
COVID-19 Public Health Emergency Hearing Agreement Form

Claimant's Name:	
Social Security Number:	
Wage Earner:	
Representative's Name (if any):	

At this time, due to the COVID-19 national public health emergency, we are conducting hearings only by telephone and by online video using Microsoft Teams. We will only conduct a hearing by telephone or online video if you agree to appear in that manner. If you agree to appear by online video, your representative must also formally agree to appear in that manner.

Please indicate below whether you voluntarily agree to appear at your hearing by telephone or by online video. If you agree to appear by telephone and by online video, we will determine whether to hold your hearing by telephone or by online video. If you do not agree to appear by telephone or by online video, we will delay scheduling your hearing, or, if already scheduled, we will postpone your hearing until we reopen our offices.

I agree to a telephone hearing. Please provide the following information for how we can contact you on the day of the hearing:

Your telephone number on day of hearing: _____

Representative's telephone number on day of hearing: _____

I do not agree to a telephone hearing. I understand that by selecting this option, my hearing may be delayed.

I agree to an online video hearing using Microsoft Teams. Please provide the following information for how we can contact you about the hearing:

Your Email Address:

Your Cell Phone Number:

Representative's Email Address:

Representative's Cell Phone Number:

I do not agree to an online video hearing. I understand that by selecting this option, my hearing may be delayed.

If your contact information changes or if you have questions, please call the Hearing Office at the telephone number on the COVID-19 Public Health Emergency Hearing Changes notice associated with this form.

Additional Comments: _____

Your Signature:	Date:
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[] I represent the claimant whose name appears above. I have consulted with the claimant, and the selection on this form accurately represents his or her voluntary determinations, as well as my voluntary determinations.

Representative Signature:	Date:
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Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1631(d)(1) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information to schedule your hearing. We may also share your information for the following purposes, called routine uses:

- To applicants, claimants, prospective applicants or claimants, other than the data subject, their authorized representatives or representative payees to the extent necessary to pursue Social Security claims and to representative payees when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting SSA in administering its representative payment responsibilities under the Act and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs. We contemplate disclosing information under this routine use only in situations in which SSA may enter a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0320, entitled Electronic Disability Claim File, as published in the Federal Register (FR) on June 4, 2020, at 85 FR 34477. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy/.

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. *You may send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

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Representative's Email Address:

Representative's Cell Phone Number:

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Representative

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