

The medical evidence shows [Personalized Disability Language]

About The Decision

The trained staff who decided this case work for the state but used our rules.

If You Disagree With Our Decision

If you disagree with our decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any fact you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You have to ask for a hearing in writing. We will ask you to sign a Form HA-501-U2, called "Request for Hearing". This form is available at <http://www.socialsecurity.gov/online/ha-501.pdf>. Contact one of our offices if you want help.
- In addition, you have to complete a "Disability Report-Appeal" to tell us about your medical condition since you filed your claim. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete this report online at <http://www.socialsecurity.gov/disability/hearing>.

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