



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Medicare Hearings and Appeals

REQUEST FOR SUBSTITUTION OF PARTY
UPON DEATH OF BENEFICIARY OR ENROLLEE

Instructions: If you have been informed that a beneficiary or enrollee who was a party to an appeal before an Administrative Law Judge (ALJ) or attorney adjudicator with the Office of Medicare Hearings and Appeals (OMHA) has died, you may request to enter the proceedings as a substitute party if you have a genuine financial interest in the deceased person's estate or claim and you have legal authority to act on behalf of the deceased person.

Complete this form and send it to the assigned OMHA adjudicator (visit www.hhs.gov/omha and use the appeal status lookup tool to find your assigned adjudicator). If an adjudicator has not yet been assigned, send this form to OMHA Central Operations, Attention: Substitution of Party Mail Stop (visit www.hhs.gov/omha or call the number at the bottom of this form for the full mailing address).

In addition, you must also submit evidence of the legal authority for you to act on behalf of the deceased person or, if you are the provider or supplier who furnished the item(s) or services(s) involved in the appeal, evidence of the transactions that are the subject of the claim(s) at issue.

Please note that if another party other than the deceased person filed a request for an ALJ hearing or review of a dismissal, the appeal may still proceed, but the deceased person will no longer be a party to the appeal unless an eligible party is substituted. If the deceased person was the only party that requested a hearing, the request for hearing will be dismissed unless an eligible party is substituted.

Section 1: What is the OMHA appeal number or the reconsideration (Medicare appeal or case) number?

OMHA Appeal Number (if known) | Reconsideration Number (if OMHA appeal number not known)

Section 2: What is the information for the deceased beneficiary or enrollee?

Name (First, Middle initial, Last) | Date of Death

Section 3: What is the substitute party's information? (Representative information in next section)

Name (First, Middle initial, Last) | Firm or Organization (if applicable)
Mailing Address | City | State | ZIP Code
Telephone Number | Fax Number | E-Mail

Section 4: What is the representative's information? Please attach an appointment of representation (form CMS-1696) or other documents authorizing the representation. (Skip if you do not have a representative)

Name | Firm or Organization (if applicable)

Section 5: Indicate action you wish to take by checking one of the boxes below:

- I do not wish to proceed with the appeal requested by the deceased person and I withdraw the request for hearing. (Include a completed form OMHA-119)
I wish to proceed with the appeal, including any hearing that may be scheduled.
I wish to proceed with the appeal but am waiving an oral hearing before an ALJ and request that a decision be issued based on the record. (Include a completed form OMHA-104)

Section 6: Sign and date this form:

Substitute Party or Representative Signature | Date

Privacy Act Statement

The legal authority for the collection of information on this form is authorized by the Social Security Act (section 1155 of Title XI and sections 1852(g)(5), 1860D-4(h)(1), 1869(b)(1), and 1876 of Title XVIII). The information provided will be used to further document your appeal. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your appeal.

If you need large print or assistance, please call 1-855-556-8475