


Social Security Online **Internet Appeal** 

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## Welcome!

This is the starting point to request a review of our medical decision about your eligibility for disability benefits. There are two parts to this Internet Appeal process: (1) an Appeal Request form; and (2) an Appeal Disability Report that gives us more information about your condition. You can complete both forms online. To appeal online, you may submit only an appeal request (Part 1). We are asking you to also submit an Appeal Disability Report (Part 2) because it will give us more information about you and help us in processing your appeal. If you do not want to use the Internet to request your appeal, there are [Other Ways to Request an Appeal or Complete a Disability Report](#).

NOTE: We use the term "claimant" to refer to the adult or child whose disability decision is being appealed.

### To be able to use this Internet process, the claimant must:

- Have applied for benefits
- Have received a "Notice of Disapproved Claim", a "Notice of Reconsideration", or "Notice of Federal Reviewing Official Decision", and have the notice available when beginning this process. (If you do not know which notice you received, refer to [About Your Notice](#).)
- Disagree with the disability decision
- Live in the United States or one of its territories



**If any of the above statements are not true, stop here and contact Social Security!**

### Completing the Internet Appeal Process

The first part of your appeal is the Appeal Request. The next five pages explain this request and help you get ready to provide the information we need. The sixth page is the Appeal Request form. We will ask you to provide information about your representative if you have one. You will be able to review the information you provide before sending it to us electronically. The Appeal Request is a short form and you must complete and submit it in a single session. You will not be able to come back to it later.

Part 2 of the two-part Internet process is completing the Appeal Disability Report. We will walk you through completion of this report right after you submit the Appeal Request. The Report asks you to tell us about any changes that have occurred since the claimant last completed a disability report. This includes information about the claimant's condition, doctors or other medical sources and treatment, work activity and education. You do not have to complete this report all at once. Later we will tell you how to return to an Appeal Disability Report that you had started earlier.

**To start the Internet Appeal Request and Disability Report process,** select this button.

[Start the Appeal](#)

Already started an Appeal Disability Report? Then select this button.

[Go Back to the Report I Already Started](#)

### If You Have Questions

Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our toll-free "TTY" number, 1-800-325-0778. Representatives are available Monday through Friday from 7 AM to 7 PM.

### More Information about Disability and the Appeal Process

[How the Disability Appeals Process Works](#)

[Your Right to Representation](#)

[Social Security's Definition of Disability for Adults](#)

[Social Security's Definition of Disability for Children](#)

[Internet Security Policy](#)

[Social Security's Accessibility Policy](#)

[Privacy Information](#)

[Information about Social Security's Disability Programs](#)



## About This Internet Appeal Process

### Using Social Security Online Services

Using the Internet Appeal Request and Disability Report gives you:

- Security and privacy for your information.
- Step by step instructions and examples to help you complete the Appeal Request and the Disability Report.
- A process to collect information that applies to you, similar to the interview process in a Social Security Office.
- The ability to work at your own pace, stopping when you want and coming back to finish later.

### What You Will Need

The Internet Appeal Request and Disability Report process asks for information about the adult or child whose disability decision is being appealed (the "Claimant") and his or her medical history.

For us to decide that the Claimant is disabled under the Social Security Act and its regulations, you must give us as much information as possible so that we can contact your doctors and hospitals directly to get your medical records. It is important that you give us the names, addresses, and dates of treatment for all your doctors and hospitals. The list below provides details about what you will need.

#### For Part 1: The Appeal Request

- Your Social Security Number, name, address, and telephone number, if you have one.
- Your Notice of Decision.
- Information about your Representative, if you have one. Use this link for [more information about having a Representative](#).

#### For Part 2: The Disability Report

- The name, address including ZIP code, and telephone number of someone else who knows about your illnesses, injuries and conditions (referred to only as conditions from here on) and can give us information about you. (Note: The instructions page for Part 2 provides a link for ZIP code lookup, if you need it.)
- A description of any changes in your conditions since you last completed a disability report, including new physical and mental limitations and new conditions.
- The names, addresses including ZIP codes, and telephone numbers for all doctors, hospitals, and clinics that you have seen since you last completed a disability report, and the dates you saw them.
- The name of each medical test that you have had since you last completed a disability report, when and where the test was done, and who ordered it.
- The name of each current prescription and over-the-counter medicine that you take and the doctor who prescribed it.

### Other Information

Third Party Links: Some Social Security Online pages contain links to third party sites not operated by SSA. Those sites are not within our control and may not follow the same privacy, security, or accessibility standards as ours. We are not responsible for the content or availability of those sites, their partners, or advertisers.

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Social Security Online  
www.socialsecurity.gov

# Internet Appeal



## Should You Use This Internet Appeal Process?

Not everyone will be able to complete this process online. You must answer all of the following questions to help us determine if you should use this Internet process or if it would be better for you to speak with a Social Security representative.

**Do you live in the United States or one of its territories/ commonwealths?**

Yes  No

**Did you receive a notice of decision?**

Yes  No

Continue

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[How to Move Around This Report](#)

Last edited 5/24/2007 3:07 PM

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www.socialsecurity.gov



### About Your Appeal

Thank you and welcome to the Internet Appeal Request.

Please answer the following questions to help us determine how to guide you through the Internet Appeal process. If you are unsure of the answers to any of these questions, please contact Social Security for assistance.

**Claimant Name:**    Suffix (if any)

(Enter the First, Middle, and Last Name of the person applying for benefits.)

**Claimant Social Security Number:**

Please enter the Social Security Number without dashes or hyphens.

**Claimant date of birth:**

**What is the date on the "Notice of Decision" you received?**

(If you do not know which date we are referring to, see [What Is My Notice Date?](#))

Continue



Name: John Public  
SSN: xxx-xx-1234



## About the Request For Hearing By Administrative Law Judge

OMB No. 0960-0269

If you do not agree with the determination we made on your claim, you may file a request for hearing before an Administrative Law Judge (ALJ). To request a hearing, you need to complete an HA-501-U5, Request for Hearing by Administrative Law Judge. The next few pages allow you to electronically complete and submit the HA-501. The last page of Part 1 is a Receipt page with a date and time confirmation that you should print and save for your records.

If you are requesting a hearing on the denial of a claim for disability benefits, there are additional forms you need to complete to send with your request for an Appeal. These forms are the SSA-3441, Disability Report -Appeal, and SSA-827, Authorization to Disclose Information to SSA. The SSA-3441 is the electronic form you will complete as Part 2 of this Internet Appeal process, and it includes a link to the SSA-827.

You may also need to complete a form SSA-1696, Appointment of Representative, if you are appointing a representative. If your representative is not an attorney, he or she must sign the SSA-1696 or state in writing that he or she accepts the appointment, before you send it to us. Both the Appeal Request Receipt page and the Appeal Disability Report include a link to the SSA-1696.

You must file your appeal within 60 days from the date you got the determination. We assume you got the determination within 5 days of the date shown on that notice unless you can show us you did not get it within the 5-day period.

If you have additional evidence, please submit it to the hearing office within 10 days.

If you have any questions, you may call our toll-free number, 1-800-772-1213, (for people who are deaf or hard of hearing, call our 'TTY' number, 1-800-325-0778), or contact your [local Social Security Office](#). When you contact us, be sure to have any letters we sent you.

We estimate you will need 20 minutes to complete this Request for Hearing. If you want more information, use this link to read about the [Paperwork Reduction Act](#).

If you want to know more about how we may use the information you give us, please refer to [Privacy Information](#).

If you want to file your request for a hearing online, please select the Continue button to go to the next page. If you choose not to complete your request online, please select the Exit button to leave this appeal process.

Exit

Continue

Name: John Public  
SSN: xxx-xx-1234

## How This Internet Appeal Request Works

### How to Move Around in the Internet Appeal Request

- To move forward page by page, select the Continue button at the bottom of the page.
- If you are navigating using only the keyboard or using an assistive device and need help, visit our [instructional page for alternative views and navigation](#). **Note:** If you select this link, you will leave this secure site and go to a new browser window. You will automatically return to this page when you close the new browser window.
- Additional information may appear in a new browser window. Close that window to return to the appeal process.



#### IMPORTANT:

- **Do NOT use the Enter key to move around in the report or to select from the drop-down lists.**
- To move backward page by page in the report, select the Previous Page button at the bottom of the page. **Do NOT use the "Back" button on your browser to move backward.**
- **You will receive a time-limit warning if you stay more than 25 minutes on any one page. Then you can extend your time on that page. After the third warning on a page, you must move to another page or your time will run out and all your work on that page will be lost.** (Note: If you have turned JavaScript off in your browser, you will not receive these warnings. After 30 minutes on a page, you must go to another page or your disability report session will end, and your work on the last page will be lost.)

### [Special Instructions for Blind Users](#)

Name: John Public  
SSN: xxx-xx-1234



### Request For Hearing By Administrative Law Judge

Please enter your Appeal Request information.

**Claimant Name** John Public  
(First, Middle, Last)

**Claimant Address:**  
Please provide a complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101

(Street Line 1)

(Street Line 2)

(City, State, Zip Code)

**Claimant Telephone Number:**   
Example: (111) 222-3333

**Claimant Fax Number:**   
(If known)

**Claimant Social Security Number (SSN)** xxx-xx-1234

**Claimant Claim Number**  
(if different from SSN):   
[What is the Claim Number?](#)

**Wage Earner Name (if different from Claimant):**    Suffix (if any)   
(First, Middle, Last)  
[Who is the Wage Earner?](#)

**I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE.**

I disagree with the determination made on my claim because:

205 character maximum. This is about four lines of typing.

An Administrative Law Judge of the Social Security Administration's Office of Disability Adjudication and Review will be appointed to conduct the hearing or other proceedings in your case. You will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

**I have additional evidence to submit:**  Yes  No

If yes, you will be asked to give us the name and address of the source of additional evidence in Part 2 of the Internet Appeal process. For more information about how to submit additional evidence, use the link [Submitting Additional Evidence](#).

**Do you wish to appear at a hearing?**

Select one answer:  I wish to appear at a hearing.  
 I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete [Waiver Form HA-4608](#) that is available by using this link.)

You have a right to be represented at the hearing. Use this link if you want to know [more about Representatives](#).

**Do you currently have a representative?**  Yes  No

Select one answer:  I am completing this form as the Claimant.  
 I am completing this form as the Claimant's Representative.

Select the Continue button to review your information before sending it to the Social Security Administration. Select the Previous Page button if you want to review the previous page of instructions.

Name: John Public  
SSN: xxx-xx-1234

### Submit Your Request For Hearing (Filed By Claimant)

Please review your Request for Hearing By Administrative Law Judge information below before sending it to the Social Security Administration.

- If you **agree** with all your statements, select the Send button to submit this Request for Hearing By Administrative Law Judge to Social Security.
- If you **disagree** with any of your statements, select the Previous Page button to go back and correct the information.

Claimant's name is [Claimant Name]. The Claimant's address is [Address].  
{The Claimant's phone number is [nnn-nn-nnnn] and fax number is [nnn-nn-nnnn].}

[Wage Earner's name, if different from the Claimant, is [Wage Earner Name].]

Claimant's Social Security Number is xxx-xx-1234. [Claimant's Claim Number(s) is/are nnn-nn-nnnn A.]

I disagree with the determination made on my claim because [data entered].

{I do not have a representative.

I understand that I have a right to be represented at the hearing. If I am not represented but would like to be, the Social Security office can give me a list of legal referral and service organizations.}

or

{I am represented by [name], who [is/is not] an attorney. The Representative's address is [RAddress]. The Representative's phone number is [nnn-nn-nnnn] [and fax number is [nnn-nn-nnnn]].

If I am represented and have not done so previously, I will complete and submit form SSA-1696 (Appointment of Representative).}

I understand that an Administrative Law Judge of the Social Security's Administration's Office of Disability Adjudication and Review will be appointed to conduct the hearing or other proceedings in my case. I also understand that I will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

I have been advised of the right to appear in person before an Administrative Law Judge. I understand that my personal appearance before an Administrative Law Judge would provide me with the opportunity to present written evidence, my testimony and the testimony of other witnesses. I understand that this opportunity to be seen and heard could be helpful to the Administrative Law Judge in making a decision.

I [wish/do not wish] to appear at a hearing. [I will complete Waiver Form HA-4608 and send it to:

Social Security  
address line 1  
address line 2]

I [have/do not have] additional evidence to submit with this request. [I will provide the name and address of the source of additional evidence on the Internet Disability Report, which is the next report I am to complete in this Internet Appeals process. If I have additional evidence such as a doctor's report, I will send it with the other documents I am to print out at the end of Part 2 and submit to the hearing office within 10 days. The servicing Social Security Office can provide the address.]

If you have reviewed all of your information and are ready to submit your Request For Hearing By Administrative Law Judge, read the statement below. Checking the box next to your name means that you agree with the statement.

**I, [filer's name], 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.**



Important: After you submit this Request for Hearing By Administrative Law Judge, you will not be able to come back to it. Check the box next to your name to indicate that you have read the statement and it is accurate.

I, [filer's name], read and agree with the above.

Previous Page

Send



Name: John Public  
SSN: xxx-xx-1234Receipt of Request For Hearing  
(Filed By Claimant)

We recommend that you print or save this page for your records now because you will not be able to return to this page later. We have included the details of the Request for Hearing By Administrative Law Judge that we received. If you disagree with any of your statements, you should contact us within 10 days after [today's date] to let us know.

## Next Steps

- Carefully review the information below. Contact Social Security within ten days if it is not correct.
- Print and keep this confirmation page for your records. (Select this link to [print this page or save](#) it to your computer. For instructions on how to print, save, or view the saved file, please refer to the [Print/Save/View Guide](#).)
- Select the Start Part 2 button at the bottom of this page to begin Part 2 of the Internet Appeal process, the Disability Report. We will not have all of the information that we need to process your appeal until you submit the Disability Report.

**The Request for Hearing by Administrative Law Judge was received by Social Security on [date] at [time].**

Claimant's name is [Claimant Name]. The Claimant's address is [Address]. (The Claimant's phone number is [nnn-xxx-xxxx] and fax number is [nnn-xxx-xxxx].)

[Wage Earner's name, if different from the Claimant, is [Wage Earner Name].]

Claimant's Social Security Number is xxx-xx-1234. [Claimant's Claim Number(s) is/are xxx-xx-5678 A.]

I disagree with the determination made on my claim because [data entered].

[(I do not have a representative.)

I understand that I have a right to be represented at the hearing. If I am not represented but would like to be, the Social Security office can give me a list of legal referral and service organizations.]

or

{I am represented by [name], who [is/is not] an attorney. The Representative's address is [RAddress]. The Representative's phone number is [nnn-xxx-xxxx] [and fax number is [nnn-xxx-xxxx]].

If I am represented and have not done so previously, I will complete and submit form [SSA-1696 \(Appointment of Representative\)](#).]

I understand that an Administrative Law Judge of the Social Security's Administration's Office of Disability Adjudication and Review will be appointed to conduct the hearing or other proceedings in my case. I also understand that I will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

I have been advised of the right to appear in person before an Administrative Law Judge. I understand that my personal appearance before an Administrative Law Judge would provide me with the opportunity to present written evidence, my testimony and the testimony of other witnesses. I understand that this opportunity to be seen and heard could be helpful to the Administrative Law Judge in making a decision.

I [wish/do not wish] to appear at a hearing. [I will complete Waiver Form HA-4608 and send it to:

Social Security  
address line 1  
address line 2]

I [have/do not have] additional evidence to submit with this request. [I will provide the name and address of the source of additional evidence on the Internet Disability Report, which is the next report I am to complete in this Internet Appeals process. If I have additional evidence such as a doctor's report, I will send it with the other documents I am to print out at the end of Part 2 and submit to the hearing office within 10 days. The servicing Social Security Office can provide the address.]

Start Part 2



Name: John Public  
SSN: xxx-xx-1234



### Representative's Information

**You have indicated the Claimant has a Representative.** If the Claimant has not done so previously, he or she may need to complete and submit a form SSA-1696 (Appointment of Representative). See [About Your Right to Representation](#) for more information.

**Representative's Name:**    Suffix (if any)  ▼  
(First, Middle, Last)

**Is the Representative an attorney?**  Yes  No

**Mailing Address**  
 Please provide a complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101

(Street Line 1)

(Street Line 2)

(City, State, ZIP Code)   ▼

**Telephone Number:**   
 Example: (111) 222-3333

**Fax Number:**   
 (If known)

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Continue



Name: John Public  
SSN: xxx-xx-1234



**Submit Request For Hearing  
(Filed By Representative)**

Please review the Request for Hearing By Administrative Law Judge information below before sending it to the Social Security Administration.

- If you **agree** with all your statements, select the Send button to submit this Request for Hearing By Administrative Law Judge to Social Security.
- If you **disagree** with any of your statements, select the Previous Page button to go back and correct the information.

Claimant's name is [Claimant Name]. The Claimant's address is [Address].  
{The Claimant's phone number is [nnn-xxx-xxxx] and fax number is [nnn-xxx-xxxx].}

[Wage Earner's name, if different from the Claimant, is [Wage Earner Name].]

Claimant's Social Security Number is xxx-xx-1234. [Claimant's Claim Number(s) is/are nnn-xx-xxxx A.]

The Claimant disagrees with the determination made on his or her claim because [data entered].

The Claimant is represented by [name], who [is/is not] an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's address is [Raddress]. The Representative's phone number is [nnn-xxx-xxxx] [and fax number is [nnn-xxx-xxxx]].

The Claimant understands that an Administrative Law Judge of the Social Security's Administration's Office of Disability Adjudication and Review will be appointed to conduct the hearing or other proceedings in my case. The Claimant also understands that he or she will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

The Claimant has been advised of the right to appear in person before an Administrative Law Judge. The Claimant understands that a personal appearance before an Administrative Law Judge would provide an opportunity to present written evidence, personal testimony and the testimony of other witnesses. The Claimant understands that this opportunity to be seen and heard could be helpful to the Administrative Law Judge in making a decision.

The Claimant [wishes/does not wish] to appear at a hearing. [The Claimant will complete Waiver Form HA-4608 and send it to:  
Social Security  
address line 1  
address line 2]

I [have/do not have] additional evidence to submit with this request. [I will provide the name and address of the source of additional evidence on the Internet Disability Report, which is the next report I am to complete in this Internet Appeals process. If I have additional evidence such as a doctor's report, I will send it with the other documents I am to print out at the end of Part 2 and submit to the hearing office within 10 days. The servicing Social Security Office can provide the address.]

If you have reviewed all of your information and are ready to submit your Request For Hearing By Administrative Law Judge, read the statement below. Checking the box next to your name means that you agree with the statement.

**I, [filer's name], 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.**



Important: After you submit this Request for Hearing By Administrative Law Judge, you will not be able to come back to it. Check the box next to your name to indicate that you have read the statement and it is accurate.

I, [filer's name], read and agree with the above.

Previous Page Send

Name: John Public  
SSN: xxx-xx-1234

## Receipt of Request for Hearing (Filed By Representative)

**We recommend that you print or save this page for your records now because you will not be able to return to this page later.** We have included the details of the Request for Hearing By Administrative Law Judge that we received. If you disagree with any of your statements, you should contact us within 10 days after [today's date] to let us know.

### Next Steps

- Carefully review the information below. Contact Social Security within ten days if it is not correct.
- Print and keep this confirmation page for your records. (Select this link to [print this page or save](#) it to your computer. For instructions on how to print, save, or view the saved file, please refer to the [Print/Save/View Guide](#).)
- Select the Start Part 2 button at the bottom of this page to begin Part 2 of the Internet Appeal process, the Disability Report. We will not have all of the information that we need to process your appeal until you submit the Disability Report.

**The Request for Hearing by Administrative Law Judge was received by Social Security on [date] at [time].**

Claimant's name is [Claimant Name]. The Claimant's address is [Address]. (The Claimant's phone number is [nnn-xxx-xxxx] and fax number is [nnn-xxx-xxxx].)

[Wage Earner's name, if different from the Claimant's, is [Wage Earner Name].]

Claimant's Social Security Number is xxx-xx-1234. [Claimant's Claim Number(s) is/are xxx-xx-5678 A.]

The Claimant disagrees with the determination made on his or her claim because [data entered].

The Claimant is represented by [name], who [is/is not] an attorney. If not done so previously, the Claimant will complete and submit form [SSA-1696 \(Appointment of Representative\)](#). The Representative's address is [Raddress]. The Representative's phone number is [nnn-xxx-xxxx] [and fax number is [nnn-xxx-xxxx].]

The Claimant understands that an Administrative Law Judge of the Social Security's Administration's Office of Disability Adjudication and Review will be appointed to conduct the hearing or other proceedings in my case. The Claimant also understands that he or she will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

The Claimant has been advised of the right to appear in person before an Administrative Law Judge. The Claimant understands that a personal appearance before an Administrative Law Judge would provide an opportunity to present written evidence, personal testimony and the testimony of other witnesses. The Claimant understands that this opportunity to be seen and heard could be helpful to the Administrative Law Judge in making a decision.

The Claimant [wishes/does not wish] to appear at a hearing. [The Claimant will complete Waiver Form HA-4608 and send it to:

Social Security  
address line 1  
address line 2]

I [have/do not have] additional evidence to submit with this request. [I will provide the name and address of the source of additional evidence on the Internet Disability Report, which is the next report I am to complete in this Internet Appeals process. If I have additional evidence such as a doctor's report, I will send it with the other documents I am to print out at the end of Part 2 and submit to the hearing office within 10 days. The servicing Social Security Office can provide the address.]

Start Part 2



Name: John Public  
SSN: xxx-xx-1234



## How the Online Appeal Disability Report Works

OMB No. 0960-0144

You are now starting the online Appeal Disability Report, which is Part 2 of the Internet Appeal process. The Appeal Disability Report (SSA-3441) on the following pages will ask you to describe any changes that have occurred since you last completed a disability report. This will include information about your condition, medical sources and treatments, work activities and education. If you need to find a ZIP code for an address, use the [ZIP Code Lookup](#).

### Completing and Saving the Appeal Disability Report:

- The report does not have to be done all at once. After you complete the next page, we will give you a Reentry Number. You will be able to stop working on the report whenever you want and then use this Reentry Number to come back to the section where you left off.
- We estimate you will need 120 minutes to complete this Appeal Disability Report. If you want more information, use this link to read about the [Paperwork Reduction Act](#).
- In each section of the report you will be asked to enter information. We will give you instructions and examples to guide you.
- At the end of each section, you will have a chance to review your answers and add or change information.
- After you complete a page, some answers are protected and cannot be changed by going back to that page. If you need to make changes to a protected answer on a completed page, continue with the report. You will be able to change your answer from the summary page at the end of the section.
- When you have completed the report, you will see a full summary of the information you entered. You can make any necessary changes and then print or save a copy of this summary for your records. If you want to keep a copy of the entire report for your records, you will need to print or save each page using your browser's print command.
- If you do not have enough room to enter all the information you want to give us on the report, including the Remarks block in the Review and Send section, please write the information on a separate sheet of paper and send it to us at the address we will give you after you've completed this report.

### How to Move Around in the Report

- To move forward page by page in order in the report, select the Continue button at the bottom of the page.
- To move from section to section in the report, use the Tabs at the top of the page. Using a Tab takes you to the first page of a section. If the Tabs are not "dimmed," you can use them to go to any section at any time.
- If you are navigating using only the keyboard or using an assistive device and need help, visit our [instructional page for alternative views and navigation](#). **Note:** If you select this link, you will leave this secure site and go to a new browser window. You will automatically return to this page when you close the new browser window.
- Once you have reached a Summary page in a section, you may return to it by using the Return to Summary button at the bottom of a page in that section.
- Additional buttons, other than Continue and Previous Page, may appear at the bottom of a page. These buttons allow you to take an action, such as deleting a page or returning to the summary.
- Additional information may appear in a new browser window. Close that window to return to the appeal process.



#### IMPORTANT

- **Do NOT use the Enter key to move around in the report or to select from the drop-down lists.**
- To move backward page by page in order in the report, select the Previous Page button at the bottom of the page. **Do NOT use the "Back" button on your browser to move backward.**
- **You will receive a time-limit warning if you stay more than 25 minutes on any one page. Then you can extend your time on that page. After the third warning on a page, you must move to another page or your time will run out and all your work on that page will be lost.** (NOTE: If you have turned JavaScript off in your browser, you will not receive these warnings and, after 30 minutes on a page, you must go to another page or your disability report session will end, and your work on the last page will be lost.)

### [Special Instructions for Blind Users](#)

Continue

Social Security Online **Disability Report - Appeal**  
 www.socialsecurity.gov

Name: John Public  
 SSN: xxx-xx-1234



**About You: General Information**

**NOTE: Appeal request was completed.**

If you are completing the Appeal Disability Report for someone other than yourself, please remember that when we ask things "About You," we mean the adult or child whose disability decision is being appealed (the "Claimant").

The Claimant's name, address and phone number were entered on the Appeal Request.

**Claimant's Name** John Public  
 (First, Middle, Last)

**Address**

(Street Line 1)

(Street Line 2)

(City, State, Zip Code)

**Telephone Number:** (XXX) XXX-XXXX  
 Example: (111) 222-3333  
 We need to know how to contact or leave a message for the Claimant.

**Extension:** [ ]

**Select one:**  This is the Claimant's phone number.  
 The Claimant does not have a phone, but you can leave a message at this number.

**Email Address:** [ ]  
 (optional)

• Name and address will be prefilled and protected.  
 • Phone number will be prefilled but NOT protected.

Continue

Social Security Online **Disability Report - Appeal**  
 www.socialsecurity.gov

Name: John Public  
 SSN: xxx-xx-1234



**About You: General Information**

**NOTE: Appeal request NOT completed.**

If you are completing the Appeal Disability Report for someone other than yourself, please remember that when we ask things "About You," we mean the adult or child whose disability decision is being appealed (the "Claimant").

The Claimant's name was entered earlier in this online process.

The Claimant's name: John Public  
 (First, Middle, Last)

**Address:**

Please provide a complete address for the Claimant, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101

(Street Line 1)

(Street Line 2)

(City, State, Zip Code)

Telephone Number:   
 Example: (111) 222-3333

We need to know how to contact or leave a message for the Claimant.

Extension:

- Select one:  This is the Claimant's phone number.  
 The Claimant does not have a phone, but you can leave a message at this number.

Email Address:   
 (optional)

Continue



Name: John Public  
SSN: xxx-xx-1234



## Print Your Reentry Number

### Your Reentry Number is nnnnnnnn

Before going any further, we are giving you a Reentry Number. If you get disconnected, or if you decide to work on the report again later, you will need this number. It will allow you to come back to this report and continue where you left off without losing any information you entered.

**Please print this page (using the Print command in the browser)  
or write down this Reentry Number nnnnnnnn**

If you lose or forget your Reentry Number, you will have to begin this Appeal Disability Report over again and you will lose all the information you already entered.

### Information about your Reentry Number

- **Remember to guard your Reentry Number carefully** because it is the key to reentering the Appeal Disability Report. **Do not put it where an unauthorized person can see it.**
- Social Security employees will never ask for a Reentry Number and they cannot look up a Reentry Number for you. This is to protect your privacy.

### To continue this Report later

1. Wait at least 5 minutes
2. Go to <http://www.socialsecurity.gov/appeal>
3. Select 'Go Back to the Report I Already Started'
4. Enter the Claimant's Social Security Number and the Reentry Number shown above

Result: We will bring you back to this report.

### If you have any questions, you may contact us

- By phone at our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our toll-free 'TTY' number, 1-800-325-0778. Representatives are available Monday through Friday 7 AM to 7 PM.
- In person at your [local Social Security Office](#).

Continue





## Welcome Back!

After you enter the Claimant's Social Security Number and the Reentry Number, you will be taken to the place in the report where you left off.

If you want, you can review the information about [How the Online Appeal Disability Report Works](#).

If you had errors on a page that were not corrected when you signed off, you will need to correct them now before you can continue to new pages.

**Social Security  
Number:**

(without dashes or hyphens)

**Reentry Number:**

If you do not have your Reentry Number, you will not be able to continue with the Appeal Disability Report you already began. You can start a new online Appeal Disability Report up to 3 times. You can either begin the report again or contact your local Social Security Office and they will help you. However, Social Security cannot access your Reentry Number.

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Continue



Name: John Public  
SSN: xxx-xx-1234



## Sign Off

If you want to, you can stop for now. You can submit a partial report, or use another way to complete the report, or you can come back later to where you left off and continue working on this report. You can also review the parts you already completed and add or change information.

### If you will not be able to return to this Internet Report

If you know now that you will not be able to return to this report, we urge you to send us electronically whatever you have already finished. **We will contact you later for any missing information.** However, to submit the report electronically, you must have at least completed the About You section and started the Medical History section. If this is true, and you want to send us what you have finished:

1. Choose 'Return to Appeal Disability Report' below.
2. Go to the Review & Send tab at the top of that page.
3. Follow the instructions there to send us the Appeal Disability Report.

To print or save this page, please use the Print button at the top of your browser or the File menu commands.

There are other ways to complete the Appeal Disability Report:

- Call our toll-free number, **1-800-772-1213**. Explain that you don't want to use the online appeal process but do want to appeal the decision made in your case. If you are deaf or hard of hearing, call our toll-free 'TTY' number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 AM to 7 PM.
- Contact your [local Social Security Office](#) and tell the representative that you want to appeal the decision made on your case.
- Print a [paper SSA-3441](#) from the Internet. This form is in Portable Document Format (PDF) and requires Adobe Reader to open and print it. If you don't have Adobe Reader on your computer, use this link [to get a free copy of Adobe Reader](#).
- If you live outside the United States, see [Service Around the World](#).

### If You Plan to Finish This Internet Report Later

1. Go to this web site: <http://www.socialsecurity.gov/appeal>
2. Select "Go Back to the Report I already started".
3. Type in your Social Security Number and the Reentry Number shown below.

**Result:** You will be taken back to where you left off in the report.

**DO NOT Forget Your Reentry Number!**

**Please print this page** (using the Print command in the browser)  
**or write down this Disability Report Reentry Number nnnnnnnn**

**Do not give this number to anyone else.** If you lose or forget your Reentry Number, you will have to begin this Appeal Disability Report over again and you will lose all the information you already entered. To ensure your privacy, no one else can have access to your Reentry Number. Social Security can help you start the process over again, but we cannot access your Reentry Number. To have a record of your Reentry Number, print this page and keep it in a safe place.

Exit

Return to Appeal Disability Report

Social Security Online **Disability Report - Appeal**   
 www.socialsecurity.gov

Name: John Public  
 SSN: xxx-xx-1234



**Review and Send: Print Cover Sheet**

You also need to print and sign a medical release form SSA-827 Authorization to Release Information to SSA. The law requires us to have a signed authorization form in order to get your medical records from your doctors or hospitals, and from other sources that you gave us.

**John Public's address is:**

555 Main Street  
 Anywhere, MD 21087

**John Public's daytime phone number is:**

(540) 555-3579

**Name and address of someone else Social Security can contact who knows about John Public's condition and can help with his or her appeal:**

June Public  
 555 Main Street  
 Baltimore, MD 21087

**I have attached the following items:**

Check all that apply:

- Medical Release Form
- [Appointment of Representative Form](#)
- [Waiver of Right to Personal Appearance Form](#)
- Medical Evidence
- Questionnaire for Children Form
- School Records
- Other (Please list below.)

Name of person completing this disability report:

Date:

**Mail or bring to:**

SOCIAL SECURITY ADMINISTRATION  
 [address]  
 [telephone]

**If You Have Printing Problems:**

Please try again. If you are still unable to print this page, please continue. Contact Social Security at the address and phone number we have provided to tell us that you could not print the Cover Sheet.

- 1696 link is always shown.
- 4608 link is shown only if HA-501 and user has selected does not want to appear at a hearing.
- Questionnaire & school records only if under 18 (see i3441 logic).

- Name region is dynamic text. Prefilled from RS002 if exists, nothing displayed if it does not exist (in other words, the name is not requested)
- Date is send date prefilled from RS002

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Name: John Public  
SSN: xxx-xx-1234



## Review and Send: Print Your Medical Release Form

You also need to print and sign a medical release form SSA-827 Authorization to Release Information to SSA. The law requires us to have a signed authorization form in order to get your medical records from your doctors or hospitals, and from other sources that you gave us.

### What you need to do:

1. Use the link below to access the medical release form. The medical release form is in Portable Document Format (PDF) and requires Adobe Acrobat Reader to open it and print it. If you don't have Adobe Acrobat Reader on your computer you can download a free copy. Use this link [to get a free copy of the Adobe Reader](#).
2. **Print the medical release form. You must print BOTH sides, front and back.**
3. Sign and date the medical release form.  
**Note:** All adults are required to sign the medical release form for themselves, even if someone else is helping them with the appeal process. The only exceptions are when the disabled person has a legal guardian or is deceased.
4. Mail or bring the signed and dated medical release form along with the cover sheet of this Appeal Disability Report and any other appeal forms you have printed to Social Security at the address we will give you. DO NOT take any forms to your doctor.
5. If you already have copies of medical records from your doctor, you can send or bring them to us. However, we do not recommend that you delay your case by requesting medical records yourself. We can do this for you.

Here are [instructions](#) for completing the medical release form.

Please print one copy.

### [Authorization to Disclose Information to SSA](#)

### If You Have Printing Problems:

Please try again. If you are still unable to print the form, please continue. Contact Social Security at the address and phone number we will give you later to tell us that you could not print the medical release form.

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Continue



Name: John Public  
SSN: xxx-xx-1234

## Review and Send: Confirmation

### Thank you.

We received your Appeal Disability Report on [date] at [time]. We will process it at your local Social Security Office (see address below).

We recommend that you read this entire page and then **print or save** it for your records.

### Important—Next Steps:

Please mail or bring the following items to your local Social Security Office at the address below.

- **Signed and dated SSA-827, Authorization to Disclose Information to SSA**, and copies of any medical information you may already have on hand.
- **Completed and dated cover sheet** for this Appeal Disability Report with any other items identified on the cover sheet that you need to submit.

If you were unable to print the SSA-827 (Authorization to Disclose Information to SSA), please contact Social Security.

### Your Local Social Security Office:

SOCIAL SECURITY ADMINISTRATION  
[address]  
[telephone number]

You can mail or bring these documents to a different Social Security Office. You can use the [Office Locator](#) to find another Social Security Office.

### What to Expect:

- While we are processing your appeal, we may contact you for more information or to set up an interview. We may ask you to fill out additional forms.
- If we need more medical evidence, we may ask you to see a doctor for a special examination. We will pay for this.
- If you have copies of medical records that you have not given to us before, mail or bring them to your local Social Security Office.
- Please contact Social Security, immediately, if you:
  - Go to a new doctor
  - Have a new medical test done
  - Have a change in your condition
  - Go to work
  - Change your address or phone number
- For more information on the disability process, go to [How the Disability Appeal Process Works](#)

Previous Page

Continue



## If You Do Not Want To Use This Online Appeal Process

### Other Ways to Request an Appeal or Complete a Disability Report

If you prefer not to complete a Request for Reconsideration or a Disability Report on the Internet, you can use any of the following ways:

- Call our toll-free number, **1-800-772-1213**. Explain that you don't want to use the online appeal process but do want to appeal the decision made in your case. Representatives are available Monday through Friday from 7 AM to 7 PM. If you are deaf or hard of hearing, call our toll-free 'TTY' number, **1-800-325-0778**.
- Contact your [local Social Security Office](#) and tell our representative that you want to appeal the decision made on your case.
- Refer to your denial notice to find out the kind of appeal you need to request. You can print the form you need from our [Forms Page](#). In addition to the Request for Reconsideration form, you will need to print and complete a paper Appeal Disability Report (SSA-3441) and an Authorization to Disclose Information to SSA (SSA-827). After you print out and complete all three forms, you should mail or take them to your local Social Security Office. We will be able to take action more quickly if we receive all three forms at the same time.

NOTE: You must have Adobe Reader on your computer to read and print the forms. If you do not have a current version of Adobe Reader, use this link [to get a free copy of Adobe Reader](#).

- If you live outside the United States, see [Service Around the World](#).

Close this window to return to the appeal process.

Last edited 4/6/2007 6:11 PM



## Privacy Information

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b)(1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a) and Section 1839(i) of the Act (P.L. 108-173) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

Close this window to return to the appeal process.

Last edited 4/6/2007 6:11 PM



## Paperwork Reduction Act

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. The OMB Control Number for the Internet Appeal Disability Report is 0960-0144. The expiration date for this OMB Control Number is 8/31/2009. We estimate that it will take you an average of 120 minutes to respond, but total time required will depend upon the number of questions you need to answer for the Internet Appeal Disability Report.

*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.***

### If You Have Questions

Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our toll-free 'TTY' number, 1-800-325-0778. Representatives are available Monday through Friday from 7 AM to 7 PM.

Close this window to return to the appeal process.

Last edited 4/13/2007 4:46 PM





## Paperwork Reduction Act

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. The OMB Control Numbers for the Request for Hearing By An Administrative Law Judge is 0960-0269. The expiration date for this OMB Control Number is [date to be supplied]. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions for a Request for Hearing.

*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.***

### If You Have Questions

Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our toll-free 'TTY' number, 1-800-325-0778. Representatives are available Monday through Friday from 7 AM to 7 PM.

Close this window to return to the appeal process.



## Submitting Additional Evidence

### If you have additional evidence to submit in support of your claim:

- If the evidence is medical information, we can request it from the source. Please include the name and address of the doctor, hospital or other source when you complete the Appeal Disability Report, which is Part 2 of the Internet Appeal process.
- If you have evidence in your possession that you wish to submit, please send it to Social Security with the other documents we will ask you to print at the end of Part 2. We will give you the address of your local office.

### If you are not submitting additional evidence now but would like to do so later:

- Please submit your evidence to the hearing office within 10 days.
- You may submit it directly to the hearing office that is handling your case. Your local Social Security office can give you the address.
- If you received a "Notice of Federal Reviewing Official Decision" you must submit your evidence no fewer than five days before your hearing unless you have a good reason for not doing so.

Close this window to return to the appeal process.

Last edited 5/16/2007 9:30 AM



## Your Right To Representation

You can handle your own Social Security appeal with free help from Social Security, or you can choose a lawyer, a friend or someone else to help you. Someone you appoint to help you is called your "representative". You cannot choose someone who has been suspended or disqualified from representing others before the Social Security Administration or who may not, by law, act as a representative. You may contact your local Social Security office for a list of legal referral and service organizations. We will work with your representative, just as we would work with you.

If you want to appoint someone as your representative, you or your representative must first complete Form SSA-1696 (Appointment of Representative) or send a written statement naming your representative. If your representative is not an attorney, he or she must sign the statement or SSA-1696 or state in writing that he or she accepts the appointment, before you send it to us.

Your representative cannot charge or collect a fee from you without first getting written approval from Social Security. However, your representative may accept money from you in advance as long as it is held in a trust or escrow account.

Both you and your representative are responsible for providing us with accurate information. It is illegal to furnish false information knowingly and willfully. If you do, you may face criminal prosecution.

You can get more information about having a representative by selecting the link [Your Right to Representation](#).

### If You Have Questions

Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our toll-free 'TTY' number, 1-800-325-0778. Representatives are available Monday through Friday from 7 AM to 7 PM.

Close this window to return to the appeal process.



## Who Is The Wage Earner?

The Wage Earner is a person who earns Social Security credits while working for wages or self-employment income. He or she is sometimes referred to as the "Number Holder" or "Worker."

If the Claim Number is not your own Social Security Number, then the Wage Earner is the spouse or parent on whose record you filed for disability. You should enter his or her name in the space provided.

You may continue without providing this information.

### If You Have Questions

Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our toll-free 'TTY' number, 1-800-325-0778. Representatives are available Monday through Friday from 7 AM to 7 PM.

Close this window to return to the appeal process.

Last edited 5/16/2007 9:31 AM



## About Your Notice and Claim Numbers

Your notice has information that can help you complete the appeal request.

This example is just to show you where to look. In order to continue, your notice title should be one of the following:

- Notice of Disapproved Claim
- Notice of Reconsideration
- Notice of Federal Reviewing Official Decision

This is  
your  
Notice  
title.

SOCIAL SECURITY ADMINISTRATION  
Retirement, Survivors, and Disability Insurance  
Supplement Security Income  
**Notice of Reconsideration**

Date: [Month, Day, Year]  
Claim Number: **000-00-0000 A**

[Your Name]  
[Your Address]

You asked us to take another look at your claim for Social Security disability benefits. Someone who did not make the first decision reviewed your case, including any new facts we received, and found that the first decision was correct.

This is your  
claim number,  
including any  
letter(s) at the  
end.

### If You Have Questions

Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our toll-free 'TTY' number, 1-800-325-0778. Representatives are available Monday through Friday from 7 AM to 7 PM.

Close this window to return to the appeal process.



Name: John Public  
SSN: xxx-xx-1234



## You Cannot Use the Internet to Complete Your Appeal Request

You do not meet one or more of the qualifications to file your request for appeal using the Internet. To request an appeal, you should contact Social Security immediately as explained below and tell them that you received this message.

To contact Social Security:

- Call our toll-free number, **1-800-772-1213**. Explain that you are unable to use the online appeal process but do want to appeal the decision made in your case. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 AM to 7 PM.
- Visit [your local Social Security Office](#) and tell the representative that you want to appeal the decision made on your case.

Select the Exit button to leave this report. You will be taken to the Social Security home page.

Exit