



## 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](#)

See below for  
Privacy Act  
Statement



## 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.

[Previous Page](#)

[Continue](#)



### 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

[How to Move Around This Report](#)

Last edited 5/24/2007 3:07 PM

Social Security Online **Internet Appeal**   
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

Social Security Online  
www.socialsecurity.gov

# Internet Appeal



Name: John Public  
SSN: xxx-xx-1234

OMB No. 0960-0622

## About the Request For Reconsideration

**FIRST APPEAL:** The letter you received about our determination on your case tells you about your right to request a reconsideration of our determination on your case. To request this review, you need to complete an SSA-561-U2, Request for Reconsideration. The next few pages allow you to electronically complete and submit the SSA-561. 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.

**EVIDENCE:** You should mail any information you have that shows our original determination was not correct to the Social Security office address provided at the end of Part 2. You should also complete the SSA-3441, Disability Report - Appeal, and complete, sign and date the SSA-827, Authorization to Disclose Information to SSA. The Appeal Disability Report (SSA-3441) is 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.

If you have 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](#). If you contact us, please be sure to have in your possession any letters we sent you. It will help us answer your questions.

See below for Paperwork Reduction Act Statement

20

We estimate you will need ~~18~~ minutes to complete this Request for Reconsideration. If you want more information, use this link to read about the [Paperwork Reduction Act](#).

If you want to file your request for review 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



### Request For Reconsideration

Please enter your Appeal Request information.

<b>Name of Claimant</b> (First, Middle, Last)	John Public		
<b>Claimant's Mailing Address:</b> 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)	<input type="text"/>		
(Street Line 2)	<input type="text"/>		
(City, State, Zip Code)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Claimant Telephone Number:</b> Example: (111) 222-3333	<input type="text"/>		
<b>Wage Earner Name (if different from Claimant):</b> (First, Middle, Last) <a href="#">Who is the Wage Earner?</a>	<input type="text"/>	<input type="text"/>	<input type="text"/> Suffix (if any) <input type="text"/>
<b>Claimant Social Security Number (SSN)</b>	xxx-xx-1234		
<b>Claimant Claim Number (if different from SSN):</b> <a href="#">What is the Claim Number?</a>	<input type="text"/>		
<b>Supplemental Security Income (SSI) Claim Number:</b> <a href="#">What is the Claim Number?</a>	<input type="text"/>		
<b>I do not agree with the determination made on the above claim and request reconsideration.</b>			
	My reasons are:		
205 characters maximum. This is about 4 lines of typing.	<input type="text"/>		
<input type="button" value="Count Characters"/>			
<b>Do you currently have a representative?</b>	<input type="radio"/> Yes <input type="radio"/> No		
<b>Select one:</b>	<input type="radio"/> I am completing this form as the Claimant.		
	<input type="radio"/> 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.

Social Security Online

www.socialsecurity.gov

## Internet Appeal



Name: John Public  
SSN: xxx-xx-1234



## Receipt of Request For Reconsideration (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 Reconsideration 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 Reconsideration was  
received by Social Security on [date] at [time].**

Claimant's name is [Claimant Name]. The Claimant's mailing address is [Mailing Address]. The Claimant's phone number is [nnn-xxx-xxxx].

[Wage Earner's or Self-Employed Person'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. The Supplemental Security Income (SSI) Claim Number is xxx-xx-5678 A.]

I disagree with the determination made on my claim and request reconsideration. My reasons are: [data entered].

[(I do not have a representative.)]

I understand that I have a right to be represented. 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 \(Appointment of Representative\)](#).}]

Start Part 2

Social Security Online

www.socialsecurity.gov

## Internet Appeal



Name: John Public  
SSN: xxx-xx-1234



## Receipt of Request For Reconsideration (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 Reconsideration 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 Reconsideration was received by Social Security on [date] at [time].**

Claimant's name is [Claimant Name]. The Claimant's mailing address is [Mailing Address]. The Claimant's phone number is [nnn-nnn-nnnn].

[Wage Earner's or Self-Employed Person'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. The Supplemental Security Income (SSI) Claim Number is xxx-xx-5678 A.]

The Claimant disagrees with the determination made on his or her claim and requests reconsideration. The reasons are: [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-nnn-nnnn] [and fax number is [nnn-nnn-nnnn].]

Start Part 2

[How to Move Around This Report](#)

Last edited 4/6/2007 6:10 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 it. Specifically, we may provide information to a Federal, State, or local government agency which is deciding your eligibility for a benefit or program; to the President or Congress; to a court; 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.

See revised  
Privacy Act  
Statement below.

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.



## Paperwork Reduction Act

See revised  
Paperwork  
Reduction Act  
Statement below.

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 Reconsideration is 0960-0622. The expiration date for this OMB Control Number is [date to be supplied]. We estimate that it will take about 18 minutes to read the instructions, gather the facts, and answer the questions for a Request for Reconsideration.

*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 4:47 PM

*SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:*

**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 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *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.*

Request for Reconsideration, SSA-561-U2  
Privacy Act Statement  
Collection and Use of Personal Information

Section 205(a), of the Social Security Act as amended, [42 U.S.C. 405(a)] and Title 20 C.F.R. 404.907 - 404.922 and 416.1407 – 416.1422 authorize us to collect this information. We will use the information you provide to help us determine your entitlement to benefits. The information you provide on this form is voluntary. However, we cannot reconsider the decision on your claim unless you furnish this information.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information for Social Security records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. Information from these matching agencies can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Systems of Records Notices entitled Claims Folder System 60-0089, Supplemental Security Income Record and Special Veterans Benefits 60-0103, and the Medicare Database File 60-0321. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security office.