Request for Third Party Contact

Name:

Case ID:	SSA Bar Code:

Please give us the name of someone who can help you with your claim, such as a relative, friend, or neighbor. Giving us the name of someone, other than your doctors, who knows about your condition may help us to make a decision on your claim.

If you do not want to identify someone else who can help you with your claim, please check the box below.

Name of Contact Person:

Relationship to You:

Address:

City:	State:	ZIP Code:

Phone:

Signature:	Date:

☐ I do not want to identify someone else who can help with my claim

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a), 223(d), 1614(a), and 1631(d) of the Social Security Act, as amended, allow us to collect this information, which we will use to determine benefits eligibility. Providing this information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on any claim filed. As law permits, we may use and share the information you submit, including with other Federal agencies, private medical and vocational consultants, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0044, 60-0089, and 60-0320, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility or to recoup debts under these programs.

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 (OMB) control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. ***Send only 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.*