DEPARTMENT OF
HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION
OFFICE OF HEARINGS AND APPEALS

WAIVER OF WRITTEN NOTICE OF HEARING

In the case of

_____
(Claimant)

_____
(Wage Earner) (Leave blank if same as above)

Claim for

_____

_____
(Social Security Number)

I have been advised of my right to receive written notice of the hearing in my case. I hereby waive the right to receive such notice.

_____
(Signature)

_____
(Street Address)

_____
(City, State, and ZIP Code)

_____
(Area Code and Telephone Number)

Date: _____

Form **HA-510** (9-85)