



## SOCIAL SECURITY ADMINISTRATION

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Refer To:

Office of Hearings Operations  
National Hearing Center  
5107 Leesburg Pike  
Falls Church, VA 22041  
Tel: (866) 613-6768 / Fax: (866) 613-6764  
Date: July 20, 2020

### **COVID-19 Public Health Emergency Hearing Changes**

Due to the COVID-19 national public health emergency, we are currently conducting hearings only by telephone, with the claimant's consent. To determine whether a claimant consents to a telephone hearing, we have been calling the claimant's representative pursuant to our COVID Enhanced Outreach process. However, we are updating our outreach process for cases in which the claimant is represented. We will now provide the enclosed COVID-19 Telephone Hearing Agreement Form to the representative instead of calling the representative. The claimant or representative will indicate on the form if the claimant agrees to a hearing by telephone, and if so, to provide phone numbers for the hearing. If the claimant is unable to sign the form due to COVID-19 precautions, the representative may sign in lieu of the claimant. We will not schedule, or proceed with a hearing by telephone until we receive the claimant's consent. We also will accept a verbal agreement to appear by telephone. To provide a verbal agreement, please call us at the number in the heading of this notice. If the claimant does not consent to appear by telephone, we will not schedule the hearing at this time, or if already scheduled, we will postpone the hearing until we can offer another option, such as a hearing by video teleconferencing or in person, as appropriate.

#### **Waiver of Timely Mailed Notice of Hearing**

We generally must mail a notice of hearing at least 75 days, or an amended notice of hearing at least 20 days, before the date of the hearing. If circumstances prevent us from mailing this notice timely, we cannot proceed with the hearing unless the claimant waives his or her right to a timely mailed notice of hearing or amended notice of hearing. As applicable, we will mail a Waiver of Timely Written Notice of Hearing form for completion.

#### **How to Submit Documents to Us**

In our efforts to maintain service during the COVID-19 national public health emergency, we are emphasizing electronic options for doing business with us when possible to make it more convenient to the public and to reduce paper mail and faxes in our hearing offices. Registered representatives with a recognized notice of appointment in a case should continue to use the **"Upload New File" function** available when viewing a claimant's electronic folder in Appointed Representative Services (ARS) to upload documents, including the COVID-19 Telephone Hearing Agreement Form or the Waiver of Timely Written Notice of Hearing form. This process does not require a barcode. Alternatively, representatives can also submit documents with a barcode using the "Send Individual Response" function in ARS and Electronic

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Records Express (ERE). Registered representatives should use these methods to submit any documents to us electronically, whenever possible.

If a representative is not registered, he or she can use a physical **fax machine or his or her own e-fax** solution to send documents, including the completed COVID-19 Telephone Hearing Agreement Form or the Waiver of Timely Written Notice of Hearing form. Due to our modernization efforts, sending documents to us via fax will now deliver a secure, electronic copy and route it to the specific hearing office's designated email inbox. To submit documents electronically via fax, simply use the toll-free fax number with area code "833" assigned to the servicing hearing office, included in the header of this notice. For a specific hearing office's designated fax number, visit [https://www.ssa.gov/appeals/ho\\_locator.html](https://www.ssa.gov/appeals/ho_locator.html).

For appointed representatives who do not have direct access to the electronic file, we can provide an encrypted copy of the electronic file by email. Please call us at the number in the heading of this notice to provide an email address for receipt of the electronic file.

### **Submitting the Notice of Appointment Electronically**

Representatives who are not yet appointed to a case but are registered through ARS can use the "Contact OHO Office" function to send a one-way communication, including non-case information or the written notice of appointment, such as the SSA-1696, to a designated email box for the servicing hearing office. We highly recommend that any representative who will appear at a claimant's hearing but is not yet appointed in the case submit appointment documentation before the hearing.

For an appointment of representative to be valid, the claim(s) file must contain a completed and properly signed notice of appointment, which can be on form SSA-1696, Claimant's Appointment of Representative, or another written document that meets the requirements of 20 CFR 404.1707 and 416.1507. Form SSA-1696 is accessible on the Social Security website at <https://www.ssa.gov/forms/ssa-1696.pdf>. Additional information about use of the "Contact OHO Office" tool can be found at <https://www.ssa.gov/ar>.

During the COVID-19 public health emergency, we are temporarily permitting claimant signatures on a notice of appointment that do not meet the standards listed in GN 03910.040 (e.g., signatures that appear to be electronic or a digitized image of a handwritten signature) with additional verbal confirmation by the claimant about his or her intent to appoint the representative and electronic signature. A fee agreement with a claimant signature identical to the one on the written notice of appointment may be accepted if it is submitted simultaneously with notice of appointment.

**If You Have Any Questions**

If you have any questions, please contact your servicing hearing office via the contact information in the heading of this notice.

*Social Security Administration*

Enclosure:  
Telephone Hearing Agreement Form

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**COVID-19 Telephone Hearing Agreement Form**


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Claimant's Name:

Social Security Number:

Wage Earner:

Representative's Name:

Due to the coronavirus 2019 (COVID-19) national public health emergency, we are conducting hearings only by telephone at this time. We will not conduct the hearing by telephone unless the claimant (hereinafter "you") voluntarily agrees to appear in that manner. If you, the claimant, agree to appear at your hearing by telephone, the administrative law judge (ALJ) assigned to your case will conduct the hearing from his or her personal residence.

Please check one of the boxes below to tell us whether you voluntarily agree to appear at your hearing by telephone. If you agree to appear by telephone, please be sure to provide the telephone number where we can reach you at the time of your hearing. If you do not agree to appear by telephone, we will wait to schedule your hearing until we resume standard operations and can schedule you to appear at a hearing by video teleconferencing or in person, as appropriate. If we have already scheduled your hearing and you do not agree to appear by telephone, we will postpone your hearing.

**I agree to a telephone hearing. On the day of the hearing, I can be contacted at:**

My contact number: \_\_\_\_\_

My representative's contact number: \_\_\_\_\_

**I do not agree to a telephone hearing. I understand that by selecting this option, my hearing will 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 request.**

Additional Comments: \_\_\_\_\_

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**[ ] I am the claimant whose name appears above, and the selection on this form accurately represents my voluntary determinations.**

Claimant Signature:

Date:

**---- Or ----**

**[ ] I represent the claimant whose name appears above and who presently is unable to sign this form due to COVID-19 precautions. As the authorized representative, I have consulted with the claimant, and the selection on this form accurately represents his or her voluntary determinations.**

Representative Signature:

Date:

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 December 22, 2003, at 68 FR 71210. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy/](http://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.*