

SOCIAL SECURITY ADMINISTRATION
OFFICE OF HEARINGS AND APPEALS

WAIVER OF WRITTEN NOTICE OF HEARING

In the case of

Claim for

(Claimant)

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

(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 _____