

#### § 410.234

Administration, the claimant (or a person who is authorized under § 410.222 to execute a claim on his behalf) may request that the "request for withdrawal" be canceled and that the withdrawn claim be reinstated. Such request for cancellation must be in writing and must be filed, in a case where the requested withdrawal was approved by the Administration, no later than 60 days after such approval. The claimant must be alive at the time the request for cancellation of the "request for withdrawal" is filed with the Administration.

#### § 410.234 Interim provisions.

(a) Notwithstanding any other provision of this subpart, a written request for benefits which is filed before January 31, 1972, and which meets the requirements of this subpart except for the filing of a prescribed application form, shall be considered a claim for benefits. Nevertheless, where a prescribed application form has not been filed, the Administration may require that such a form be completed and filed before adjudicating the claim. (See § 410.240(a).)

(b) Notwithstanding any other provision of this part, where (1) a request has been made before the effective date of this regulation that a claim for benefits be withdrawn and (2) such request has been approved (see § 410.232), such claim may nevertheless be reinstated and adjudicated under the provisions of the Black Lung Benefits Act of 1972 (Pub. L. 92-303).

[37 FR 20638, Sept. 30, 1972]

#### § 410.240 Evidence.

(a) *Evidence of eligibility.* A claimant for benefits shall submit such evidence of eligibility as is specified in this section. The Administration may at any time require additional evidence to be submitted with regard to entitlement or the right to receive payment.

(b) *Insufficient evidence of eligibility.* Whenever a claimant for benefits has submitted no evidence or insufficient evidence of eligibility, the Administration will inform the claimant what evidence is necessary for a determination of eligibility and will request him to submit such evidence within a specified reasonable time which may be ex-

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tended for a further reasonable time upon the claimant's request.

(c) *Reports by beneficiary; evidence of nonoccurrence of termination, suspension, or reduction event.* Any individual entitled to a benefit who is aware of any circumstance which, under the provisions of this part could affect his entitlement to benefits, his eligibility for payment, or the amount of his benefit, or result in the termination, suspension, or reduction of his benefit, shall promptly report such circumstance to the Administration. The Administration may at any time require an individual receiving, or claiming that he is entitled to receive, a benefit, either on behalf of himself or on behalf of another, to submit a written statement giving pertinent information bearing upon the issue of whether or not an event has occurred which would cause such benefit to be terminated, or which would subject such benefit to reductions or suspension under the provisions of the Act. The failure on the part of such individual to submit any such report or statement, properly executed, to the Administration, shall subject such benefit to reductions, suspension, or termination, as the case may be.

(d) *Place and manner of submitting evidence.* Evidence in support of a claim shall be filed at an office of the Administration or with an employee of the Administration authorized to receive such evidence at a place other than such office. Such evidence may be submitted as part of a prescribed application form if the form provides for its inclusion, or it may be submitted in addition to such prescribed form and in the manner indicated in this section.

(e) *Certification of evidence by authorized individual.* In cases where a copy of a record, document, or other evidence, or an excerpt of information therefrom, is acceptable as evidence in lieu of the original, such copy or excerpt shall, except as may otherwise clearly be indicated thereon, be certified as a true and exact copy or excerpt by the official custodian of any such record or by an employee of the Administration authorized to make certifications of any such evidence.

## Social Security Administration

## § 410.300

(f) *Evidence of total disability or death due to pneumoconiosis.* For evidence requirements to support allegations of total disability or death due to pneumoconiosis; for the effect of the failure or refusal of an individual to present himself for an examination or test in connection with the alleged disability, or to submit evidence of disability; and for evidence as to the cessation of disability, see subpart D of this part 410.

(g) *Evidence of matters other than total disability or death due to pneumoconiosis.* With respect to the following matters, evidence shall be submitted in accordance with the provisions of Regulations No. 4 (part 404 of this chapter) cited hereinafter, as if the claim for benefits under the Act were an application for benefits under section 202 of the Social Security Act. Evidence as to:

(1) *Age:* §§ 404.715 through 404.716 of this part;

(2) *Death:* §§ 404.720 through 404.722 of this part;

(3) *Marriage and termination of marriage:* §§ 404.723 through 404.728 of this part;

(4) *Relationship of parent and child:* §§ 404.730 through 404.750 of this part;

(5) *Domicile:* § 404.770 of this part;

(6) *Living with or member of the same household:* § 404.760 of this part.

(h) *Reimbursement for reasonable expenses in obtaining medical evidence.* Claimants for benefits under this part shall be reimbursed promptly for reasonable medical expenses incurred by them for services from medical sources of their choice, in establishing their claims, including the reasonable and necessary cost of travel incident thereto. A medical expense generally is not "reasonable" when the medical evidence for which the expense was incurred is of no value in the adjudication of a claim. Medical evidence will then be considered to be of "no value" when, for instance, it is wholly duplicative or when it is wholly extraneous to the medical issue of whether the claimant is disabled or died due to pneumoconiosis. In order to minimize inconvenience and possible expense to the claimant, he should not generally incur any medical expense for which he intends to claim reimbursement without first contacting the district office to determine what types of evidence not

already available to the Administration may be useful in adjudicating his claim, what types of medical evidence may be reimbursable, and what would constitute a "reasonable medical expense" in a given case. However, a claimant's failure to contact the Administration before the expense is incurred will not preclude the Administration from later approving reimbursement for any reasonable medical expense. Where a reasonable expense for medical evidence is ascertained, the Administration may authorize direct payment to the provider of such evidence.

[36 FR 23752, Dec. 14, 1971, as amended at 37 FR 20638, Sept. 30, 1972; 65 FR 16814, Mar. 30, 2000]

### § 410.250 Effect of conviction of felonious and intentional homicide on entitlement to benefits.

An individual who has been finally convicted by a court of competent jurisdiction of the felonious and intentional homicide of a miner or of a widow shall not be entitled to receive any benefits payable because of the death of such miner or widow, and such felon shall be considered nonexistent in determining the entitlement to benefits of other individuals with respect to such miner or widow.

[37 FR 20638, Sept. 30, 1972]

## Subpart C—Relationship and Dependency

AUTHORITY: Sec. 702(a)(5) of the Social Security Act (42 U.S.C. 902(a)(5)), secs. 402, 412(a), 426(a), and 508, 83 Stat. 792; 30 U.S.C. 902, 922(a), 936, and 957.

### § 410.300 Relationship and dependency; general.

(a) In order to establish entitlement to benefits, a widow, child, parent, brother, or sister must meet relationship and dependency requirements with respect to the miner or widow, as applicable, prescribed by or pursuant to the Act.

(b) In order for an entitled miner or widow to qualify for augmented benefits because of one or more dependents (see § 410.510(c)), such dependents must