

# **SOCIAL SECURITY DISABILITY HANDBOOK**



**QUATRINI RAFFERTY**

ATTORNEYS AT LAW

# **SOCIAL SECURITY DISABILITY HANDBOOK**

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## Introduction

Since 1974, the attorneys of QuatriniRafferty have been representing clients on Social Security Disability (SSD) and Supplemental Security Income (SSI) claims, beginning with one of our founding partners, Vincent J. Quatrini, Jr.

We have walked our clients through thousands of claims over the past 36 years.

Our Social Security attorneys have experience in handling all aspects of your Social Security Disability case, from filing the initial application to appealing unfavorable decisions to Federal Court.

When you sign on with our firm, you receive the benefit of working with a group of experienced trial attorneys, who are supported by a well-trained staff and state-of-the-art technology, and who will provide you with top quality legal advice.

Our SSD/SSI team has 10 full-time staff members to ensure that you are cared for and well represented during this challenging time in your life.

We are proud to be one of only a handful of law firms in Western Pennsylvania that file the initial claim for you through the Social Security office. Additionally, to speed up the process, we file your claim over the internet. Many law firms tell you to

file the claim on your own and then call them back if you are denied. We have learned over our years of experience that when you file your claim on your own, oftentimes wrong or misleading information is accidentally given to Social Security. When this happens, it makes it much harder to win the claim on appeal. We do not take that chance. We prepare and file your application for you.

Our SSD attorneys are authors and lecturers on Social Security Disability law. All of our attorneys are members of the National Organization of Social Security Claimants Representatives (NOSSCR), a nationwide group of attorneys who handle SSD claims, day in and day out.

We assign a first-class team - consisting of an attorney, paralegal, and secretary - to your case. We use our advanced computer software to manage your information. We meet with you and we call you through every step of your case and are there for you if you have a hearing in front of a Social Security judge.

We pay attention to details. We work closely with your doctors. We follow up to make sure that you keep us informed of any changes in your medical condition or your treatment.

Being chronically ill – physically or emotionally - or seriously hurt is stressful enough. You should

not have to also worry about whether or not you are entitled to receive benefits from a system that you have paid into for many years. The attorneys at QuatriniRafferty are dedicated to using our skill and experience to get your SSD/SSI claim approved.

We designed this handbook to provide you with a general overview of some of the most important areas of Social Security Disability. Please remember that this is general information. Do not rely upon it without getting a legal opinion from one of our attorneys. Social Security laws are very technical. We encourage you to call us toll-free at **1-888-288-9748** to ask us any questions you have about SSD or SSI and meet with one of our experienced SSD attorneys. We do not charge any fee for an initial meeting.

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# Your Social Security Disability Case

## Introduction

If you have had the misfortune of suffering a disabling physical or emotional illness or injury and are unable to work, you may be eligible for SSD benefits. Social Security offers more than just retirement benefits. If you have worked for a long enough period of time (usually 5 out of the past 10 years), and expect to be out of work for a 12-month period, you may submit an application for SSD benefits.

There are advantages to applying. First and most importantly, SSD benefits will provide income if you are unable to work for the foreseeable future. Most workers who are injured or ill do not have private long-term disability policies to supplement their income.

The amount of the monthly benefit varies from one person to another person. The monthly benefit is based on how long you have worked and how much money you have earned. The best way to find out what you would be entitled to in the event you are disabled is to refer to your annual Earnings Statement from Social Security. A sample Earnings Statement is located on *pages 25 & 26*.

The Earnings Statement informs you of the amount you will collect monthly if you are found to be disabled. It also provides information on early retirement benefits and full retirement benefits.

Make sure your earning history is accurate. If you find that Social Security omitted a year that you know you worked and paid Social Security taxes, it is important to notify them immediately by filing Form 7008 (see *page 27*) and providing a W-2 form indicating your earnings for that year. These changes will affect your benefits. If you do not have a recent Earnings Statement, you may contact your Social Security office and request Form 7004-SM (see *page 28*).

If you do not have enough quarters of work to be eligible for SSD benefits, it will show on the Earnings Statement. It will say something to the effect that you have not worked long enough to qualify for SSD benefits. However, you may still be eligible for Supplemental Security Income (SSI) benefits if you are under certain income requirements. We talk about SSI below.

## **Other Benefits Available Through Social Security**

### **Supplemental Security Income Benefits (SSI)**

Supplemental Security Income (SSI) is a disability program for people who are disabled but do not have enough quarters of work to apply for SSD. To be eligible to submit an application, you must have less than \$2,000 in resources. If you are married, you may apply if your maximum yearly resources do not exceed \$3,000.

## **Benefits for disabled children and adult disabled children**

There are also SSI benefits for disabled children. The disability evaluation in these cases is similar to the process for disabled adults. Many families do not realize that a child who has a diagnosis of a serious medical condition may be entitled to monthly benefits. If the child became disabled before the age of 22 and is still disabled as an adult, that child may also be eligible for SSD benefits, even though that child has never worked.

### **Survivors Benefits**

There are certain situations where a surviving spouse may collect benefits based upon a deceased spouse's Social Security earnings record. If you are 60 years old, you may collect a reduced amount of retirement benefits from your deceased spouse's earnings record. If you are widowed at age 50, and you are found to be disabled, you may collect benefits based upon your deceased spouse's earnings record.

If you care for a child of a deceased spouse and the child is under the age of 16 and receives Social Security benefits, the child may be eligible for survivors benefits through that deceased spouse. Dependent children under the age of 18 and attending high school are eligible to receive survivors benefits. Also, dependent children who are under the age of 22 when disabled, and remain disabled, are eligible for survivors benefits through a deceased parent. You are

welcome to call us at **1-888-288-9748** or meet with one of our attorneys if you think you may qualify for these benefits.

### **Early Retirement Social Security Benefits**

There is no evaluation process for early retirement, but it should be noted that if you opt to take these benefits, you will receive a reduced amount based on your age. You qualify for early retirement simply by age. Most people qualify for reduced benefits starting at age 62. However, the early retirement age goes up depending on your year of birth.

**IMPORTANT:** If you are receiving workers' compensation benefits under the Pennsylvania Workers' Compensation Act, and you take your early SS retirement benefit, it will result in a substantial reduction or offset in your workers' compensation benefits. ***Before you sign up for early retirement, please contact one of our workers' compensation attorneys to find out if early retirement will lower the amount of your workers' compensation check.***

### **Advantages of Applying for Social Security Disability**

In addition to providing income to you, another advantage of applying for and receiving SSD is that your children, if under age 18 and in high school, (or older if disabled themselves) may also qualify for benefits automatically if your application is approved.

If you qualify for SSD benefits, you will also become eligible for Medicare. Medicare does kick in immediately upon approval of SSD benefits. There is a 24-month waiting period starting from the first month you are entitled to collect your SSD payment, which is 29 months after you were found to be unable to work. (SSD does not pay any benefit for the first five months of your disability.)

If you are already covered by your spouse's medical plan or have your own health insurance, you may reject Medicare. If you are covered by COBRA, and it is set to expire, you may extend COBRA under certain circumstances if you can prove that you have been awarded SSD benefits. You will have to pay for Medicare, but most of the time, the charge will be automatically deducted from your monthly SSD check.

Obtaining an SSD award will also keep your Social Security retirement amount from being lower. In other words, the longer you remain out of work, the more zeroes you will accumulate on your earnings record prior to early or full retirement. The more zeros you accumulate, the lower your early or full retirement check would be. Obtaining an SSD award has the effect of "freezing" your earnings record.

## **How Do I Know if I am a Candidate for Social Security Disability Benefits?**

It is a fact that it is difficult to obtain SSD benefits. The process is complicated and the rules of eligibility make it hard to qualify.

That is why QuatriniRafferty can help you.

Prior to meeting with us, you should have a frank discussion with your treating physician about your medical impairments.

It is important that you remember that the Social Security definition of “disabled” differs from the typical dictionary definition of “disabled”. It also differs from the disability standard of other legal areas, including veterans’ benefits and workers’ compensation benefits.

We think that if you have one or more serious medical problems, and your physician feels that because of your medical condition(s) you will not be able to work for a 12-month period, you may qualify for SSD/SSI.

There are different rules for different age brackets (under 50, 50-54, 55-59, and over 60).

Even if you are still working, but earning less than \$1,000 per month in 2010 (this amount increases every year), you may still be able to pursue an

claim. It is important to note that amount is \$1,000 before tax dollars, not what you take home.

Some people with very grave medical problems may meet Social Security's definition of disability based solely upon their medical evidence. The majority, however, must be found incapable of performing full-time work.

## **The Application and Decision Processes**

### **Initial Application**

To initiate a claim for SSD, you must submit an initial application.

QuatriniRafferty is unique. We will complete the application and we will submit it online for you.

The application requires that you supply information about your work history, your medical impairments and the medical providers that are treating you. The application asks you for a specific description of your symptoms and the reasons why you are unable to work.

Once the application is submitted, the Social Security office will send the application to a state agency. The state agency is responsible for making a medical determination on your case. The state agency will order any medical evidence that is not sent with your application and will send you the "Ac-

tivities of Daily Living” Questionnaire (see *sample on page 29*). This questionnaire asks for more specific information regarding your condition. These forms must be completed and returned in a timely manner, or your claim may be denied for lack of evidence.

At QuatriniRafferty, we help you complete all of these forms to make sure everything is done correctly.

Occasionally, the state agency will send you a notice for a Consultative Examination (CE) (see *notice on page 30*). If you receive this notice, you **MUST** attend the appointment. Most of the time, the state bureau schedules a CE when medical evidence from your own medical providers is difficult to obtain or does not provide enough information to make a determination.

### **Initial Decision**

It usually takes 3-6 months from the date of filing your application to get an initial decision. The initial decision may take longer if you have been ordered to attend a CE. If you are approved for benefits, the first notice that you are likely to receive will be from your local Social Security office in the form of a check. You may also receive money directly deposited into your bank account. Approximately two weeks after receipt of your past due benefits, you will receive a Notice of Award (see *sample notice on page 31*). This notice will point out the date you were found to be disabled and the date when you

are entitled to receive your first check. It will also tell you what amount you will get each month.

The majority of people who apply for SSD benefits are denied benefits at this initial level. The denial notice (*see sample on page 32*) will explain that you have **60 days to appeal the decision.**

### **Appealing the Decision – ONLY 60 DAYS TO APPEAL**

To appeal your decision in Pennsylvania, you need to file a Request for Hearing Before an Administrative Law Judge (*see sample form on page 33*) with your local Social Security office. **IMPORTANT:** If you receive a denial, it is critical that you contact our office immediately so that we can meet with you and fill out the paperwork for the appeal within **60 days of the date on your denial letter.**

### **Waiting for the Hearing**

Again, it is crucial to file a Request for Hearing Before an Administrative Law Judge within 60 days following your initial denial. After the appeal has been filed, the local Social Security office will forward your appeal to the Office of Disability Adjudication and Review (ODAR). The waiting period to receive a hearing date varies depending upon what office your appeal is assigned to. Generally speaking, you can expect to wait approximately 12-24 months to receive a hearing date, depending on the county in which you live. The Social Security Administration is

working toward reducing this long wait, but currently, this is the realistic waiting period.

It is vital that ODAR receives updated medical information for your case. The judge will want to know if anything has changed about your medical condition, and if so, what changed. Your QuatriniRafferty attorney will periodically meet with you to update your medical information and obtain records before the hearing. We also count on you calling us and telling us about any changes.

ODAR is required to provide at least 20 days notice in writing before a hearing date is scheduled. If we did not file your initial application and we did not file your appeal, and you would like QuatriniRafferty to represent you at the hearing, you should contact us as soon as possible.

You should not wait until you receive the Notice of Hearing (*see sample on page 34*) to speak with our attorneys. Twenty days does not allow an attorney enough time to prepare your case for you and obtain all the important medical records. If our attorney has to ask for a postponement, you will have to wait even longer to have your hearing.

## The Hearing Process

The hearing process can be intimidating. The good news is that your chances of winning your claim are much better at a hearing before an Administrative Law Judge than they are on the initial application before the state agency.

Why? There are many reasons. Often, the state agency denies a claim if you have not been “disabled” for a 12-month period, even though your medical condition is severe enough to render a finding of “disabled.” By the time your claim is denied and presented before a judge, you are past the 12-month period. Also, the state agency does not have an opportunity to meet with you or to listen to your story. The state agency has to follow certain rules which make it more difficult for them to consider your pain or the other factors that “disable” you.

A SSD hearing is informal. It is not in a courtroom. You can wear casual clothes. The judge will ask you a number of questions about your health, your work record, and the way your medical problems affect your life. Your QuatriniRafferty attorney will be with you and will ask questions about your condition – your pain, the changes in your life, the affect on your ability to perform full time employment, and the impact on your emotional state.

## Experts

Often a judge will subpoena experts to appear and testify for your hearing. However, a judge is not required to call any experts. It is up to the judge. These experts, like the judge, are to be impartial and have no interest one way or the other in the outcome of your case. Vocational experts are present to review your past relevant work history and offer an opinion as to whether you are able to return to any of the work you performed in the past, and if not, whether there are any other positions you would have the physical and/or mental and/or emotional capacity to perform.

In rare instances, medical experts may be present at the hearing to review the medical portion of your file and offer an opinion on whether your condition is severe enough to meet or equal a pre-determined Social Security medical listing (in which case you will automatically be found disabled). Medical experts are often used when the medical condition is complicated or confusing to a lay person.

Hearings usually last about 45 to 60 minutes. This is your opportunity to let the judge know exactly why you cannot work and how your medical condition(s) affect your everyday activities. Most of the time, the judge will not tell you what his or her decision is on the day of the hearing.

If you receive a “Fully Favorable” decision, you have won your case and will receive SSD benefits (see *page 35 for sample notice*). However, it will probably take another 30 to 60 days before you receive a payment. This is because the office that handles your appeal (ODAR) is not the same office that processes your case for payment.

If you receive an “Unfavorable” decision, you have been denied and will not receive SSD benefits (see *page 36 for sample notice*).

You do have appeal rights if you receive an unfavorable hearing decision. We will want to meet with you because an appeal must be filed with your local Social Security office within 60 days of the decision. This appeal is called “Request for Review of Hearing Decision/Order” (see *page 37 for sample*).

Your appeal is sent to the Appeals Council, and one of three things may happen at this stage. The Appeals Council may - and 90% of the time, does - uphold the judge’s decision. However, the Appeals Council may reverse the judge’s decision entirely or point out mistakes and send the case back to the judge with a specific set of instructions on how to conduct a new hearing.

If you lose on the Appeals Council level, your next step is to file in Federal Court.

## **Workers' Compensation and Social Security Disability Benefits**

Many people mistakenly believe that you cannot receive workers' compensation and SSD benefits at the same time. You can receive both. It depends on a formula used by Social Security.

You are allowed to receive 80% of your average current earnings. There are different formulas that the Social Security Administration uses to determine your average current earnings, but for the most part, they will use the formula that allows you to receive the most (*see page 38 for sample questionnaire*).

It is crucial that you make the Social Security Administration aware of the fact that you are receiving workers' compensation benefits. If the Social Security Administration does not know, they may "overpay" you. Once they realize the mistake, they will send you a letter asking you to send back the amount of the overpayment.

Because we have extensive experience in both workers' compensation and Social Security benefits, QuatriniRafferty attorneys will be able to analyze your benefits and help you to avoid overpayments.

## Tax Issues

Many people ask if SSD benefits are subject to federal income tax. There is no clear cut answer to this question. It is different for each individual. It depends on whether you are married and if you have other sources of income. At QuatriniRafferty, we have an accountant/tax attorney who can help answer these questions for you.

It is important to point out that Social Security will send a 1099 form reporting the full amount of your Social Security benefits – whether they are retirement or disability benefits – and whether or not you are actually receiving the full benefit. For example, if you are receiving workers' compensation benefits and SSD benefits, but your SSD checks are reduced because of your workers' compensation benefits, the Social Security Administration will always report the full amount to the IRS, not the lesser amount you actually received. So, even though workers' compensation benefits are not subject to income tax, the Social Security Administration will report the full amount of SSD benefits without the workers' compensation offset to the IRS. Again, we recommend that you consult our tax attorney at QuatriniRafferty if you have questions.

## Overpayment Issues

In some cases, you may receive a letter from Social Security stating you have been overpaid (see *page 39 for sample*). You have two choices. First, you may file a Request for Reconsideration. You may file this appeal when you believe Social Security erred in their calculations, and you really do not owe any money for overpayment. This may be hard to prove because it is often difficult to determine how Social Security arrives at their overpayment calculations. However, most of these situations come about when you are also receiving workers' compensation benefits or you have returned to work. The Reconsideration is considered an appeal and is subject to deadlines (normally 60 days). If you are denied, you will have certain appeal rights and the opportunity to be heard before an Administrative Law Judge.

The second option is to request a Waiver (see *sample on page 40*). By requesting a Waiver, you are not disputing that the overpayment exists, but instead claiming that you (a) are not at fault for the overpayment and (b) cannot afford to pay the Social Security Administration back. The Social Security Administration may forgive the overpayment if you meet both parts of this test. Or, if Social Security determines that you must pay some money back, they are often agreeable to arranging a payment plan with you.

## **Returning to Work Following a Social Security Disability Award**

If you are receiving SSD benefits and return to work, it is important to be aware of the fact that if you earn over \$720 per month in 2010 (this amount increases every year), you will be subject to a Trial Work Period. It is important to note that this is \$720 before deducting taxes, not what you take home.

After you have earned \$720 per month for a 9-month period (NOTE: this period does not have to be consecutive), your SSD benefits and Medicare coverage (if you are on Medicare) will stop. However, during the 9-month period, you are able to earn \$720 per month or more and also receive SSD benefits. The purpose of the Trial Work Period is to encourage you to try to return to work without the threat of automatically losing your benefits. You are allowed to try working to find out if you can tolerate the job.

It is crucial to keep Social Security informed of any attempt you make to return to work, so that they can keep track of the Trial Work Period. Often, the Social Security Administration will continue to pay you after you have worked past the 9-month period. If this happens, you need to return the money to the Social Security Administration. Otherwise, the Social Security Administration will claim that you have been overpaid and demand return of that overpayment.

As you can see, going back to work while on SSD or SSI benefits is complicated. We suggest meeting with a QuatriniRafferty attorney before making the decision to return to work.

## **Reinstatement of Benefits**

If your benefits stop due to a return to work, you may not have to formally reapply if you become disabled again in the future. A process known as Reinstatement of Entitlement can be utilized if you go out of work again due to your medical disability within 60 months (5 years) of the end of your benefits. The standard is a bit more relaxed than the initial application process. You may also receive Provisional Benefits for a period of 6 months while your reinstatement is being evaluated. Provisional Benefits include monetary benefits as well as Medicare.

## **Continuing Medical Review**

After you have been collecting Social Security Disability (SSD) benefits for a period of time, Social Security may send you a letter stating that they are conducting a Continuing Medical Review. Social Security has increased the number of these reviews in recent years. If you receive a letter like this, you should contact us immediately. Normally, the state agency or Bureau of Disability Determination will

require that you complete Activities of Daily Living forms, similar to the ones you completed at the very beginning of the process. The agency will also request updated medical records.

Under normal circumstances, there should be no reason to become anxious over Continuing Medical Review. If your condition has not improved, it is likely just a matter of providing updated information to the Social Security Administration.

If you are denied because of the review, you will receive a Disability Cessation Notice. Social Security will give you **just 10 days** to notify them if you wish to continue receiving disability benefits pending the appeal. If you do not notify the Social Security Administration of your intention to continue receiving benefits pending this appeal, you will not receive any benefits during the waiting period. This can be a lengthy process, so it is critical to contact us immediately so that we notify Social Security that you wish to continue receiving your benefits.

If you appeal after the continuing medical review denial, your case will be heard before a Disability Hearing Officer (DHO). It is a less formal hearing than a hearing before an Administrative Law Judge (*see sample hearing notice on page 34*). The DHO who hears your appeal will consider your symptoms, whether they have changed or remained the same, and whether there is any change in your day-to-day

activities. If you are denied again, you will have an opportunity to appeal to an Administrative Law Judge.

QuatriniRafferty attorneys will help you at all levels of the Continuing Medical Review.

## **Conclusion**

We hope that this handbook provides you with information on important parts of the Social Security system. Remember, the information contained in this handbook is really only the tip of the iceberg. Social Security is a federal program governed by case law, regulations, statutes and administrative rulings. It is a complex body of law that constantly changes.

The attorneys at QuatriniRafferty are committed to guiding you through this complex system with skill and compassion. We apply our many years of experience to help you obtain the benefits you deserve.

# Sample Earning Statement

## Your Estimated Benefits

<b>*Retirement</b>	You have earned enough credits to qualify for benefits. At your current earnings rate, if you continue working until...	
	your full retirement age (67 years), your payment would be about.....	\$ 1,578 a month
	age 70, your payment would be about .....	\$ 1,967 a month
	If you stop working and start receiving benefits at...	
	age 62, your payment would be about .....	\$ 1,088 a month
<b>*Disability</b>	You have earned enough credits to qualify for benefits. If you became disabled right now, your payment would be about.....	\$ 1,442 a month
<b>*Family</b>	If you get retirement or disability benefits, your spouse and children also may qualify for benefits.	
<b>*Survivors</b>	You have earned enough credits for your family to receive survivors benefits. If you die this year, certain members of your family may qualify for the following benefits:	
	Your child.....	\$ 1,125 a month
	Your spouse who is caring for your child.....	\$ 1,125 a month
	Your spouse, if benefits start at full retirement age.....	\$ 1,501 a month
	Total family benefits cannot be more than.....	\$ 2,762 a month
	Your spouse or minor child may be eligible for a special one-time death benefit of \$255.	
<b>Medicare</b>	You have enough credits to qualify for Medicare at age 65. Even if you do not retire at age 65, be sure to contact Social Security three months before your 65th birthday to enroll in Medicare.	

\* Your estimated benefits are based on current law. Congress has made changes to the law in the past and can do so at any time. The law governing benefit amounts may change because, by 2037, the payroll taxes collected will be enough to pay only about 76 percent of scheduled benefits.

### We based your benefit estimates on these facts:

Your date of birth (please verify your name on page 1 and this date of birth).....	April 5, 1969
Your estimated taxable earnings per year after 2009 .....	\$43,117
Your Social Security number (only the last four digits are shown to help prevent identity theft) .....	XXX-XX-1234

## How Your Benefits Are Estimated

To qualify for benefits, you earn "credits" through your work — up to four each year. This year, for example, you earn one credit for each \$1,120 of wages or self-employment income. When you've earned \$4,480, you've earned your four credits for the year. Most people need 40 credits, earned over their working lifetime, to receive retirement benefits. For disability and survivors benefits, young people need fewer credits to be eligible.

We checked your records to see whether you have earned enough credits to qualify for benefits. If you haven't earned enough yet to qualify for any type of benefit, we can't give you a benefit estimate now. If you continue to work, we'll give you an estimate when you do qualify.

**What we assumed** — If you have enough work credits, we estimated your benefit amounts using your average earnings over your working lifetime. For 2010 and later (up to retirement age), we assumed you'll continue to work and make about the same as you did in 2008 or 2009. We also included credits we assumed you earned last year and this year.

Generally, the older you are and the closer you are to retirement, the more accurate the retirement estimates will be because they are based on a longer work history with fewer uncertainties such as earnings fluctuations and future law changes. We encourage you to use our online Retirement Estimator at [www.socialsecurity.gov/estimator](http://www.socialsecurity.gov/estimator) to obtain immediate and personalized benefit estimates.

We can't provide your actual benefit amount until you apply for benefits. **And that amount may differ from the estimates stated above because:**

- (1) Your earnings may increase or decrease in the future.
- (2) After you start receiving benefits, they will be adjusted for cost-of-living increases.

- (3) Your estimated benefits are based on current law. The law governing benefit amounts may change.
- (4) Your benefit amount may be affected by **military service, railroad employment or pensions earned through work on which you did not pay Social Security tax**. Visit [www.socialsecurity.gov/mystatement](http://www.socialsecurity.gov/mystatement) to learn more.

**Windfall Elimination Provision (WEP)** — In the future, if you receive a pension from employment in which you do not pay Social Security taxes, such as some federal, state or local government work, some nonprofit organizations or foreign employment, and you also qualify for your own Social Security retirement or disability benefit, your Social Security benefit may be reduced, but not eliminated, by WEP. The amount of the reduction, if any, depends on your earnings and number of years in jobs in which you paid Social Security taxes, and the year you are age 62 or become disabled. For more information, please see *Windfall Elimination Provision* (Publication No. 05-10045) at [www.socialsecurity.gov/WEP](http://www.socialsecurity.gov/WEP).

**Government Pension Offset (GPO)** — If you receive a pension based on federal, state or local government work in which you did not pay Social Security taxes and you qualify, now or in the future, for Social Security benefits as a current or former spouse, widow or widower, you are likely to be affected by GPO. If GPO applies, your Social Security benefit will be reduced by an amount equal to two-thirds of your government pension, and could be reduced to zero. Even if your benefit is reduced to zero, you will be eligible for Medicare at age 65 on your spouse's record. To learn more, please see *Government Pension Offset* (Publication No. 05-10007) at [www.socialsecurity.gov/GPO](http://www.socialsecurity.gov/GPO).

# Sample Earning Statement (cont.)

## Your Earnings Record

Years You Worked	Your Taxed Social Security Earnings	Your Taxed Medicare Earnings
1985	580	580
1986	1,380	1,380
1987	2,455	2,455
1988	4,116	4,116
1989	5,618	5,618
1990	6,978	6,978
1991	8,639	8,639
1992	11,212	11,212
1993	13,289	13,289
1994	15,285	15,285
1995	17,396	17,396
1996	19,634	19,634
1997	22,084	22,084
1998	24,407	24,407
1999	26,782	26,782
2000	29,181	29,181
2001	30,699	30,699
2002	31,719	31,719
2003	33,102	33,102
2004	35,235	35,235
2005	37,096	37,096
2006	39,352	39,352
2007	41,667	41,667
2008	43,117	43,117
2009	Not yet recorded	Not yet recorded

You and your family may be eligible for valuable benefits:

When you die, your family may be eligible to receive survivors benefits.

Social Security may help you if you become disabled—even at a young age.

A young person who has worked and paid Social Security taxes in as few as two years can be eligible for disability benefits.

Social Security credits you earn move with you from job to job throughout your career.

### Total Social Security and Medicare taxes paid over your working career through the last year reported on the chart above:

Estimated taxes paid for Social Security:

You paid:	\$31,027
Your employers paid:	\$31,027

Estimated taxes paid for Medicare:

You paid:	\$7,625
Your employers paid:	\$7,625

**Note:** You currently pay 6.2 percent of your salary, up to \$106,800, in Social Security taxes and 1.45 percent in Medicare taxes on your entire salary. Your employer also pays 6.2 percent in Social Security taxes and 1.45 percent in Medicare taxes for you. If you are self-employed, you pay the combined employee and employer amount of 12.4 percent in Social Security taxes and 2.9 percent in Medicare taxes on your net earnings.

## Help Us Keep Your Earnings Record Accurate

You, your employer and Social Security share responsibility for the accuracy of your earnings record. Since you began working, we recorded your reported earnings under your name and Social Security number. We have updated your record each time your employer (or you, if you're self-employed) reported your earnings.

Remember, it's your earnings, not the amount of taxes you paid or the number of credits you've earned, that determine your benefit amount. When we figure that amount, we base it on your average earnings over your lifetime. If our records are wrong, you may not receive all the benefits to which you're entitled.

**Review this chart carefully** using your own records to make sure our information is correct and that we've recorded each year you worked. You're the only person who can look at the earnings chart and know whether it is complete and correct.

Some or all of your earnings from **last year** may not be shown on your *Statement*. It could be that we still were

processing last year's earnings reports when your *Statement* was prepared. Your complete earnings for last year will be shown on next year's *Statement*. **Note:** If you worked for more than one employer during any year, or if you had both earnings and self-employment income, we combined your earnings for the year.

**There's a limit on the amount of earnings on which you pay Social Security taxes each year.** The limit increases yearly. Earnings above the limit will not appear on your earnings chart as Social Security earnings. (For Medicare taxes, the maximum earnings amount began rising in 1991. Since 1994, all of your earnings are taxed for Medicare.)

**Call us right away at 1-800-772-1213** (7 a.m.–7 p.m. your local time) if any earnings for years **before last year** are shown incorrectly. Please have your W-2 or tax return for those years available. (If you live outside the U.S., follow the directions at the bottom of page 4.)

# Request for Correction of Earnings Records

SOCIAL SECURITY ADMINISTRATION		Form Approved OMB NO. 0960-0029	
<b>REQUEST FOR CORRECTION OF EARNINGS RECORD</b>			
<p><b>Privacy Act Notice:</b> The information requested on this form is authorized by section 205(c)(4) and (5) of the Social Security Act. This information is collected to resolve any discrepancy on your earnings record. The information you provide will be used to correct your earnings record where any discrepancy exists. Your response to this request is voluntary; however, failure to provide all or part of the requested information may affect your future eligibility for benefits and the amounts of benefits to which you may become entitled. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs to comply with Federal laws requiring the exchange of information between the Social Security Administration and another agency. <i>(Privacy Act continued on the back.)</i></p>			
I have examined your statement (or record) of my Social Security earnings and it is not correct. I am providing the following information and accompanying evidence so that you can correct my record.			
1. Print your name (First Name, Middle Initial, Last Name)		2. Enter your date of birth (Month, Day, Year)	
3. Print your name as shown on your Social Security number card			
4. Print any other name used in your work. (If you have used no other name enter "None.")			
5. (a) Enter your Social Security number - -		5. (b) Enter any other Social Security number(s) used by you or your employer to report your wages or self-employment. If none, check "None." (1) <input type="checkbox"/> None	
		(2) - -	
		(3) - -	
<b>6. IF NECESSARY, SSA MAY DISCLOSE MY NAME TO MY EMPLOYERS:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Without permission to use your name, SSA cannot make a thorough investigation.)			
<input type="checkbox"/> If you disagree with wages reported to your earnings record, complete Item 7. <input type="checkbox"/> If you disagree with self-employment income recorded on your earnings record, go to Item 8.			
<b>7. Print below in date order your employment <u>only</u> for year(s) (or months) you believe our records are not correct.</b> If you need more space, attach a separate sheet. Please make only one entry per calendar period employed. Show quarterly wage periods and amounts for years prior to 1978; annual amounts, 1978 on.			
1 - Year(s) (or months) of employment	Employer's business name, address, and phone number (include number, city, state, and ZIP code)	My correct Social Security (FICA) wages were:	My evidence of my correct earnings (enclosed)
2 - Type of employment (e.g., agricultural)			<input type="checkbox"/> W2 or W-2C <input type="checkbox"/> Other (specify)
(a) 1.			
2.			
(b) 1.			<input type="checkbox"/> W2 or W-2C <input type="checkbox"/> Other (specify)
2.			
(c) 1.			<input type="checkbox"/> W2 or W-2C <input type="checkbox"/> Other (specify)
2.			
<input type="checkbox"/> If you do not have evidence of these earnings, you must explain why you are unable to submit such evidence in the remarks section of Item 10.			
<input type="checkbox"/> If you do not have self-employment income that is incorrect go on to item 10 for any remarks, and then complete Item 11.			
<b>8. Print below in date order your self-employment earnings <u>only</u> for years you believe our records are not correct.</b> Please make only one entry per year.			
Trade or business name and business address	Year(s) of self-employment	My correct self-employment earnings were:	
(a)		\$	
(b)		\$	

# Request for Social Security Statement Form

Form Approved  
OMB No. 0985-0446

SP

## Request for Social Security Statement

Please check this box if you want to get your Statement in Spanish instead of English.

Please print or type your answers. When you have completed the form, fold it and mail it to us. If you prefer to send your request using the Internet, go to [www.socialsecurity.gov](http://www.socialsecurity.gov).

1. Name shown on your Social Security card:

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name Only \_\_\_\_\_

2. Your Social Security number as shown on your card:

-    -

3. Your date of birth (Mo.-Day-Yr)

-    -

4. Other Social Security numbers you have used:

-    -     
   -    -

5. Your Sex:  Male  Female

**For items 6 and 8, show only earnings covered by Social Security.** Do NOT include wages from state, local or federal government employment that are NOT covered by Social Security or that are covered ONLY by Medicare.

6. Show your actual earnings (wages and/or net self-employment income) for last year and your estimated earnings for this year.

A. Last year's actual earnings: (*Dollars Only*)  
 \$    ,    .

B. This year's estimated earnings: (*Dollars Only*)  
 \$    ,    .

7. Show the age at which you plan to stop working:

(*Show only one age*)

8. Below, show the average yearly amount (not your total future lifetime earnings) that you think you will earn between now and when you plan to stop working. Include performance or scheduled pay increases or bonuses, but not cost-of-living increases.

If you expect to earn significantly more or less in the future due to promotions, job changes, part-time work or an absence from the work force, enter the amount that most closely reflects your future average yearly earnings.

If you don't expect any significant changes, show the same amount you are earning now (the amount in 6B).

Future average yearly earnings: (*Dollars Only*)  
 \$    ,    .

9. Do you want us to send the Statement:  
 • To you? Enter your name and mailing address.  
 • To someone else (your accountant, pension plan, etc.)? Enter your name with "c/o" and the name and address of that person or organization.

"C/O" or Street Address (include Apt. No., P.O. Box, Rural Route)

Street Address

Street Address (If Foreign Address, enter City, Province, Postal Code)

U.S. City, State, ZIP code (If Foreign Address, enter Name of Country only)

### NOTICE:

I am asking for information about my own Social Security record or the record of a person I am authorized to represent. 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. I authorize you to use a contractor to send the Social Security Statement to the person and address in item 9.

Please sign your name (Do Not Print)

Date \_\_\_\_\_ (Area Code) Day time Telephone No. \_\_\_\_\_

Printed on recycled paper

Form SSA-700-SM (06-2008) IF (06-2008)  
 10-2006 edition may be used

# Activities of Daily Living Questionnaire

SOCIAL SECURITY ADMINISTRATION

Form Approved  
OMB No. 0960-0681

## FUNCTION REPORT - ADULT

*How your illnesses, injuries, or conditions limit your activities*

### For SSA Use Only

Do not write in this box.

Related SSN      -      -

Number Holder \_\_\_\_\_

## SECTION A - GENERAL INFORMATION

1. NAME OF DISABLED PERSON *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER

- -

3. YOUR DAYTIME TELEPHONE NUMBER *(If there is no telephone number where you can be reached, please give us a daytime number where we can leave a message for you.)*

(    )      -      \_\_\_\_\_  
Area Code      Phone Number

Your Number       Message Number       None

4. a. Where do you live? *(Check one.)*

House       Apartment       Boarding House       Nursing Home  
 Shelter       Group Home       Other *(What?)* \_\_\_\_\_

b. With whom do you live? *(Check one.)*

Alone       With Family       With Friends  
 Other *(Describe relationship.)* \_\_\_\_\_

## SECTION B - INFORMATION ABOUT YOUR ILLNESSES, INJURIES, OR CONDITIONS

5. How do your illnesses, injuries, or conditions limit your ability to work?

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# Notice of Consultative Exam



**pennsylvania**  
DEPARTMENT OF LABOR & INDUSTRY

BUREAU OF DISABILITY DETERMINATION  
POST OFFICE BOX 2500  
GREENSBURG, PENNSYLVANIA 15605-2500

FROM GREENSBURG CALL: 724-836-5100  
ALL OTHER AREAS CALL: 800-442-8018  
TDD: 724-832-3278  
FAX: Use enclosed FAX Cover Sheet

EXT. 83844

DATE: 06/23/10

DEAR

As you may already know, your claim for Social Security disability benefits was sent to this office for a decision. Since receiving your claim, we have tried to obtain medical evidence to document your condition.

The evidence we have obtained is not complete enough for us to make a decision. Therefore, we have arranged for you to be examined by the psychologist listed below. **This examination is designed to provide the specific medical information we still need. It may not include evaluation of all your complaints.** During the examination, it may be determined that other tests are needed or that a scheduled test is not needed or should not be done. We will pay all authorized medical costs for this examination.

Psychologist Name:  
Address:

Telephone:

TESTS(S):  
Mental Ability Test

Appointment Date: 07/19/10

Time: 10:00 AM

**SPECIAL INSTRUCTIONS:**

Please take the following items with you: eyeglasses, if worn; your current prescription medications, and this letter.

The psychologist will contact you about the appointment if a date and time is not shown above.

Sincerely,

T. Martin/ADJ  
Disability Claims Adjudicator

X52481

cc:

ENCLOSURE: 123, 1001, Pamphlet, Return Envelope  
G1 1/07 DMAF

# Notice of Award

## Social Security Administration Retirement, Survivors, and Disability Insurance Notice of Award

Office of Central  
Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: June 20, 2010  
Claim Number:

You are entitled to monthly disability benefits beginning August 2007.

Although you are entitled, we cannot pay you for some months.

Any future payments will be based on your current monthly benefit rate of \$75.50.

### **The Date You Became Disabled**

We found that you became disabled under our rules on September 14, 2006.

Our records show that you became disabled on September 14, 2006. By law, we can pay benefits no earlier than 12 months before the month of filing. Since you filed for benefits on August 26, 2008, monthly payments will begin August 2007.

### **What We Will Pay And When**

- You will receive \$1,091.38 around June 25, 2010.
- This is the money you are due for December 2007 through May 2010.
- This and any future payments will go to the financial institution you selected. Please let us know if you change your mailing address, so we can send you letters directly.

### **Your Benefits**

The following chart shows your benefit amount(s) before any deductions or rounding. The amount you actually receive(s) may differ from your full benefit amount. When we figure how much to pay you, we must deduct certain amounts, such as Medicare premiums. We must also round down to the nearest dollar.

SEE NEXT PAGE

# Notice of Denial

## Social Security Administration Retirement, Survivors, and Disability Insurance Notice of Disapproved Claim

Date: 05/28/2010

Claim Number:

We are writing about your claim for Social Security disability benefits. Based on a review of your health problems you do not qualify for benefits on this claim. This is because you are not disabled under our rules.

### The Decision On Your Case

The following reports were used to decide your claim. Additional reports were not needed because the ones shown below had enough information to evaluate your condition.

- 1.
- 2.
- 3.
- 4.

We have determined that your condition is not expected to remain severe enough for 12 months in a row to keep you from working. In deciding this, we considered the medical evidence, your statements and how your condition affected your ability to work.

You said that you are unable to work because of the following conditions: spinal stenosis and right radiculopathy. Medical findings reveal arthritic changes in your lower back. You have had treatment for your impairment and it appears that your condition will improve so that it will not be disabling for 12 months. Based on your description of the job you performed as a laborer for 6 years we have concluded that you will have the ability to do this job as of July, 2010.

If your condition does not improve as expected, write, call or visit any Social Security office.

### About The Decision

Doctors and other trained staff looked at this case and made this decision. They work for the state but used our rules.

Please See Next Page

# Request a Hearing Before an Administrative Law Judge

SOCIAL SECURITY ADMINISTRATION OFFICE OF DISABILITY ADJUDICATION AND REVIEW		Form Approved OMB No. 0960-0269
<b>REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE</b> <i>(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)</i>		See Privacy Act Notice
1. CLAIMANT NAME	CLAIMANT SSN -- --	2. WAGE EARNER NAME, IF DIFFERENT
3. CLAIMANT CLAIM NUMBER, IF DIFFERENT -- --	4. SPOUSE'S NAME, IF NOT WAGE EARNER	SPOUSE'S CLAIM NUMBER OR SSN -- --
5. I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE. I disagree with the determination made on my claim because:		
An Administrative Law Judge of the Social Security Administration's Office of Disability Adjudication and Review or the Health and Human Services will be appointed to conduct the hearing or other proceedings in your case. You will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.		
6. I have additional evidence to submit. <input type="checkbox"/> Yes <input type="checkbox"/> No  Name and address of source of additional evidence:  _____  (Please submit it to the hearing office within 10 days. Your servicing Social Security Office will provide the address. Attach an additional sheet if you need more space.)		7. Do not complete if the appeal is a Medicare issue. Check one of the blocks: <input type="checkbox"/> I wish to appear at a hearing. <input type="checkbox"/> I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete Waiver Form HA-4608)
You have a right to be represented at the hearing. If you are not represented but would like to be, your Social Security office will give you a list of legal referral and service organizations. If you are represented and have not done so previously, complete and submit form SSA-1696 (Appointment of Representative) unless you are appealing a Medicare issue. Regardless of the issue you are appealing, you should complete No. 8 and your representative (if any) should complete No. 9. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc., in No. 9. <b>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.</b>		
8. (CLAIMANT'S SIGNATURE) (DATE)		9. (REPRESENTATIVE'S SIGNATURE/NAME) (DATE)
ADDRESS		(ADDRESS) <input type="checkbox"/> ATTORNEY; <input type="checkbox"/> NON ATTORNEY;
CITY STATE ZIP CODE	CITY STATE ZIP CODE	
TELEPHONE NUMBER ( ) -	FAX NUMBER ( ) -	TELEPHONE NUMBER ( ) - FAX NUMBER ( ) -
<b>TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION-ACKNOWLEDGMENT OF REQUEST FOR HEARING</b>		
10. Request received for the Social Security Administration on _____ (Date) by: _____ (Print Name)		
_____ (Title) (Address) (Servicing FO Code) (PC Code)		
11. Was the request for hearing received within 65 days of the reconsidered determination? If no is checked, attach claimant's explanation for delay; and attach copy of appointment notice, letter, or other pertinent material or information in the Social Security office. <input type="checkbox"/> YES <input type="checkbox"/> NO		
12. Claimant is represented <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> List of legal referral and service organizations provided		15. Check all claim types that apply:  <input type="checkbox"/> RSI only (RSI) <input type="checkbox"/> Title II Disability-worker or child only (DIWC) <input type="checkbox"/> Title II Disability-Widow(er) only (DIWWW) <input type="checkbox"/> SSI Aged only (SSIA) <input type="checkbox"/> SSI Blind only (SSIB) <input type="checkbox"/> SSI Disability only (SSID) <input type="checkbox"/> SSI Aged/Title II (SSAC) <input type="checkbox"/> SSI Blind/Title II (SSBC) <input type="checkbox"/> SSI Disability/Title II (SSDC) <input type="checkbox"/> Title XVIII (HI/SMI) <input type="checkbox"/> Title VIII Only (SVB) <input type="checkbox"/> Title VIII/Title XVI (SVB/SSI) <input type="checkbox"/> Other - Specify: _____
13. Interpreter needed <input type="checkbox"/> Yes <input type="checkbox"/> No Language (including sign language): _____		
14. Check one: <input type="checkbox"/> Initial Entitlement Case <input type="checkbox"/> Disability Cessation Case <input type="checkbox"/> Other Postentitlement Case		
16. HO COPY SENT TO: _____ HO on _____ <input type="checkbox"/> CF Attached: <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI; <input type="checkbox"/> Title VIII; <input type="checkbox"/> T XVIII; <input type="checkbox"/> Title II CF held in FO <input type="checkbox"/> Electronic Folder <input type="checkbox"/> CF requested <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI; <input type="checkbox"/> Title VIII; <input type="checkbox"/> T XVIII (Copy of email or phone report attached)		
17. CF COPY SENT TO: _____ HO on _____ <input type="checkbox"/> CF Attached: <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI; <input type="checkbox"/> Title XVIII <input type="checkbox"/> Other Attached: _____		
Form HA-501-US (5-2007) ef (3-2008) TAKE OR SEND ORIGINAL		FOR YOUR RECORDS
Destroy Prior Editions		

# Notice of Hearing



SOCIAL SECURITY ADMINISTRATION

Refer To:

Office of Disability Adjudication and Review  
Suite 200  
334 Washington St  
Johnstown, PA 15901  
Tel: (866)331-7134 / Fax: (814)535-4057

June 11, 2010

## NOTICE OF HEARING

I scheduled your hearing for:

**Day:** Wednesday      **Date:** July 14, 2010      **Time:** 11:00 AM  
Eastern (ET)

**Room:**                      **Address:**

### It Is Important That You Come To Your Hearing

I set aside this time for you to come and tell me about your case. If you do not come to the hearing and I do not find that you have a good reason, I may **dismiss** your request for hearing. I may do so without giving you further notice.

You **must** bring valid picture identification (ID) to your hearing. Examples of acceptable picture ID include a:

- Current and valid U.S. State driver's license;
- U.S. State-issued identity card;
- Current U.S. passport; or
- U.S. military ID/dependent military ID.

If you do not have any of these forms of ID, please bring another form of picture ID with you. Proper ID is also required for your representative (if you have one), a friend, or a member of your family who comes with you to the hearing. Without proper ID, you may not be able to enter the building where your hearing is being held. This could stop or delay your hearing.

Form HA-L83 (08-2009)  
Representative

See Next Page

# Notice of Decision - Fully Favorable



SOCIAL SECURITY ADMINISTRATION

Refer To:

Office of Disability Adjudication and Review  
SSA ODAR Hearing Ofc  
Suite 2308  
1000 Liberty Avenue  
Pittsburgh, PA 15222-4023

Date: June 2, 2010

## Notice of Decision – Fully Favorable

I carefully reviewed the facts of your case and made the enclosed fully favorable decision. Please read this notice and my decision.

Another office will process my decision. That office may ask you for more information. If you do not hear anything within 60 days of the date of this notice, please contact your local office. The contact information for your local office is at the end of this notice.

### **If You Disagree With My Decision**

If you disagree with my decision, you may file an appeal with the Appeals Council.

### **How To File An Appeal**

To file an appeal you or your representative must ask in writing that the Appeals Council review my decision. You may use our Request for Review form (IIA-520) or write a letter. The form is available at [www.socialsecurity.gov](http://www.socialsecurity.gov). Please put the Social Security number shown above on any appeal you file. If you need help, you may file in person at any Social Security or hearing office.

Please send your request to:

**Appeals Council**  
**Office of Disability Adjudication and Review**  
**5107 Leesburg Pike**  
**Falls Church, VA 22041-3255**

### **Time Limit To File An Appeal**

You must file your written appeal **within 60 days** of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.

The Appeals Council will dismiss a late request unless you show you had a good reason for not filing it on time.

See Next Page

Form HA-L76 (03-2010)

# Notice of Decision - Unfavorable



## SOCIAL SECURITY ADMINISTRATION

Refer To:

Office of Disability Adjudication and Review  
SSA ODAR Hearing Ofc  
Suite 2308  
1000 Liberty Avenue  
Pittsburgh, PA 15222-4023

Date: December 1, 2009

### NOTICE OF DECISION – UNFAVORABLE

I have made the enclosed decision in your case. Please read this notice and the decision carefully.

#### **If You Disagree With The Decision**

If you disagree with my decision, you may file an appeal with the Appeals Council.

#### **How to File an Appeal**

To file an appeal you or your representative must request that the Appeals Council review the decision. You must make the request in writing. You may use our Request for Review form, HA-520, or write a letter.

You may file your request at any local Social Security office or a hearing office. You may also mail your request right to the Appeals Council, Office of Disability Adjudication and Review, 5107 Leesburg Pike, Falls Church, VA 22041-3255. Please put the Social Security number shown above on any appeal you file.

#### **Time to File an Appeal**

To file an appeal, you must file your request for review **within 60 days** from the date you get this notice.

The Appeals Council assumes you got the notice 5 days after the date shown above unless you show you did not get it within the 5-day period. The Council will dismiss a late request unless you show you had a good reason for not filing it on time.

#### **Time to Submit New Evidence**

You should submit any new evidence you wish to the Appeals Council to consider with your request for review.

See Next Page

Form HA-L76-OP2 (03-2007)

# Request for Review of Hearing Decision/Order

SOCIAL SECURITY ADMINISTRATION/OFFICE OF DISABILITY ADJUDICATION AND REVIEW		Form Approved OMB No. 0960-0277
<b>REQUEST FOR REVIEW OF HEARING DECISION/ORDER</b> (Do not use this form for objecting to a recommended ALJ decision.) (Either mail the signed original form to the Appeals Council at the address shown below, or take or mail the signed original to your local Social Security office.)		See Privacy Act Notice
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 Judge's action on the above claim because:		
<b>ADDITIONAL EVIDENCE</b>		
If you have additional evidence submit it with this request for review. 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 extension of time, you should explain the reason(s) you are unable to submit the evidence or legal argument now. If you neither submit evidence or legal argument now nor within any extension of time the Appeals Council grants, the Appeals Council will take its action based on the evidence of record.		
<b>IMPORTANT: Write your Social Security Claim Number on any letter or material you send us.</b>		
SIGNATURE BLOCKS: You should complete No. 6 and your representative (if any) should complete No. 7. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 7.		
<b>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.</b>		
6. CLAIMANT'S SIGNATURE	DATE	7. REPRESENTATIVE'S SIGNATURE
		<input type="checkbox"/> ATTORNEY <input type="checkbox"/> NON-ATTORNEY
PRINT NAME		PRINT NAME
ADDRESS		ADDRESS
(CITY, STATE, ZIP CODE)		(CITY, STATE, ZIP CODE)
TELEPHONE NUMBER ( ) -	FAX NUMBER ( ) -	TELEPHONE NUMBER ( ) -
		FAX NUMBER ( ) -
<b>THE SOCIAL SECURITY ADMINISTRATION STAFF WILL COMPLETE THIS PART</b>		
8. Request received for the Social Security Administration on _____ by: _____		
	(Date)	(Print Name)
_____	_____	_____
(Title)	(Address)	(Servicing FO Code) (PC Code)
9. Is the request for review received within 65 days of the ALJ's Decision/Dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. If "No" checked: (1) attach claimant's explanation for delay; and (2) attach copy of appointment notice, letter or other pertinent material or information in the Social Security Office.		
11. Check one:	12. Check all claim types that apply:	
<input type="checkbox"/> Initial Entitlement	<input type="checkbox"/> Retirement or survivors (RSI)	
<input type="checkbox"/> Termination or other	<input type="checkbox"/> Disability-Worker (DIWC)	
	<input type="checkbox"/> Disability-Widow(er) (DIWW)	
	<input type="checkbox"/> Disability-Child (DIWC)	
	<input type="checkbox"/> SSI Aged (SSIA)	
	<input type="checkbox"/> SSI Blind (SSIB)	
	<input type="checkbox"/> SSI Disability (SSID)	
	<input type="checkbox"/> Title VIII Only (SVB)	
	<input type="checkbox"/> Title VIII/Title XVI (SVB/SSI)	
	<input type="checkbox"/> Other - Specify: _____	
APPEALS COUNCIL OFFICE OF DISABILITY ADJUDICATION AND REVIEW, SSA 5107 Leesburg Pike FALLS CHURCH, VA 22041 - 3255		
Form HA-520-US (4-2009) ef (4-2009)		
<b>TAKE OR SEND ORIGINAL TO SSA AND RETAIN A COPY FOR YOUR RECORDS</b>		
Destroy Prior Editions		

# Workers' Compensation/Disability Benefits Questionnaire

Social Security Administration

Form Approved  
OMB No. 0960-0247

## WORKERS' COMPENSATION/PUBLIC DISABILITY BENEFIT QUESTIONNAIRE

NAME OF WORKER

SOCIAL SECURITY NUMBER

### Privacy Act Statement

#### Collection and Use of Personal Information

Section 224 of the Social Security Act, as amended, authorizes us to collect this information. The information you provide will be used to determine the effect of your worker's compensation or other public disability benefit on your Social Security disability insurance benefits.

The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent an accurate or timely decision on your claim and could affect your Social Security benefits.

We rarely use the information you supply for any purpose other than for determining the effect of other disability benefits on your Social Security benefits. 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, which include but are not limited to the following:

- To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
- To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and
- To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

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. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at [www.ssa.gov](http://www.ssa.gov) or at your local Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. 13507, 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 12.5 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 (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.

1. What type of benefit are you receiving, did you receive or do you expect to receive in connection with your disability?

#### WORKERS' COMPENSATION:

- Workers' Compensation - State (including occupational disease payments)
- Black Lung Benefits
- Longshore and Harbor Workers' Compensation
- Federal Employees' Compensation (FECA-workers' compensation for Federal employees)

#### PUBLIC DISABILITY BENEFITS:

- Civil Service Disability or Federal Employees' Retirement System (FERS) Disability Benefits
- State Temporary Disability Payments
- Federal, State or Local Government Employee Disability Benefits
- Other: \_\_\_\_\_

2. For each benefit checked above, enter the claim number, employer, insurance carrier and date of injury/illness.

TYPE OF BENEFIT	CLAIM NUMBER	EMPLOYER	INSURANCE CARRIER	DATE OF INJURY/ILLNESS

3. Indicate the State in which you worked when these benefits began or, if workers' compensation is one of the benefits involved, the State in which the injury occurred.

STATE

4. If you are receiving one of the public disability benefits listed in item 1, were Social Security taxes always paid on your earnings?  
 Yes  No (If "No," explain. For example, you were a federal, State or local government employee whose earnings were not covered or were not always covered by Social Security.)

5. Indicate the status of your claim for workers' compensation or other public disability benefits. If you are receiving more than one type of benefit, indicate the status of each claim.

- |   |   |
|---|---|
| a. <input type="checkbox"/> Filed for Benefits, or Intend to File but not yet Entitled  | d. <input type="checkbox"/> Currently Receiving Benefits                    |
| b. <input type="checkbox"/> Filed for Benefits, but Claim was Denied  | e. <input type="checkbox"/> Received Payments in the Past but not Presently |
| c. <input type="checkbox"/> Claim Denied; Appeal Pending (if appeal is pending, give date you expect a decision.)<br>Date _____ | f. <input type="checkbox"/> Other (e.g., lump-sum payment) Explain: _____   |

If a., b., or c. is checked, go on to Item 11 (signature block). If d., e., or f. is checked, complete the remainder of the form.

6. How are (or were) those disability payments made?

- Weekly  Monthly  Every Two Weeks  Other (Explain): \_\_\_\_\_

FORM SSA-546 (4-2009) EF (4-2009)

# Notice of Overpayment

0914 M7

## Administration and Disability Insurance

Office of Central  
Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: December 21, 2009  
Claim Number: 177-46-4133 HA



You now have new information about the disability  
benefit on this Social Security record. In  
the future, we will tell you:

• \$524.00 too much in benefits; and

• We think we are wrong about the overpayment.

### David J Barkasi Should Have Received

10/2007 \$ 174.00 10/2007 - 11/2007

12/2007 \$ 1,292.00 12/2007 - 11/2008

12/2008 \$ 1,812.00 12/2008 - 11/2009

To correct the overpayment within 30 days, please make  
the payment payable to the "Social Security  
Administration" and send it to us in the enclosed envelope.  
Include the claim number (as indicated above) on the

If you do not refund within 30 days, we plan to  
correct the overpayment by withholding your full benefit each  
month. We will continue to withhold your  
benefit until the overpayment has been fully recovered.

We will issue a refund check of \$54.00 until we start to

# Request for Waiver of Overpayment Recovery

**SOCIAL SECURITY ADMINISTRATION**

Form Approved  
OMB No. 0960-0037

**Request For Waiver Of Overpayment Recovery Or Change In Repayment Rate**

We will use your answers on this form to decide if we can waive collection of the overpayment or change the amount you must pay us back each month. If we can't waive collection, we may use this form to decide how you should repay the money.

Please answer the questions on this form as completely as you can. We will help you fill out the form if you want. If you are filling out this form for someone else, answer the questions as they apply to that person.

FOR SSA USE ONLY	
ROAR Input	<input type="checkbox"/> Yes <input type="checkbox"/> No
Input Date	
Waiver	<input type="checkbox"/> Approval <input type="checkbox"/> Denial
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No
AMT OF OP \$	
PERIOD (DATES) OF OP	

**1.** A. Name of person on whose record the overpayment occurred:

\_\_\_\_\_

B. Social Security Number

□□□ — □□ — □□□□

C. Name of overpaid person(s) making this request and his/her Social Security Number(s):

\_\_\_\_\_

□□□ — □□ — □□□□

\_\_\_\_\_

□□□ — □□ — □□□□

\_\_\_\_\_

□□□ — □□ — □□□□

\_\_\_\_\_

□□□ — □□ — □□□□

**2.** Check any of the following that apply. (Also, fill in the dollar amount in B, C, or D.)

- A.  The overpayment was not my fault and I cannot afford to pay the money back and/or it is unfair for some other reasons.
- B.  I cannot afford to use all of my monthly benefit to pay back the overpayment. However I can afford to have \$ \_\_\_\_\_ withheld each month.
- C.  I am no longer receiving Supplement Security Income (SSI) payments. I want to pay back \$ \_\_\_\_\_ each month instead of paying all of the money at once.
- D.  I am receiving SSI payments. I want to pay back \$ \_\_\_\_\_ each month instead of paying 10% of my total income.







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