

Claimant: <b>Lilah Lynn Taylor</b>	SSN: <b>236-02-4376</b>
Level: <b>Hearing</b>	Claim type: <b>T2, T16</b>
Alleged onset: <b>06/19/2018</b>	Last Insured: <b>06/30/2018</b>
Application: <b>03/28/2019</b>	Last Changed: <b>12/04/2020</b>

B. Jurisdictional Documents/Notices

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Form **HA-510** (04-2020) UF  
Discontinue Prior Editions  
Social Security Administration

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OMB No.0960-0671

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## Waiver of Timely Written Notice of Hearing

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In the case of:  
Lilah Lynn Taylor  
(Claimant)

Claim for:

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

236-02-4376  
\_\_\_\_\_  
(Social Security Number)

Under 20 CFR 404.938 and/or 20 CFR 416.1438, where applicable, I am entitled to receive a 75 day advance written notice of the hearing in my case. Having been fully advised of such right, I hereby waive the 75 day advance notice requirement.

I must inform SSA about or submit all evidence known to me that relates to whether or not I am blind or disabled. I must do this at least 5 business days prior to the date of the hearing. I understand that the administrative law judge may not accept evidence that I inform SSA about or submit less than 5 days prior to the hearing unless I provide a good reason.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
(Area Code and Telephone Number)

Date: \_\_\_\_\_

Form HA-510 (01-2020) UF  
Claimant

See Next Page

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

Sections 205(b)(1), 205(d), and 1631(c) 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 completing the hearing process.

We will use the information to document your waiver of rights to receive the written Notice of Hearing. We may also share your information for the following purposes, called routine uses:

1. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs; and
2. To student volunteers and other workers, who technically do not have the status of Federal employees, when they are performing work for the SSA as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned agency functions.

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 Notices (SORN) 60-0005, entitled Administrative Law Judge Working File on Claimant Cases and 60-0089, entitled Claims Folders Systems.

Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**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 5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

**Waiver of Timely Written Notice of Hearing**

In the case of: Lilah Lynn Taylor (Claimant)	Claim for:
<hr/>	<hr/>
(Wage Earner)(Leave blank if same as above)	236-02-4376 (Social Security Number)

Under 20 CFR 404.938 and/or 20 CFR 416.1438, where applicable, I am entitled to receive a 75 day advance written notice of the hearing in my case. Having been fully advised of such right, I hereby waive the 75 day advance notice requirement.

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<hr/>
(Signature)
<hr/>
(Street Address)
<hr/>
(City, State, and Zip Code)
<hr/>
(Area Code and Telephone Number)

Date: 

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## SOCIAL SECURITY ADMINISTRATION

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Refer To:  
Lilah Lynn Taylor

Office of Hearings Operations  
Charleston Fed Center  
500 Quarrier Street  
Suite 100  
Charleston, WV 25301-2186  
Tel: (888)527-9325 / Fax: (833)574-0712  
Date: November 5, 2020

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

Jan Denise Dils  
P. O. Box 901  
Parkersburg, WV 26102

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

Claimant

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Lilah Lynn Taylor

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**“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 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.

Claimant

See Next Page

Lilah Lynn Taylor

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**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*

cc: Lilah Lynn Taylor  
14864 Charles Town Rd  
Charles Town, WV 25414

Enclosure:  
Telephone Hearing Agreement Form

Claimant



Social Security Administration

OMB Control No. 0960-0671

**COVID-19 Telephone Hearing Agreement Form**

Claimant's Name: Lilah Lynn Taylor

Social Security Number: 236-02-4376

Wage Earner:

Representative's Name: Jan Denise Dils

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:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claimant

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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:

See Next Page

Claimant

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/).

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Claimant



## SOCIAL SECURITY ADMINISTRATION

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Refer To:  
Lilah Lynn Taylor

Office of Hearings Operations  
Charleston Fed Center  
500 Quarrier Street  
Suite 100  
Charleston, WV 25301-2186  
Tel: (888)527-9325 / Fax: (833)574-0712  
Date: November 5, 2020

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

Jan Denise Dils  
P. O. Box 901  
Parkersburg, WV 26102

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

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

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Representative

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Lilah Lynn Taylor

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**“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 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>.

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Representative

See Next Page

Lilah Lynn Taylor

Page 3 of 3

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*Social Security Administration*

cc: Lilah Lynn Taylor  
14864 Charles Town Rd  
Charles Town, WV 25414

Enclosure:  
Telephone Hearing Agreement Form

Representative

Social Security Administration

OMB Control No. 0960-0671

**COVID-19 Telephone Hearing Agreement Form**

Claimant's Name: Lilah Lynn Taylor

Social Security Number: 236-02-4376

Wage Earner:

Representative's Name: Jan Denise Dils

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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Representative

See Next Page

☐ **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:

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Representative



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## SOCIAL SECURITY ADMINISTRATION

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Refer To:  
Lilah Lynn Taylor

Office of Hearings Operations  
Charleston Fed Center  
500 Quarrier Street  
Suite 100  
Charleston, WV 25301-2186  
Tel: (888)527-9325 / Fax: (833)574-0712  
Date: July 21, 2020

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Jan Denise Dils  
P. O. Box 901  
Parkersburg, WV 26102

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Lilah Lynn Taylor

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### **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.

See Next Page

Lilah Lynn Taylor

Page 3 of 3

**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*

cc: Lilah Lynn Taylor  
14864 Charles Town Rd  
Charles Town, WV 25414

Enclosure:  
Telephone Hearing Agreement Form

Social Security Administration

OMB Control No. 0960-0671

**COVID-19 Telephone Hearing Agreement Form**

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:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ 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.*

From: GFI FaxMaker To: 13042646573 Page: 1/8 Date: 10/10/2019 9:21:46 AM

INC

Jan Dils, Attorneys At Law  
963 Market Street  
Parkersburg, WV 26101  
Phone 304.428.8900  
Fax 304.428.4500 or 304.865.5634

Jan Dils, Attorneys  
at Law, LC

# Fax

**To:** Martinsburg, WV - SSA Office **From:** Amanda

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**Fax:** (304) 264-6573 x Fax **Pages:** 8

---

**Phone:** **Date:** October 10, 2019

---

**Re:** Taylor 236-02-4376 **CC:** n/a

---

• **Comments:**

OCT 10 2019  
2:45 PM  
236-02-4376

\*\*The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address indicated above. Thank you. \*\*



From: GFI FaxMaker To: 13042646573 Page: 2/8 Date: 10/10/2019 9:21:46 AM

From: fax@alpha-tech.us  
To: Kevin A. McCort  
Subject: Successful Sent Fax Notification  
Date: Tuesday, April 16, 2019 3:01:40 PM

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Sent Fax Report

4/16/2019 2:54:46 PM

Success: Taylor 4376 SSA Fax (Fax sent to 713042646573) [::resend=s55990ed5]

Sender:	Kevin McCort	Sender Email:	KevinM@JanDils.com
Job Status:	Sent	Line Speed:	5
Total Connection Time:	04:40	Transmitted Page:	Total pages: 5
Resolution:	Fine	Remote fax ID:	304 264 6573
Line number:	5	Number of retries:	6
Additional Information:	Fax sent successfully : Success		

Original Message Text

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From: GFI FaxMaker To: 13042646573 Page: 3/8 Date: 10/10/2019 9:21:46 AM

From: GFI FaxMaker To: 13042646573 Page: 1/5 Date: 4/16/2019 2:50:16 PM

Jan Dils, Attorneys At Law  
963 Market Street  
Parkersburg, WV 26101  
Phone 304.426.8800  
Fax 304.426.4500 or 304.865.6634

Jan Dils, Attorneys  
at Law, LC

**Fax**

OCT 10 2019

To:	Martinsburg, WV - SSA Office CR for this Alpha Concurrent	From:	Kevin
Fax:	(304) 264-6673 x Fax	Pages:	5
Phone:	Taylor 236-02-4376	Date:	April 16, 2019
Re:		CC:	n/a

• **Comments:**

Executed Appointment of Representative form (1696), 1695, medical authorization, and Contingent Fee Agreement.-- The Initial Application March 28, 2019 was filed online.

However, if there are any outstanding denials in this case, please consider this an appeal and forward us the appropriate appeal forms. We will return the appeal forms to your office upon completion by the claimant.

**The Social Security Administration Claims Representative has permission to contact the claimant. This permission DOES NOT apply to Disability Determination Section Disability Examiners.**

Please forward to us, a receipt that you have accepted these documents and that we are listed as representative.

"The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address indicated above. Thank you."

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This fax was sent with GFI FaxMaker fax server. For more information, visit: <http://www.gfi.com>

From: GFI FaxMaker To: 13042646573 Page: 4/8 Date: 10/10/2019 9:21:46 AM

Jan Dils, Attorneys At Law  
 963 Market Street  
 Parkersburg, WV 26101  
 Phone 304.428.8900  
 Fax 304.428.4500 or 304.865.5634

Jan Dils, Attorneys  
 at Law, LC

# Fax

OCT 10 2019  
 10:10:46 AM

**To:** Martinsburg, WV - SSA Office  
 CR for this Alpha  
 Concurrent  
 (304) 264-6573 x Fax  
**From:** Kevin

**Fax:** **Pages:** 5

**Phone:** **Date:** April 16, 2019  
 Taylor 236-02-4376

**Re:** **CC:** n/a

• **Comments:**

Executed Appointment of Representative form (1696), 1695, medical authorization, and Contingent Fee Agreement.— The Initial Application March 28, 2019 was filed online.

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## Social Security Administration

Please read the instructions before completing this form.

Form Approved  
OMB No. 0980-0527

Name (Claimant) (Print or Type) Lilah Lynn Taylor	Social Security Number 236-02-4376
Wage Earner (If Different)	Social Security Number

## Part I

## APPOINTMENT OF REPRESENTATIVE

I appoint this person, Jan Dils, Attorney at Law

(Name and Address)

to act as my representative in connection with my claim(s) or asserted right(s) under:

- ☒ Title II (RSDI)   
 ☒ Title XVI (SSI)   
 ☐ Title XVIII (Medicare Coverage)   
 ☐ Title VIII (SVB)

This person may, entirely in my place, make any request or give any notice; give or draw out evidence or information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s).

- ☒ I authorize the Social Security Administration to release information about my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g. clerks), partners, and/or parties under contractual arrangements (e.g. copying services) for or with my representative.

- ☒ I appoint, or I now have, more than one representative. My main representative is

Jan Dils

(Name of Principal Representative)

Signature (Claimant) <i>Lilah J. Taylor</i>	Address 14864 Charles Town Rd Charles Town, West Virginia 25414	
Telephone Number (with Area Code) (704) 221-0271	Fax Number (with Area Code)	Date 3/28/2019

## Part II

## ACCEPTANCE OF APPOINTMENT

I, Jan Dils, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not disqualified from representing the claimant as a current or former officer or employee of the United States; and that I will not charge or collect any fee for the representation, even if a third party will pay the fee, unless it has been approved in accordance with the laws and rules referred to on the reverse side of the representative's copy of this form. If I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Part III satisfies this requirement.)

Check one: ☒ I am an attorney. ☐ I am a non-attorney eligible for direct payment under SSA law.☐ I am a non-attorney not eligible for direct payment.I am now or have previously been disbarred or suspended from a court or bar to which I was previously admitted to practice as an attorney. ☐ Yes ☒ NoI am now or have previously been disqualified from participating in or appearing before a Federal program or agency. ☐ Yes ☒ No

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signature (Representative) <i>Jan Dils</i>	Address Post Office Box 901, Parkersburg, WV 26102	
Telephone Number (with Area Code) (304) 428-8900	Fax Number (with Area Code) (304) 428-4500	Date 3/28/2019

## Part III

## FEE ARRANGEMENT

(Select an option, sign and date this section.)

- ☒ Charging a fee and requesting direct payment of the fee from withheld past-due benefits. (SSA must authorize the fee unless a regulatory exception applies.)

- ☐ Charging a fee but waiving direct payment of the fee from withheld past-due benefits --I do not qualify for or do not request direct payment. (SSA must authorize the fee unless a regulatory exception applies.)

- ☐ Waiving fees and expenses from the claimant and any auxiliary beneficiaries --By checking this block I certify that my fee will be paid by a third-party, and that the claimant and any auxiliary beneficiaries are free of all liability, directly or indirectly, in whole or in part, to pay any fee or expenses to me or anyone as a result of their claim(s) or asserted right(s). (SSA does not need to authorize the fee if a third-party entity or a government agency will pay from its funds the fee and any expenses for this appointment. Do not check this block if a third-party individual will pay the fee.)

- ☐ Waiving fees from any source --I am waiving my right to charge and collect any fee, under sections 206 and 1631(d)(2) of the Social Security Act. I release my client and any auxiliary beneficiaries from any obligations, contractual or otherwise, which may be owed to me for services provided in connection with their claim(s) or asserted right(s).

Signature (Representative) <i>Jan Dils</i>	Date 3/28/2019
Form SSA-1696-U4 (03-2011) of (03-2011) Destroy Prior Editions	

FILE COPY