

B GA Up to Six Additional Months - Verification

Verification must be provided before approval of the six additional month. Verify that the participant has requested an appeal with SSA due to a denial of a Social Security Administration (SSA) Retirement, Survivors, and Disability Insurance (RSDI) or Supplemental Security Income (SSI) disability claim using one of the following:

- SSA, which has an [SSA Three Level Appeal Process](#). The following can be used to verify the pending appeal:
 - ININ, SDXI Appeal Code and Appeal Date fields. These fields verify the reason and the date the appeal was filed.
 - Request for Reconsideration (SSA-561-U2/OMB No. 0960-0622) form. The form must be date stamped by SSA.
 - Request for Hearing by Administrative Law Judge (HA-501/OMB No. 0960-0269) form. The lower section of the form, acknowledging the hearing request, must be completed by SSA.
 - Request for Review by the Appeals Council (HA-520/OMB No. 0960-0277) form. The form must be completed by SSA.
 - Correspondence from SSA confirming hearing request.
 - [Collateral contact](#) to SSA is also acceptable.
- Participant's attorney, verified by either of the following means:
 - Collateral Contact
 - Written Statement
- Agency assisting the participant with the hearing, verified by either of the following means:
 - Collateral Contact
 - Written Statement