

**REQUEST FOR RECONSIDERATION**

NAME OF CLAIMANT: Myrtle Johnson	CLAIMANT SSN: 123-45-6789	CLAIM NUMBER: <i>(If different than SSN)</i>
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ISSUE BEING APPEALED: *(Specify if retirement, disability, hospital or medical, SSI, SVB, overpayment, etc.)*  
 Disability

I do not agree with the Social Security Administration's (SSA) determination and request reconsideration.  
 My reasons are:

Arthritis and my illness is chronic. Also, I reviewed my denial, and no real doctor in the SSA saw the evidence. I want a real doctor to look at my medical evidence and explain their reasoning, not ust a bureaucrat.

**SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB)  
 RECONSIDERATION ONLY  
 THREE WAYS TO APPEAL**

I want to appeal your determination about my claim for **SSI** or **SVB**. I have read about the three ways to appeal.  
 I have checked the box below:

- CASE REVIEW** - You can pick this kind of appeal in all cases. You can give us more facts to add to your file. Then we will decide your case again. You do not meet with the person who decides your case.
- INFORMAL CONFERENCE** - You can pick this kind of appeal in all SSI cases except for medical issues. In SVB cases, you can pick this kind of appeal only if we are stopping or lowering your SVB payment. You will meet with a person who will decide your case. You can tell that person why you think you are right. You can give us more facts to help prove you are right. You can bring other people to help explain your case.
- FORMAL CONFERENCE** - You can pick this kind of appeal only if we are stopping or lowering your SSI or SVB payment. This meeting is like an informal conference, but we can also get people to come in and help prove you are right. We can do this even if they do not want to help you. You can question these people at your meeting.

**CONTACT INFORMATION**

CLAIMANT SIGNATURE - <i>OPTIONAL</i> :	NAME OF CLAIMANT'S REPRESENTATIVE: <i>(If any)</i>
MAILING ADDRESS: 2300 Ilard Way	MAILING ADDRESS:
CITY: STATE: ZIP CODE: Baltimore MD 4320	CITY: STATE: ZIP CODE:
TELEPHONE NUMBER: <i>(Include area code)</i> 1-(555)-555-5555	TELEPHONE NUMBER: <i>(Include area code)</i>
DATE: 1/27/24	DATE:

**TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION**

1. HAS INITIAL DETERMINATION BEEN MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>FIELD OFFICE DEVELOPMENT (GN 03102.300)</b> <input type="checkbox"/> NO FURTHER DEVELOPMENT REQUIRED <input type="checkbox"/> REQUIRED DEVELOPMENT ATTACHED <input type="checkbox"/> REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS
2. IS THIS REQUEST FILED TIMELY? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "NO", attach claimant's explanation for delay. Refer to GN 03101.020)</i>	
<b>SOCIAL SECURITY OFFICE ADDRESS AND DATE APPEAL RECEIVED:</b>	<b>SSI CASES ONLY - GOLDBERG KELLY (GK) (SI 02301.310)</b> RECIPIENT APPEALED AN ADVERSE ACTION: <input type="checkbox"/> WITHIN 10 DAYS AFTER RECEIVING THE ADVANCE NOTICE; <input type="checkbox"/> AFTER THE 10-DAY PERIOD AND GOOD CAUSE EXISTS FOR EXTENDING THE TIME LIMIT <input type="checkbox"/> PAYMENT CONTINUATION APPLIES AND INPUT MADE TO SYSTEM

**NOTE:** Take or mail the **completed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post and keep a copy for your records.