



BASED ON THE INFORMATION WE HAVE ABOUT YOUR ELIGIBILITY WE MUST:


☐ other: \_\_\_\_\_

The reason for this decision is that \_\_\_\_\_

ENCLOSURE: INFORMATION LEAFLET(S) NO. IM-4

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<b>IF YOU WANT A FAIR HEARING, FILL OUT THIS FORM AND MAIL IT TO:</b>					
NAME OF PERSON REQUESTING HEARING		ADDRESS			
TELEPHONE NUMBER WHERE YOU CAN BE REACHED		YOUR SIGNATURE		TODAY'S DATE	
USE THIS SPACE TO TELL US WHY YOU WANT A FAIR HEARING					
<b>FOR OFFICE USE ONLY</b>					
CASE NO.	CASEWORKER	LOAD NO.	DATE NOTICE SENT	DATE REQUEST RECEIVED	
			December 27, 2013		

