an in-person appearance.

## What is a video hearing?

A video hearing allows you and the other hearing participants to see and hear each other through large color television screens. The judge remains in his or her office, and you go to a site that can be more convenient to where you live. A technician is there to make sure the equipment works smoothly.

## How is a video hearing different?

Except for the equipment, a video hearing is no different than a hearing at which you appear in person. The judge can see you and speak with you and anyone who comes to the hearing with you, such as your representative or any witnesses. You can see the judge and anyone who is with the judge—or anyone at another video teleconference site, such as a medical or vocational expert. Transmission of the hearing is secure, and your privacy is protected. We do not videotape hearings, but we do make audio recordings—as we do for all hearings.

## What are the advantages of a video hearing?

Often an appearance by video hearing can be scheduled faster than an in-person appearance. That means less waiting time. Also, a video hearing location may be closer to your home. That might make it easier for you to have witnesses or other people accompany you.

## How is a video hearing scheduled?

If we are using video hearing equipment in your area, we will contact you to schedule a video appearance for you at a convenient time. The judge will consider any preference you may have expressed for or against appearing by video teleconferencing when setting the time and place of your hearing. You will have an opportunity to object to the set time or place.

If you have any questions or want more information, please contact your hearing office when you receive your acknowledgment of your request for a hearing.





**SOCIAL SECURITY ADMINISTRATION**

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Refer To: [REDACTED]

Office of Disability Adjudication and Review  
One Bowdoin Square  
4th Floor  
Boston, MA 02114  
Tel: (888)870-7573

July 2, 2015

Boston, MA [REDACTED]

Dear [REDACTED]:

In order to obtain records to update your file we need a current Authorization to Release Information. Please sign the enclosed form(s) and return it to our office within ten (10) days. A return envelope is enclosed for your convenience.

Sincerely,

[REDACTED]  
Hearing Office Director

Enclosure (SSA-827)

NAME (First, Middle, Last, Suffix)

SSN

Birthday (mm/dd/yy)

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

\*\* PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW \*\*

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- 1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
- Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
- Drug abuse, alcoholism, or other substance abuse
- Sickle cell anemia
- Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
- Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
All educational sources (schools, teachers, records administrators, counselors, etc.)
Social workers/rehabilitation counselors
Consulting examiners used by SSA
Employers, insurance companies, workers' compensation programs
Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

[ ] Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY

INDIVIDUAL authorizing disclosure

IF not signed by subject of disclosure, specify basis for authority to sign

- [ ] Parent of minor [ ] Guardian [ ] Other personal representative (explain)

SIGN

(Parent/guardian/personal representative sign here if two signatures required by State law)

Date Signed

Street Address

Phone Number (with area code)

State MA

ZIP

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN

IF needed, second witness sign here (e.g. if signed with "X" above)

SIGN

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

**Explanation of Form SSA-827,  
"Authorization to Disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

**Privacy Act Statement  
Collection and Use of Personal Information**

Sections 205(a), 233(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(I) and 1631(e)(I)(A) of the Social Security Act as amended, [42 U.S.C. 405(a), 433(d)(5)(A), 1382c(a)(3)(H)(i), 1383(d)(I) and 1383(e)(I)(A)] authorize us to collect this information. We will use the information you provide to help us determine your eligibility, or continuing eligibility for benefits, and your ability to manage any benefits received. The information you provide is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on your claim, and could result in denial or loss of benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the U.S. Census Bureau and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you gave us is available in our Privacy Act Systems of Records Notices entitled, Claims Folder System, 60-0089; Master Beneficiary Record, 60-0090; Supplemental Security Income record and Special Veterans benefits, 60-0103; and Electronic Disability (eDIB) Claims File, 60-0340. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at 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 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *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.*