### Complete the Request to Withdraw a Hearing Request (Form HA-85)

### Instructions for Claimant/Representative

This online service allows either the claimant or the appointed representative to withdraw a hearing request. To complete the form online, you will need the valid email address of the person completing the form.

**IMPORTANT:** We will not process the form until you complete the form, **sign the form electronically**, and select "Click to Sign" to submit the form.

Before beginning the form, you (the person completing the online form) will enter and confirm your email address in the online application. You will also create a password that will be required for you to access the form.

You will receive an email from adobesign@adobesign.com containing a link and instructions on how to access the form.

**NOTE:** The form must be electronically signed and submitted within **five (5) calendar days** of initiating the process online (i.e., when you enter your email address in order to receive an email with a link to the form).

After successful submission of the form, you will be able to save a copy of the completed form within the application. You will also receive an email from adobesign@adobesign.com with a link to the completed form. You will need your pre-established password to save a copy for your records.

If you are the claimant and have an appointed representative, you should provide a copy of the completed form you saved to your representative. If you are the appointed representative, you should provide a copy of the completed form you saved to your client.

### PLEASE NOTE:

- This website is most compatible with the following browsers: Microsoft Edge and Google Chrome.
- When accessing the form, the system will end your session after 60 minutes of inactivity. Use the link in your email and your pre-established password to continue working on your form.
- A daily email reminder will be sent until the form has been submitted or until the time expires (i.e., five (5) calendar days after initiation).
- You will have to start a new form by returning to this website if any of the following situations apply:
  - You forget or lose the password. The password <u>cannot</u> be reset.
  - o You do not receive an email notification within a few minutes of your online submission. Be sure to check your junk folder.
  - o You do not electronically sign and submit the form within five (5) calendar days.

Sections 205(a), 1631(d)(1), and 1872 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 us from making an accurate determination regarding your request to withdraw your request for a hearing.

We will use the information you provide to decide if dismissing your hearing request is appropriate. We may also share your information for the following purposes, called routine uses:

- To a congressional office in response to an inquiry from that office made at the request of a subject of a record; and
- To a contractor or other Federal agency to assist in the efficient administration of our programs.

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 Systems of Records Notices (SORN) 60-0005, entitled Administrative Law Judge Working File on Claimant Cases, as published in the Federal Register (FR) on April 29, 2009, at 74 FR 19617; and 60-0009, entitled Hearings and Appeals Case Control System, as published in the FR on October 13, 1982, at 47 FR 45589. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.



\*I understand and agree to the above statement



### Request to Withdraw a Hearing Request

We recommend that you verify the accuracy of your email address and make note of your password prior to submission.

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- · You forget or lose the password. The password cannot be reset.
- You do not receive an email notification within a few minutes of your online submission. Be sure to check your junk folder.

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Pass	word must contain at least 8 characters, 1 uppercase, 1 lowercase, and 1 number.  word  irm Password

Submit



### Request to Withdraw a Hearing Request

To complete the online form, open the email from adobesign@adobesign.com and click on the "Review and sign" button.



Mon 6/7/2021 2:58 PM

## Social Security Administration <adobesign@adobesign.com>

[EXTERNAL] Social Security Administration Has Sent You Request to Withdraw a Hearing Request to Sign

To Claimant Email Address

Retention Policy Delete\_7\_Year\_Default (7 years)

Expires 6/5/2028

f there are problems with how this message is displayed, click here to view it in a web browser.



## Social Security Administration requests your signature Request to Withdraw a Hearing Request

Form Expires On June 12, 2021

Review and sign

### THIS LINK EXPIRES IN FIVE (5) CALENDAR DAYS.

You have a document to review and sign. You can access the document using the link above. For additional security, you were required to set a password in order to review the document. If you forget or lose the password, you will have to restart the process.

You will have to start a new form if you forget or lose your password, or if you do not electronically sign and submit the form within five (5) calendar days. The password cannot be reset. To start a new form, please visit <a href="https://ssa.gov/ha85-online-form">https://ssa.gov/ha85-online-form</a>.

The "Review and sign" link is personalized for you and, for security purposes, we recommend that you do NOT forward/share this email or link with others, you accept the risk that, by sharing your personal information, the person assisting you may misuse your personal information. If you have any questions about this email or feel that you received this in error, please contact SSA at 1-800-772-1213 (TTY 1-800-325-0778) between 8:00 am – 7:00 pm, Monday through Friday.

Suspect Social Security Fraud?

If you suspect Social Security fraud, please visit https://oig.ssa.gov/report or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-800-501-2101).

### SOCIAL SECURITY ADMINISTRATION



By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures.

To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.

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Sign In





## This Document is Password Protected

You need a password to access this document. If you don't have a password, you will need to contact <u>Social Security Administration</u> to obtain it.

Enter Password



Start

Options ~

Request to Withdraw a Hearin...

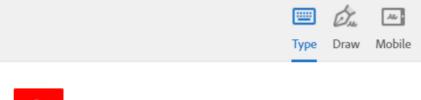
Next Required

10

SOCIAL SECURITY ADMINISTRATION Form Approved OMB No. 0960-0710 OFFICE OF DISABILITY ADJUDICATION AND REVIEW REQUEST TO WITHDRAW A HEARING REQUEST IMPORTANT NOTICE - This is a request to withdraw your hearing request. The judge will Do not write in this space consider this request and decide if dismissing your hearing request is appropriate. If we deny your request, the hearing process will go on as if you had not filed this form. If we approve this request, the hearing process will stop. We will send you a dismissal notice and we will not process your case. The last determination in your case will stay in effect. If you change your mind, you must ask the judge to cancel this request to withdraw within 60 days after you get the dismissal notice. You must give a good reason why the dismissal was wrong. You may also file an appeal with the Appeals Council (AC) within 60 days after you get the dismissal notice. Even if you do not ask the judge to cancel your request, and do not file an appeal, the AC may set aside the dismissal of your hearing request. This would occur within 60 days after we mail the dismissal notice to you. **CLAIMANT SSN CLAIMANT NAME** CLAIMANT CLAIM NUMBER, IF DIFFERENT WAGE EARNER NAME, IF DIFFERENT (or, if applicable, name of surviving eligible spouse or other individual eligible to receive benefits due a deceased claimant) **DATE OF HEARING BENEFIT APPLIED** PRINT YOUR NAME (First name, middle initial, last name) REQUEST **FOR** TYPE OF CLAIM(S) I wish to withdraw my hearing request. My request is voluntary. I understand the effects of this request. Namely, a judge may dismiss my hearing request. If the judge does, the last determination in my case will stay in effect, unless the dismissal is set aside. This may result in the potential loss of benefits. I understand that I have 60 days from when I get the dismissal notice to cancel my request or file an appeal with the Appeals Council. My decision affects no other potential parties to my knowledge. I understand that all items relating to my claim will be part of SSA's records. Give reason for withdrawal. (If you need more space, use the reverse of this form.) Continued on reverse SIGNATURE OF PERSON MAKING REQUEST (OPTIONAL) Date (Month, day, year) Signature (First name, middle initial, last name) (Write in ink) SIGN Click here to sign Telephone Number (Include area code) HERE Mailing Address (Number And Street, Apt. No., PO Box, Or Rural Route) ZIP Code Enter Name of County (if any) in which you now live City and State Witnesses are required ONLY if this request has been signed by a mark (X) above. If signed by a mark (X), two witnesses to the, signing, who know the person making the request, must sign below. Both witnesses must give their full address. 1. Signature of Witness 2. Signature of Witness Address (Number and Street, City, State, ZIP Code) Address (Number and Street, City, State, ZIP Code) Form HA-85 (01-2014) Page 1



X





## Test Claimant

Clear

Close

Apply

Options ~

Request to Withdraw a Heari...

Required fields completed



SOCIAL SECURITY ADMINISTRATION Form Approved OFFICE OF DISABILITY ADJUDICATION AND REVIEW OMB No. 0960-0710 REQUEST TO WITHDRAW A HEARING REQUEST Do not write in this space IMPORTANT NOTICE - This is a request to withdraw your hearing request. The judge will consider this request and decide if dismissing your hearing request is appropriate. If we deny your request, the hearing process will go on as if you had not filed this form. If we approve this request, the hearing process will stop. We will send you a dismissal notice and we will not process your case. The last determination in your case will stay in effect. If you change your mind, you must ask the judge to cancel this request to withdraw within 60 days after you get the dismissal notice. You must give a good reason why the dismissal was wrong. You may also file an appeal with the Appeals Council (AC) within 60 days after you get the dismissal notice. Even if you do not ask the judge to cancel your request, and do not file an appeal, the AC may set aside the dismissal of your hearing request. This would occur within 60 days after we mail the dismissal notice to you. **CLAIMANT SSN CLAIMANT NAME** Test Claimant 123456789 WAGE EARNER NAME, IF DIFFERENT (or, if applicable, name of CLAIMANT CLAIM NUMBER, IF DIFFERENT surviving eligible spouse or other individual eligible to receive benefits due a deceased claimant) 123123A **Additional Name** PRINT YOUR NAME (First name, middle initial, last name) **DATE OF HEARING BENEFIT APPLIED REQUEST FOR Test Claimant** Test 01/01/2020 TYPE OF CLAIM(S) Test I wish to withdraw my hearing request. My request is voluntary. I understand the effects of this request. Namely, a judge may dismiss my hearing request. If the judge does, the last determination in my case will stay in effect, unless the dismissal is set aside. This may result in the potential loss of benefits. I understand that I have 60 days from when I get the dismissal notice to cancel my request or file an appeal with the Appeals Council. My decision affects no other potential parties to my knowledge. I understand that all items relating to my claim will be part of SSA's records. Give reason for withdrawal. (If you need more space, use the reverse of this form.) **Test Information** 

TIONAL)
Data (Month day year)
Date (Month, day, year)
Jun 7, 2021
Telephone Number (Include area code)
+11112223333
me of County (if any) in which you now live
signed by a mark (X), two witnesses to ses must give their full address.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State, ZIP Code)	Address (Number and Street, City, State, ZIP Code)
Form HA-85 (01-2014)	Page 1

Saved

By signing, I agree to both this agreement and the <u>Consumer Disclosure</u>. My use of Adobe

Sign is governed by the <u>Adobe Terms of Use</u>.

Click

1	Adobe	Sign
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Options 🗸

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Request to Withdraw a Heari...

Required fields completed

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### Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 1631(d)(1), and 1872 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 us from making an accurate determination regarding your request to withdraw your request for a hearing.

We will use the information you provide to decide if dismissing your hearing request is appropriate. We may also share your information for the following purposes, called routine uses:

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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 10 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

Form HA-85 (01-2014)





## ✓ You're all set

You finished signing "Request to Withdraw a Hearing Request".

All parties will be notified via email. You can also download a copy of what you just signed.



Social Security Administration <adobesign@adobesign.com>

[EXTERNAL] Request to Withdraw a Hearing Request has been Signed and Filed

Claimant Email Address

Retention Policy Delete\_7\_Year\_Default (7 years)

Mon 5/17/2021 3:49 PM

Expires 5/15/2028

f) If there are problems with how this message is displayed, click here to view it in a web browser.





# You're done signing Request to Withdraw a Hearing Request

**Open Document** 

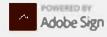
The document is complete.

You can open the final document to review its activity history or download a copy for reference.

For additional security, you have set a password for this document. You will need the password to review this document. If you forgot or lose the password, it cannot be reset.

This link is personalized for you and, for security purposes, we recommend you do NOT forward/share this email or link with others. If you DO forward/share this email or link with others, you accept the risk that, by sharing your personal information, the person assisting you may misuse your personal information. If you have any questions about this email or feel that you received this in error, please contact SSA at 1-800-772-1213 (TTY 1-800-325-0778) between 8:00 am - 7:00 pm, Monday through Friday.

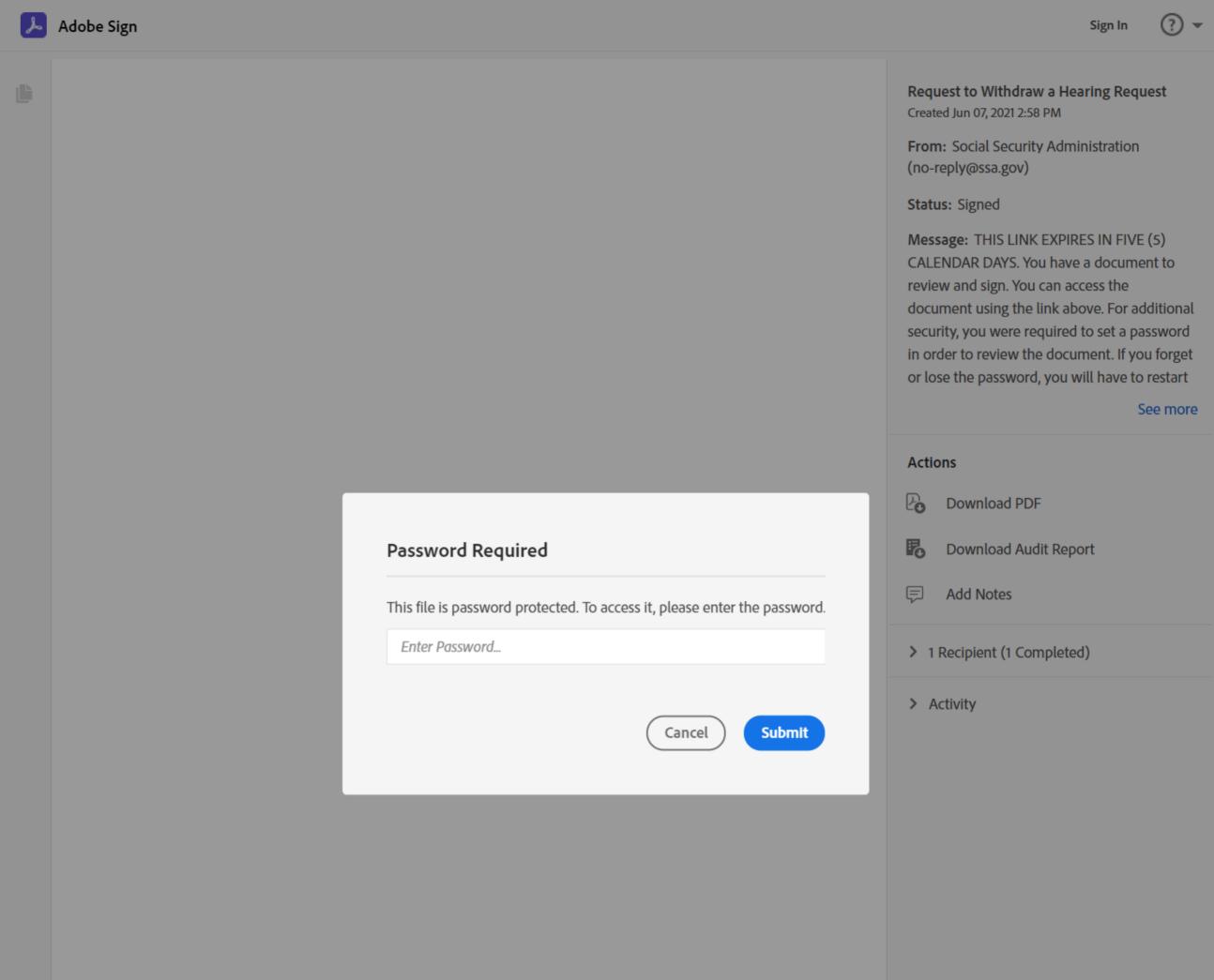
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SOCIAL SECURITY ADMINISTRATION OFFICE OF DISABILITY ADJUDICATION AND REVIEW

Form Approved OMB No. 0960-0710

### REQUEST TO WITHDRAW A HEARING REQUEST

IMPORTANT NOTICE - This is a request to withdraw your hearing request. The judge will consider this request and decide if dismissing your hearing request is appropriate. If we deny your request, the hearing process will go on as if you had not filed this form. If we approve this request, the hearing process will stop. We will send you a dismissal notice and we will not process your case. The last determination in your case will stay in effect. If you change your mind, you must ask the judge to cancel this request to withdraw within 60 days after you get the dismissal notice. You must give a good reason why the dismissal was wrong. You may also file an appeal with the Appeals Council (AC) within 60 days after you get the dismissal notice. Even if you do not ask the judge to cancel your request, and do not file an appeal, the AC may set aside the dismissal of your hearing request. This would occur within 60 days after we mail the dismissal notice to you.

Do not write in this space

**CLAIMANT NAME** 

**CLAIMANT SSN** 

## Test Claimant

123456789

WAGE EARNER NAME, IF DIFFERENT (or, if applicable, name of surviving eligible spouse or other individual eligible to receive benefits due a deceased claimant)

**CLAIMANT CLAIM NUMBER, IF DIFFERENT** 

Additional Name

123123A

PRINT YOUR NAME (First name, middle initial, last name) **Test Claimant** 

DATE OF HEARING **REQUEST** 01/01/2020

**BENEFIT APPLIED FOR** 

Test

TYPE OF CLAIM(S)

I wish to withdraw my hearing request. My request is voluntary. I understand the effects of this request. Namely, a judge may dismiss my hearing request. If the judge does, the last determination in my case will stay in effect, unless the dismissal is set aside. This may result in the potential loss of benefits. I understand that I have 60 days from when I get the dismissal notice to cancel my request or file an appeal with the Appeals Council. My decision affects no other potential parties to my knowledge. I understand that all items relating to my claim will be part of SSA's records.

Give reason for withdrawal. (If you need more space, use the reverse of this form.)

Test Information

Continued on reverse SIGNATURE OF PERSON MAKING REQUEST (OPTIONAL)

Signature (First name, middle initial, last name) (Write in ink)

Date (Month, day, year)

Telephone Number (Include area code)

SIGN Test Claimant HERE Test Claimant (Jun 7, 2021 15:12 EDT)

Jun 7, 2021

+11112223333

Mailing Address (Number And Street, Apt. No., PO Box, Or Rural Route)

123 Test Street

ZIP Code Enter Name of County (if any) in which you now live City and State Test 11111

Witnesses are required ONLY if this request has been signed by a mark (X) above. If signed by a mark (X), two witnesses to the, signing, who know the person making the request, must sign below. Both witnesses must give their full address.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State, ZIP Code)

Address (Number and Street, City, State, ZIP Code)

Form HA-85 (01-2014)

Page 1

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Request to Withdraw a Hearing Request

Created Jun 07, 2021 2:58 PM

From: Social Security Administration

(no-reply@ssa.gov)

Status: Signed

Message: THIS LINK EXPIRES IN FIVE (5) CALENDAR DAYS. You have a document to review and sign. You can access the document using the link above. For additional security, you were required to set a password in order to review the document. If you forget

See more

#### **Actions**



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Download Audit Report



**Add Notes** 

> 1 Recipient (1 Completed)

Activity



Additional Remarks:	From: Social Security Administration (no-reply@ssa.gov)  Status: Signed  Message: THIS LINK EXPIRES IN FIVE (5 CALENDAR DAYS. You have a document review and sign. You can access the document using the link above. For addit security, you were required to set a passe in order to review the document. If you for See
	Message: THIS LINK EXPIRES IN FIVE (5 CALENDAR DAYS. You have a document review and sign. You can access the document using the link above. For addit security, you were required to set a passe in order to review the document. If you find the security is security to set a passe in order to review the document. If you find the security is set as a passe in order to review the document. If you find the security is set as a passe in order to review the document.
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	Download PDF
	Download Audit Report
	Add Notes
	> 1 Recipient (1 Completed)
	> Activity
FOR USE OF SOCIAL SECURITY ADMINISTRATION	
APPROVED NOT APPROVED CLAIMANT DOES WITHDRAWAL WOULD OTHER HARM INTEREST OF CLAIMANT OR OTHER PARTIES	
SIGNATURE OF SSA EMPLOYEE TITLE JUDGE OTHER (Specify)	

### Privacy Act Statement Collection and Use of Personal Information

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Request to Withdraw a Hearing Request Created Jun 08, 2021 3:45 PM

From: Social Security Administration (85

Dev) (no-reply@ssa.gov)

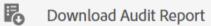
Status: Signed

Message: THIS LINK EXPIRES IN FIVE (5) CALENDAR DAYS. You have a document to review and sign. You can access the document using the link above. For additional security, you were required to set a password in order to review the document. If you forget or lose the password, you will have to restart the process. You will have to start a new form if you forget or lose your password, or if you

See more

#### Actions

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Add Notes

> 1 Recipient (1 Completed)

> Activity

Form **HA-85** (01-2014)

Page 3