

iAppeals Screen Package

October 06, 2011

General Notes

The design goals of this release were:

- Reduce sign-in/re-entry errors
- Improve and streamline language throughout iAppeals application
- Reduce number of pages presented in the iAppeals application (e.g., information may now be behind “links” and not displayed on the page)
- Re-design the iAppeals and Disability Report landing pages in an effort to move to the similar look and feel of our newer eService applications
- Add a link to a checklist of information and documents the user may need before starting the application
- Add a link for a new iAppeals introductory video
- Add a link to the “Special Instructions for Blind Users” to the landing page
- Modify the focus of the “Enter” button
- Re-label and move the “Sign Off” button
- Consider re-labeling the “Continue” button

Due to the extremely short timeframe for this project, the scope of the language changes was strictly limited to expository verbiage. Throughout the entire application (covering the 501, 561, and 3441), no changes of any kind were made to user input fields, to field labels, or to questions being presented to the users (in other words, nothing within the alternating color bands depicting data requested from users).

Global Changes

While the scope of this release allows for only incremental changes, we are proposing some small changes to bring iAppeals more closely into alignment with iClaim and the i3368. To that end, the following changes are proposed:

- “Continue” button renamed to “Next”
- “Sign Off” button (beginning on page [ap011](#) and continuing through page [rs003](#)):
 - renamed to “Sign Off (finish later)”
 - moved (from top left corner to bottom left corner)
- “Send” button (501/561 Request on page [ap010](#) and 3441 Report on page [rs003](#)) renamed to “Submit”
- “Finished” button renamed to “Finish”
- Removed bold from all buttons throughout the application
- In footer, replaced “How to Move Around This Report” with “Tips for Using this Website” (new name for msg022)

Deleted Pages

The language changes proposed for this release render the following pages obsolete:

Screen Number	Screen Name
ap002	About this Internet Appeal Process
ap006hr	About the Request for Hearing by Administrative Law Judge
ap006rc	About the Request for Reconsideration
ap007	How this Internet appeal request works
ee004	How the online Appeal Disability Report works
ay012	About you: end of part 1
mh001	Medical history: introduction
mh021	Medical history: summary
mh022	Medical history: end of part 2
rs006	Review and send: print your medical release form
rs009	Confirmation

Screen Number	Screen Name
msg023	How the online Disability Report works
msg041	About your notice and claim numbers
msg004	Internet security policy

Changes to the language also affect the path of the application. The following pages will change from being pages within the path to become pop-up pages referenced by their respective links on screen rs004 Confirmation and printing:

Former Number	Former Name	New Number	New Name
rs005	Print the cover sheet	msg081	Cover sheet
rs008	Print the Questionnaire for Children Claiming SSI Benefits	msg082	(no change)

Dynamic Behavior

The iAppeals application handles appeals both for the Reconsideration and Hearing phases of a claim. When a claimant with a denial on file complete and submits page ap005 Claimant information, the system determines which phase the claim is in and displays pages from the appropriate path. This screen package includes both the Reconsideration and Hearing versions of affected screens, denoted as either “rc” or “hr” added to the screen number (e.g., ap008rc and ap008hr).

At the end of the 3441, the user is presented with a confirmation page with a link to his receipt and a list of links to documents that are needed based upon his specific case. (The list is repeated in his customized cover sheet.) Four links are always displayed; three more may be displayed based on the user’s specific case.

Always display:

- Receipt for disability appeal report
- Cover sheet
- SSA-827 Medical Release Form (Authorization to Disclose Information to the Social Security Administration)
- instructions (*for completing the medical release form*)

Display, if:

Form Number and Title	Based on page	Condition
SSA-1696 Appointment of Representative	ap008rc, ap008hr	Question “Do you currently have a representative?” answered Yes
HA-4608 Waiver of Your Right to Personal Appearance before ALJ	ap008hr	Question “Do you wish to appear at the hearing?” answered No
SSA-3881 Questionnaire for Children Claiming SSI Benefits	ap005	Claimant age < 18 years(calculated from date of birth)

However, if a user loses his reentry number before completing the 3441 and begins a new report, the system can no longer present a customized list. In that situation, the system would present the all possible forms the user may need. [See rs004 Confirmation and printing (Longest possible version) and msg081 Cover sheet (Longest possible version).]

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Appeal Request (501/561)

ap001 Welcome

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal

Welcome. Thank you for filing your disability appeal online.

Before you begin...

You need to have your [Notice of Decision](#).

We recommend you review the following links:

- [Video: Preparing to File Your Disability Appeal Online](#)
- [Checklist: Information You Will Need](#)
- [Tips for Using this Website](#)
- [Instructions for Blind or Visually Impaired Users](#)

You may also want to review:

- [Social Security's Definition of Disability](#)
- [How the Disability Appeal Process Works](#)
- [Information About Social Security's Disability Programs](#)
- [Your Right to Representation](#)
- [Other Ways to Complete a Disability Appeal](#)

To start your disability appeal...
Please read [Tips for Using this Website](#).

[Start Your Appeal](#)

To continue working on your disability appeal...
If you want to finish a disability appeal you already started:

[Go Back to the Appeal You Already Started](#)


[Contact Us](#) | [Tips for Using this Website](#)

Link Details

Link Text	Link Destination
Notice of Decision	msg041 About your notice
Video: Preparing to File... <i>Note: title still under review</i>	<i>URL not yet available</i>
Checklist: Information You Will...	msg007 Checklist: information you will need
Tips For Using This Website	msg022 Tips for using this website msg022 Tips for using this website
Instructions for Blind or...	http://www.socialsecurity.gov/webcontent/accessibility.htm *May be changed by ASB
Social Security's Definition...	msg001 Social Security's definitions of disability
How the Disability Appeal...	msg002 How the disability Appeals Process works
Information About Social...	msg003 Social Security's disability programs
Your Right to Representation	msg005 Your right to representation
Other Ways to Complete...	msg046 Other ways to complete a disability appeal
Contact Us	msg051 Contact us
Button: Start Your Appeal	Page ap004 Can you use this online disability appeal
Button: Go Back to the Appeal...	Page ee009 Welcome back

ap004 Can you use this online disability appeal

SocialSecurityOnline **Disability Appeal**
www.socialsecurity.gov

 **Can you use this online disability appeal?**

Please note: if you are helping another person fill out this appeal, answer all of the questions as they apply to the person you are helping.

To complete an appeal online, you must have a [notice of decision](#).

* Do you live in the United States or one of its territories / commonwealths? Yes No

* Did you receive a notice of decision? Yes No

[Next](#)

[Contact Us](#) | [Tips for Using this Website](#)


Link Details

Link Text	Link Destination
notice of decision	msg041 About your notice

ap005 Claimant information

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal



Claimant information

Please note: "Claimant" refers to the adult or child whose disability decision is being appealed.

*** 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?](#))

*** Claimant residence ZIP code:**

(Enter the ZIP code for the address where the claimant lives. This helps us to process the appeal properly.)

[Contact Us](#) | [Tips for Using this Website](#)

Link Details


Link Text	Link Destination
What is My Notice Date?	msg040 What is my notice date

ap008rc Request for reconsideration

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal

Name: **John Public**
SSN: xxx-xx-0533



Request for reconsideration

OMB No. 0960-0622
[Paperwork Reduction Act](#)

Your privacy is important. For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

Name of Claimant: John G Public
(First, Middle, Last)

*** Claimant 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. If the address on your notice is correct, please enter it exactly as it appears on the denial notice.

*** (Street Line 1)**

(Street Line 2)

(Street Line 3)

(Street Line 4)

*** (City, State, ZIP Code)**

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

Wage Earner Name (If different from Claimant): **Suffix (if any)**

(First, Middle, Last)
[Who is the Wage Earner?](#)

Claimant Social Security Number (SSN): xxx-xx-0533

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

Supplemental Security Income (SSI) Claim Number:
[What is the Claim Number?](#)

I do not agree with the determination made on the above claim and request reconsideration.

Enter a brief explanation of the reason for your appeal. 205 character maximum. This is about 4 lines of typing.

*** My reasons are:**

You have entered characters

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

*** Select one:**

I am completing this form as the Claimant.
 I am completing this form as the Claimant's Representative.

[Contact Us](#) | [Tips for Using this Website](#)

Link Details


Link Text	Link Destination
Paperwork Reduction Act	msg072rc Paperwork Reduction Act (rc)
Privacy Act Statement	msg139 Privacy Information
Who is the Wage Earner?	msg042 Who is the wage earner?
What is the Claim Number?	msg043 About your claim number

ap008hr Request for hearing by administrative law judge

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal

Name: **John Public**
SSN: xxx-xx-0533



Request for hearing by administrative law judge

OMB No. 0960-0269
[Paperwork Reduction Act](#)

Your privacy is important. For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

*** Claimant Name:** John G 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. If the address on your notice is correct, please enter it exactly as it appears on the denial notice.

*** (Street Line 1)**

(Street Line 2)

(Street Line 3)

(Street Line 4)

*** (City, State, ZIP Code)**

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

Claimant Fax Number:
(If known)

Claimant Social Security Number (SSN): xxx-xx-0533

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

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

I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE.

Enter a brief explanation of the reason for your appeal. 205 character maximum. This is about 4 lines of typing.

*** I disagree with the determination made on my claim because:**

You have entered characters

0 characters

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 the 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 of Your Right to Personal Appearance Before an ALJ, HA-4608](#).)

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.

[Contact Us](#) | [Tips for Using this Website](#)

“Do you wish to appear at the hearing?” The user’s response determines whether the Waiver form will be included on the Confirmation page and Cover sheet.

“Do you currently have a representative?” The user’s response determines which path (1st party screens or 3rd party screens) he will receive.

Link Details

Link Text	Link Destination
Paperwork Reduction Act	msg072hr Paperwork Reduction Act (hr)
Privacy Act Statement	msg139 Privacy Information
What is the Claim Number?	msg043 About your claim number
Who is the Wage Earner?	msg042 Who is the wage earner?
Submitting Additional Evidence	msg048 Submitting additional medical evidence
Waiver of Your Right to... more about representatives	http://www.socialsecurity.gov/online/ha-4608.pdf msg005 Your right to representation

ap010rc Submit your request for reconsideration (1st party)

SocialSecurityOnline

www.socialsecurity.gov

Disability Appeal

Name: **John Public**
SSN: **xxx-xx-0533**



Review and submit your request for reconsideration

Please review and submit your request for reconsideration below. If you need to make changes, select "Previous" to go back. To submit your request select "Submit" and continue to the next portion of your appeal.



The answers you provided are shown in bold text. This will be your last chance to change your answers.

My name is **John G Public**. My mailing address is **555 Main Street, Baltimore, MD 21087**. My phone number is **(410) 555-1212**.

My Social Security number is **xxx-xx-0533**.

I disagree with the determination made on my claim and request reconsideration. My reasons are: **my condition has gotten worse**.

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.

I, John G Public, 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.

* I, **John G Public**, have read and agree with the above.

Previous

Submit

[Contact Us](#) | [Tips for Using this Website](#)

ap010rc Submit your request for reconsideration (3rd party)

SocialSecurityOnline

www.socialsecurity.gov

Disability Appeal

Name: **John Public**
SSN: **xxx-xx-0533**



Review and submit your request for reconsideration

Please review and submit your request for reconsideration below. If you need to make changes, select "Previous" to go back. To submit your request select "Submit" and continue to the next portion of your appeal.



The answers you provided are shown in bold text. This will be your last chance to change your answers.

Claimant's name is **John G Public**. The Claimant's mailing address is **555 Main Street, Baltimore, MD 21087**. The Claimant's phone number is **(410) 555-1212**.

Claimant's Social Security number is **xxx-xx-0533**. Claimant's claim number is **xxx-xx-1234A**.

The Claimant disagrees with the determination made on his or her claim and requests reconsideration. The reasons are: **my condition has gotten worse**.

The Claimant is represented by **Mike P Representative**, who is an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's mailing address is **111 South Street, Baltimore, MD 21212**.

I, Mike P Representative, 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.

* I, Mike P Representative, have read and agree with the above.

Previous

Submit

[Contact Us](#) | [Tips for Using this Website](#)

ap010hr Submit your request for hearing (1st party)

SocialSecurityOnline

www.socialsecurity.gov

Disability Appeal

Name: **John Public**
SSN: **xxx-xx-0533**



Review and submit your request for hearing

Please review and submit your request for hearing below. If you need to make changes, select "Previous" to go back. To submit your request select "Submit" and continue to the next portion of your appeal.



The answers you provided are shown in bold text. This will be your last chance to change your answers.

My name is **John G Public**. My mailing address is **555 Main Street, Baltimore, MD 21087**. My phone number is **(410) 555-1212**.

My Social Security number is **xxx-xx-0533**.

I disagree with the determination made on my claim because: **my condition has gotten worse**.

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.

I understand that 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 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 appearance before an Administrative Law Judge would provide an 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 **do not** wish to appear at a hearing. I will complete Form HA-4608 (Waiver of Your Right to Personal Appearance Before an ALJ) and send it to:

SOCIAL SECURITY ADMINISTRATION
110 WEST ROAD
SUITE 500 CORP CENTER
TOWSON, MD 21204

If I have additional evidence such as a doctor's report, it should be sent to Social Security within 10 days.

I, John G Public, 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.

* I, **John G Public**, have read and agree with the above.

Previous

Submit

[Contact Us](#) | [Tips for Using this Website](#)

ap010hr Submit your request for hearing (3rd party)

SocialSecurityOnline

www.socialsecurity.gov

Disability Appeal

Name: **John Public**
SSN: **xxx-xx-0533**



Review and submit your request for hearing

Please review and submit your request for hearing below. If you need to make changes, select "Previous" to go back. To submit your request select "Submit" and continue to the next portion of your appeal.



The answers you provided are shown in bold text. This will be your last chance to change your answers.

Claimant's name is **John G Public**. The Claimant's mailing address is **555 Main Street, Baltimore, MD 21087**. The Claimant's phone number is **(410) 555-1212**.

Claimant's Social Security number is **xxx-xx-0533**. Claimant's claim number is **xxx-xx-1234A**.

The Claimant disagrees with the determination made on his or her claim because: **my condition has gotten worse**.

The Claimant is represented by **Mike P Representative**, who is an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's mailing address is **111 South Street, Baltimore, MD 21212**.

The Claimant understands that 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 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 **does not** wish to appear at a hearing. The Claimant will complete Form HA-4608 (Waiver of Your Right to Personal Appearance Before an ALJ) and send it to:

SOCIAL SECURITY ADMINISTRATION
315 N WASHINGTON ST
ROCKVILLE, MD 20850

If the Claimant has additional evidence such as a doctor's report, it should be sent to Social Security within 10 days.

I, Mike P Representative, 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.


* I, Mike P Representative, have read and agree with the above.

Previous

Submit


[Contact Us](#) | [Tips for Using this Website](#)

ap011rc Receipt for reconsideration (1st party)


SocialSecurityOnline www.socialsecurity.gov	<h1>Disability Appeal</h1>
Name: John Public SSN: xxx-xx-0533	 <h3>Print your reentry number and receipt</h3>
<p>To print or save this page, please use your browser's Print button or File menu commands.</p> <p>You have completed the initial portion of your disability appeal. You have provided enough information to obtain a receipt and reentry number. Your reentry number allows you to continue the appeal later if you cannot proceed at this time.</p> <p>During the next, and final, part of the disability appeal process, we will ask you to provide information on your medical condition. This information is necessary to make a medical decision on your appeal. We recommend you complete your appeal now. Select "Next" to continue.</p>	
<div style="border: 1px solid black; padding: 10px;"><p>Your reentry number is: 15771424</p><p>To continue with this appeal later, go to www.socialsecurity.gov/disability/appeal and select "Go Back to the Appeal You Already Started."</p></div>	
<p>Guard your reentry number carefully because you must have it to reenter the appeal. Do not put it where an unauthorized person can see it.</p> <p>Social Security employees cannot access your reentry number.</p>	
<h4>Receipt of Request for Reconsideration</h4> <p>We received your Request for Reconsideration on September 26, 2011 at 1:16:33 pm Eastern Time.</p> <p>This is your receipt for the request portion of your appeal. Contact Social Security within ten days after September 26, 2011 if any of the information below is not correct.</p> <p>My name is John G Public. My mailing address is 555 Main Street, Baltimore, MD 21087. My phone number is (410) 555-1212.</p> <p>My Social Security number is xxx-xx-0533.</p> <p>I disagree with the determination made on my claim and request reconsideration. My reasons are: my condition has gotten worse.</p> <p>I do not have a representative.</p> <p>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.</p>	
<input type="button" value="Sign Off (finish later)"/>	<input type="button" value="Next"/>
Contact Us Tips for Using this Website	

Note: This is the first time the user is presented with a reentry number. The Sign Off button is presented beginning on this page and continuing until the completed submission of the disability report (3441).

ap011rc Receipt for reconsideration (3rd party)

SocialSecurityOnline www.socialsecurity.gov	<h1>Disability Appeal</h1>	
Name: John Public SSN: xxx-xx-0533		<h3>Print your reentry number and receipt</h3>
<p>To print or save this page, please use your browser's Print button or File menu commands.</p> <p>You have completed the initial portion of your disability appeal. You have provided enough information to obtain a receipt and reentry number. Your reentry number allows you to continue the appeal later if you cannot proceed at this time.</p> <p>During the next, and final, part of the disability appeal process, we will ask you to provide information on your medical condition. This information is necessary to make a medical decision on your appeal. We recommend you complete your appeal now. Select "Next" to continue.</p>		
<p>Your reentry number is: 15771424</p> <p>To continue with this appeal later, go to www.socialsecurity.gov/disability/appeal and select "Go Back to the Appeal You Already Started."</p>		
<p>Guard your reentry number carefully because you must have it to reenter the appeal. Do not put it where an unauthorized person can see it.</p> <p>Social Security employees cannot access your reentry number.</p>		
<p>Receipt of Request for Reconsideration</p> <p>We received your Request for Reconsideration on September 26, 2011 at 1:16:33 pm Eastern Time.</p> <p>This is your receipt for the request portion of your appeal. Contact Social Security within ten days after September 26, 2011 if any of the information below is not correct.</p> <p>Claimant's name is John G Public. The Claimant's mailing address is 555 Main Street, Baltimore, MD 21087. The Claimant's phone number is (410) 555-1212.</p> <p>Claimant's Social Security number is xxx-xx-0533.</p> <p>The Claimant disagrees with the determination made on his or her claim and requests reconsideration. The reasons are: my condition has gotten worse.</p> <p>The Claimant is represented by Mike P Representative, who is an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's mailing address is 111 South Street, Baltimore, MD 21212.</p>		
<input type="button" value="Sign Off (finish later)"/>	<input type="button" value="Next"/>	
Contact Us Tips for Using this Website		

Note: This is the first time the user is presented with a reentry number. The Sign Off button is presented beginning on this page and continuing until the completed submission of the disability report (3441).

SocialSecurityOnline www.socialsecurity.gov	<h1>Disability Appeal</h1>
Name: John Public SSN: xxx-xx-0533	 <h2>Print your reentry number and receipt</h2>
<p>To print or save this page, please use your browser's Print button or File menu commands.</p> <p>You have completed the initial portion of your disability appeal. You have provided enough information to obtain a receipt and reentry number. Your reentry number allows you to continue the appeal later if you cannot proceed at this time.</p> <p>During the next, and final, part of the disability appeal process, we will ask you to provide information on your medical condition. This information is necessary to make a medical decision on your appeal. We recommend you complete your appeal now. Select "Next" to continue.</p>	
<div style="border: 1px solid black; padding: 5px;"><p>Your reentry number is: 15771424</p><p>To continue with this appeal later, go to www.socialsecurity.gov/disability/appeal and select "Go Back to the Appeal You Already Started."</p></div>	
<p>Guard your reentry number carefully because you must have it to reenter the appeal. Do not put it where an unauthorized person can see it.</p> <p>Social Security employees cannot access your reentry number.</p> <h3>Receipt of Request for Hearing</h3> <p>We received your Request for a hearing by Administrative Law Judge on September 26, 2011 at 1:16:33 pm Eastern Time.</p> <p>This is your receipt for the request portion of your appeal. Contact Social Security within ten days after September 26, 2011 if any of the information below is not correct.</p> <p>My name is John G Public. My mailing address is 555 Main Street, Baltimore, MD 21087. My phone number is (410) 555-1212.</p> <p>My Social Security number is xxx-xx-0533.</p> <p>I disagree with the determination made on my claim because: my condition has gotten worse.</p> <p>I do not have a representative.</p> <p>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.</p> <p>I understand that 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 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.</p> <p>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 an 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.</p> <p>I do not wish to appear at a hearing. I will complete Form HA-4608 (Waiver of Your Right to Personal Appearance Before an ALJ) and send it to:</p> <p>SOCIAL SECURITY ADMINISTRATION 110 WEST ROAD SUITE 500 CORP CENTER TOWSON, MD 21204</p> <p>If I have any additional evidence such as a doctor's report, it should be sent to Social Security within 10 days.</p>	
<input type="button" value="Sign Off (finish later)"/>	<input type="button" value="Next"/>
Contact Us Tips for Using this Website	

Note: This is the first time the user is presented with a reentry number. The Sign Off button is presented beginning on this page and continuing until the completed submission of the disability report (3441).

ap011hr Receipt for hearing (3rd party)

SocialSecurityOnline

www.socialsecurity.gov

Disability Appeal

Name: **John Public**
SSN: **xxx-xx-0533**



Print your reentry number and receipt

To print or save this page, please use your browser's Print button or File menu commands.

You have completed the initial portion of your disability appeal. You have provided enough information to obtain a receipt and reentry number. Your reentry number allows you to continue the appeal later if you cannot proceed at this time.

During the next, and final, part of the disability appeal process, we will ask you to provide information on your medical condition. This information is necessary to make a medical decision on your appeal. We recommend you complete your appeal now. **Select "Next" to continue.**

Your reentry number is: 15771424

To continue with this appeal later, go to www.socialsecurity.gov/disability/appeal and select "Go Back to the Appeal You Already Started."

Guard your reentry number carefully because you must have it to reenter the appeal. Do not put it where an unauthorized person can see it.

Social Security employees cannot access your reentry number.

Receipt of Request for Hearing

We received your Request for a hearing by Administrative Law Judge on September 26, 2011 at 1:16:33 pm Eastern Time.

This is your receipt for the request portion of your appeal. Contact Social Security within ten days after September 26, 2011 if any of the information below is not correct.

Claimant's name is John G Public. The Claimant's mailing address is 555 Main Street, Baltimore, MD 21087. The Claimant's phone number is (410) 555-1212.

Claimant's Social Security number is xxx-xx-0533. Claimant's claim number is xxx-xx-1234A.

The Claimant disagrees with the determination made on his or her claim because: my condition has gotten worse.

The Claimant is represented by Mike P Representative, who is an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's mailing address is 111 South Street, Baltimore, MD 21212.

The Claimant understands that 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 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 does not wish to appear at a hearing. The Claimant will complete Form HA-4608 (Waiver of Your Right to Personal Appearance Before an ALJ) and send it to:

SOCIAL SECURITY ADMINISTRATION
315 N WASHINGTON ST
ROCKVILLE, MD 20850

If the Claimant has additional evidence such as a doctor's report, it should be sent to Social Security within 10 days.

Sign Off (finish later)

Next

[Contact Us](#) | [Tips for Using this Website](#)

Note: This is the first time the user is presented with a reentry number. The Sign Off button is presented beginning on this page and continuing until the completed submission of the disability report (3441).

Disability Report (3441): About You


ay001 About you: general information

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal

About You
Medical History
Review and Send

Name: **John Public**
SSN: xxx-xx-0533



About you: general information

Your privacy is important. For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

OMB No. 0960-0144
[Paperwork Reduction Act](#)

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

Name: John G Public
(First, Middle, Last)

Address:

* (Street Address 1) 555 Main Street

(Street Address 2)

(Street Address 3)

(Street Address 4)

* (City, State, ZIP Code) Baltimore MD 21087

Telephone Number: (410) 555-1212

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

Extension:

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)

Sign Off (finish later)
Next

[Contact Us](#) | [Tips for Using this Website](#)

Users moving through the application in order will have already entered personal information (name, address, telephone number), and those entries are carried forward here. However, these entries are not carried forward if a user should (for whatever reason) abandon the report and chose to begin a new report. Users who do so would instead see a fillable version of this page (see next page--ay001 About you: general information - fillable (conditional)).

Link Details

Link Text	Link Destination
Paperwork Reduction Act	msg072 Paperwork Reduction Act
Privacy Act Statement	msg139 Privacy Information


ay001 About you: general information - fillable (conditional)

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal

About You
Medical History
Review and Send

Name: **John Public**
SSN: xxx-xx-0533



About you: general information

OMB No. 0960-0144
[Paperwork Reduction Act](#)

Your privacy is important. For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

The name and address were entered on the Appeal Request.

Name: John Public
(First, Middle, Last)

Address:

* (Street Address 1)

(Street Address 2)

(Street Address 3)

(Street Address 4)

*(City, State, ZIP Code)

Telephone Number:

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

Extension:

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)

Sign Off (finish later)
Next

[Contact Us](#) | [Tips for Using this Website](#)

This fillable version of page ay001 would only be seen by users who (for whatever reason) abandon the report and chose to begin a new report.

Link Details

Link Text	Link Destination
Paperwork Reduction Act	msg072 Paperwork Reduction Act
Privacy Act Statement	msg139 Privacy Information


ay002 Print your reentry number (conditional)

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal

About You | Medical History | Review and Send

Name: **John Public**
SSN: **xxx-xx-0533**



Print your reentry number

To print or save this page, please use your browser's Print button or File menu commands.

Below is your reentry number. This number will allow you to continue the appeal where you left off. If you are unable to continue this appeal for any reason, select "Sign Off (finish later)." We will save all the information you provided.

If you lose or forget your reentry number, you will need to start a new appeal. Only you have access to your number.

Your reentry number is: 15771424

To continue with this appeal later, go to www.socialsecurity.gov/disability/appeal and select "Go Back to the Appeal You Already Started."

Guard your reentry number carefully because you must have it to reenter the appeal. Do not put it where an unauthorized person can see it.

Social Security employees cannot access your reentry number.

[Contact Us](#) | [Tips for Using this Website](#)

Users moving through the application in order will have already received an entry number on ap011rc Receipt for reconsideration (1st party). For those users, this page would be suppressed from the path. This page would be shown only to users who complete a Request for appeal, receive a reentry number to begin the Report portion, and then (for whatever reason) abandon the report and have chosen to begin a new report.


Entry and Exit

ee011 Are you sure you want to sign off

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal

Name: **John Public**
SSN: **xxx-xx-0533**



Are you sure you want to sign off?

Before you select "Sign Off" below, be sure you have the following information so you will be able to continue your appeal later. To print or save this page, please use your browser's Print button or File menu commands.

Below is your reentry number. This number will allow you to continue the appeal where you left off. If you lose or forget your reentry number, you will need to start a new appeal. Only you have access to your number.

Your reentry number is: 15771424

To continue with this appeal later, go to www.socialsecurity.gov/disability/appeal and select "Go Back to the Appeal You Already Started."

Guard your reentry number carefully because you must have it to reenter the appeal. Do not put it where an unauthorized person can see it.

Social Security employees cannot access your reentry number.

If you do not want to submit your appeal online, you can use one of the [other ways to complete your appeal](#).

Are you sure you want to sign off now and finish later?

[Contact Us](#) | [Tips for Using this Website](#)


This page is invoked whenever the user selects the "Sign Off (finish later)" button.

Link Details

Link Text	Link Destination
other ways to complete your...	msg046 Other ways to complete a disability appeal

ee009 Welcome back

SocialSecurityOnline **Disability Appeal**
www.socialsecurity.gov

 **Welcome back**

Please enter the claimant's Social Security number and reentry number to return to the appeal.

* **Social Security Number:**
(without dashes or hyphens)

* **Reentry Number:**

If you do not have your reentry number, you cannot continue the appeal you already started.

To start over, you can:

- Select "Previous" to start a new appeal online, or
- Choose from the [other ways to complete a disability appeal](#)

[Contact Us](#) | [Tips for Using this Website](#)

Link Details

Link Text	Link Destination
other ways to complete your...	msg046 Other ways to complete a disability appeal

Review and Send

rs001 Review and send: summary

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal

[About You](#) [Medical History](#) [Review and Send](#)

Name: **John Public**
SSN: **xxx-xx-0533**



Review and send: summary

Please review your answers below. Select "Edit" if you need to make a change.
You can print or save a copy for your records.

About You Summary

Information About You

General Information

<input type="button" value="Edit"/>	John G Public	555 Main Street Baltimore, MD 21087
-------------------------------------	---------------	--

People We Can Contact About Your Condition

Date of test:
Part of body covered by:
This test was done at American Radiology
Dr. Warren sent you for this test.


[Contact Us](#) | [Tips for Using this Website](#)

rs002 Review and send: additional remarks about your case

SocialSecurityOnline
www.socialsecurity.gov

About You Medical History **Review and Send**

Name: **John Public**
SSN: xxx-xx-0533



Review and send: additional remarks

You may provide comments or any additional information (such as doctors, hospitals, or medicines) below.

Please enter any additional remarks:

2000 characters maximum.
This is about 40 lines of typing or about 320 words.

You have entered 0 characters

*** Information About the Person Completing this Report**

John Public completed this report
 June Public completed this report
 Someone else completed this report

If you completed this report for John Public and you are not June Public, please provide the information requested below. Skip this part if you completed the report for yourself.

Name **Suffix (if any)**

(First, Middle Initial, Last)

Address:

(Street Address 1)

(Street Address 2)

(Street Address 3)

(City, State, ZIP Code)

Email Address (Optional)

Relationship to Disabled Person

Daytime Telephone Number

Extension:

[Contact Us](#) | [Tips for Using this Website](#)

rs003 Review and send: submit this appeal

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal

About You

Medical History

Review and Send

Name: **John Public**
SSN: xxx-xx-0533



Review and send: submit this appeal

When you are ready, use "Submit" to complete your appeal.

If you need to make changes, select "Previous" to go back.

IMPORTANT: You will NOT be able to come back to this appeal once you select "Submit."



Sign Off (finish later)

Previous

Submit

[Contact Us](#) | [Tips for Using this Website](#)

rs004 Confirmation and printing (Reconsideration, 1st party)

SocialSecurityOnline www.socialsecurity.gov	<h1>Disability Appeal</h1>
Name: John Public SSN: xxx-xx-0533	 Confirmation and printing
<p>Thank you. You can print your receipt for disability appeal report for your records. Although you have submitted your disability appeal online, we still need a few items from you.</p>	
<p>Please print and complete the following:</p>	
<ol style="list-style-type: none">1. Cover sheet2. Medical Release Form (Authorization to Disclose Information to the Social Security Administration) (View instructions for completing this form.)	
<p>Mail your cover sheet and completed form(s) to any Social Security Office.</p>	
<p> If you are unable to print: Some forms require Adobe Reader. If you do not already have this free software, refer to our page on downloading and printing PDF documents.</p>	
<p>If you still cannot print, you can contact us and tell us you need the following:</p> <ul style="list-style-type: none">• Form SSA-827 (Medical Release Form)	
<p>You can also try printing these forms later. Go to www.socialsecurity.gov and enter the form number (i.e., 827) in the search box.</p>	
<input type="button" value="Finish"/>	

rs004 Confirmation and printing (Reconsideration, 3rd party)

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal

Name: **John Public**
SSN: **xxx-xx-0533**



Confirmation and printing

Thank you. You can print your [receipt for disability appeal report](#) for your records.

Although you have submitted your disability appeal online, we still need a few items from you.

Please print and complete the following:

1. [Cover sheet](#)
2. [Medical Release Form \(Authorization to Disclose Information to the Social Security Administration\)](#)
(View [instructions](#) for completing this form.)
3. [Form SSA-1696 \(Appointment of Representative\)](#)

Mail your cover sheet and completed form(s) to any Social Security Office.



If you are unable to print:

Some forms require Adobe Reader. If you do not already have this free software, refer to our page on [downloading and printing PDF documents](#).

If you still cannot print, you can [contact us](#) and tell us you need the following:

- Form SSA-827 (Medical Release Form)
- Form SSA-1696 (Appointment of Representative)

You can also try printing these forms later. Go to www.socialsecurity.gov and enter the form number (i.e., 827) in the search box.

Finish

rs004 Confirmation and printing (Hearing, 1st party, did not waive right to appear)

SocialSecurityOnline

www.socialsecurity.gov

Disability Appeal

Name: **John Public**
SSN: **xxx-xx-0533**



Confirmation and printing

Thank you. You can print your [receipt for disability appeal report](#) for your records.

Although you have submitted your disability appeal online, we still need a few items from you.

Please print and complete the following:

1. [Cover sheet](#)
2. [Medical Release Form \(Authorization to Disclose Information to the Social Security Administration\)](#)
(View [instructions](#) for completing this form.)

Mail your cover sheet and completed form(s) to any Social Security Office.



If you are unable to print:

Some forms require Adobe Reader. If you do not already have this free software, refer to our page on [downloading and printing PDF documents](#).

If you still cannot print, you can [contact us](#) and tell us you need the following:

- Form SSA-827 (Medical Release Form)

You can also try printing these forms later. Go to www.socialsecurity.gov and enter the form number (i.e., 827) in the search box.

Finish

rs004 Confirmation and printing (Hearing, 3rd party, waived right to appear at hearing)

SocialSecurityOnline

www.socialsecurity.gov

Disability Appeal

Name: **John Public**
SSN: **xxx-xx-0533**



Confirmation and printing

Thank you. You can print your [receipt for disability appeal report](#) for your records.

Although you have submitted your disability appeal online, we still need a few items from you.

Please print and complete the following:

1. [Cover sheet](#)
2. [Medical Release Form \(Authorization to Disclose Information to the Social Security Administration\)](#)
(View [instructions](#) for completing this form.)
3. [Form SSA-1696 \(Appointment of Representative\)](#)
4. [Form HA-4608 \(Waiver of Your Right to Personal Appearance Before an ALJ\)](#)

Mail your cover sheet and completed form(s) to any Social Security Office.



If you are unable to print:

Some forms require Adobe Reader. If you do not already have this free software, refer to our page on [downloading and printing PDF documents](#).

If you still cannot print, you can [contact us](#) and tell us you need the following:

- Form SSA-827 (Medical Release Form)
- Form SSA-1696 (Appointment of Representative)
- Form HA-4608 (Waiver of Your Right to Personal Appearance Before an ALJ)


You can also try printing these forms later. Go to www.socialsecurity.gov and enter the form number (i.e., 827) in the search box.

Finish

rs004 Confirmation and printing (Longest possible version)

SocialSecurityOnline
www.socialsecurity.gov

Name: **John Public**
SSN: **xxx-xx-0533**



Disability Appeal

Confirmation and printing

Thank you. You can print your [receipt for disability appeal report](#) for your records.

Although you have submitted your disability appeal online, we still need a few items from you.


Please print and complete the following:

1. [Cover sheet](#)
2. [Medical Release Form \(Authorization to Disclose Information to the Social Security Administration\)](#)
(View [instructions](#) for completing this form.)

Depending upon your situation, you may need to complete the following forms:

- [Form SSA-1696 \(Appointment of Representative\)](#)
- [Form HA-4608 \(Waiver of Your Right to Personal Appearance Before an ALJ\)](#)
- [Form SSA-3881 Questionnaire for Children Claiming SSI Benefits](#)

Mail your cover sheet and completed form(s) to any Social Security Office.

 If you are unable to print:

Some forms require Adobe Reader. If you do not already have this free software, refer to our page on [downloading and printing PDF documents](#).

If you still cannot print, you can [contact us](#) and tell us you need the following:

- Form SSA-827 (Medical Release Form)
- Form SSA-1696 (Appointment of Representative)
- Form HA-4608 (Waiver of Your Right to Personal Appearance Before an ALJ)
- Form SSA-3881 Questionnaire for Children Claiming SSI Benefits

You can also try printing these forms later. Go to www.socialsecurity.gov and enter the form number (i.e., 827) in the search box.

If a user loses his reentry number before completing the 3441 and begins a new report, the system can no longer present a customized list and would instead present the all possible forms the user may need.

Link Details

Link Text	Link Destination
Receipt for disability appeal report	msg080 Receipt for disability appeal report
Cover sheet	msg081 Cover sheet (Longest possible version)
Medical Release Form...	http://www.socialsecurity.gov/online/ssa-827.pdf
instructions	msg060 How to complete the medical release form
Form SSA-1696...	http://www.socialsecurity.gov/online/ssa-1696.pdf
Form HA-4608...	http://www.socialsecurity.gov/online/ha-4608.pdf
Form SSA-3881...	http://www.socialsecurity.gov/online/ssa-3881.pdf
downloading and printing PDF...	http://www.socialsecurity.gov/webcontent/adobe.htm

msg080 Receipt for disability appeal report

SocialSecurityOnline

www.socialsecurity.gov

Disability Appeal

Name: **John Public**

SSN: **xxx-xx-0533**



Receipt for disability appeal report

Please print or save this page for your records.

Thank you. We received your disability appeal report on **September 26, 2011 at 1:16:33 pm Eastern Time**. We will process it at your local 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 medical records that you have not given to us before, mail 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

If you need to contact Social Security, you can:

- Call our toll-free number, **1-800-772-1213** ("TTY" number, **1-800-325-0778**). Representatives are available Monday through Friday from 7 a.m. to 7 p.m.
- Contact your local Social Security Office.

Close this window to return to the appeal process.

msg081 Cover sheet (Reconsideration, 1st party)

SocialSecurityOnline www.socialsecurity.gov	<h2>Disability Appeal</h2>
Name: John Public SSN: xxx-xx-0533	 Cover sheet
September 26, 2011	
John Public's contact information	
555 Main Street Baltimore, MD 21087 (410) 555-1212	
Name of person completing this disability report: John Public	
The following items are attached (check all that apply):	
<input type="checkbox"/> Medical Release (Authorization to Disclose Information to the Social Security Administration)	
<input type="checkbox"/> Other medical evidence	
<input type="checkbox"/> Other (Please list below.)	
<hr/> <hr/>	
Mail completed forms to any Social Security Office	
John Public's local Social Security Office is located at:	
SOCIAL SECURITY ADMINISTRATION 315 N WASHINGTON ST ROCKVILLE, MD 20850 (866) 838-5341	
Close this window to return to the appeal process.	

msg081 Cover sheet (Reconsideration, 3rd party)

SocialSecurityOnline www.socialsecurity.gov	<h1>Disability Appeal</h1>
Name: John Public SSN: xxx-xx-0533	 Cover sheet
September 26, 2011	
John Public's contact information	
555 Main Street Baltimore, MD 21087 (410) 555-1212	
Name of person completing this disability report: Mike P Representative	
The following items are attached (check all that apply):	
<input type="checkbox"/> Medical Release (Authorization to Disclose Information to the Social Security Administration)	
<input type="checkbox"/> Form SSA-1696 (Appointment of Representative)	
<input type="checkbox"/> Other medical evidence	
<input type="checkbox"/> Other (Please list below.)	
<hr/> <hr/>	
Mail completed forms to any Social Security Office	
John Public's local Social Security Office is located at:	
SOCIAL SECURITY ADMINISTRATION 315 N WASHINGTON ST ROCKVILLE, MD 20850 (866) 838-5341	
Close this window to return to the appeal process.	

msg081 Cover sheet (Hearing, 1st party, did not waive right to appear)

SocialSecurityOnline www.socialsecurity.gov	<h2>Disability Appeal</h2>
Name: John Public SSN: xxx-xx-0533	 Cover sheet
September 26, 2011	
John Public's contact information	
555 Main Street Baltimore, MD 21087 (410) 555-1212	
Name of person completing this disability report: John Public	
The following items are attached (check all that apply):	
<input type="checkbox"/> Medical Release (Authorization to Disclose Information to the Social Security Administration)	
<input type="checkbox"/> Other medical evidence	
<input type="checkbox"/> Other (Please list below.)	

Mail completed forms to any Social Security Office	
John Public's local Social Security Office is located at:	
SOCIAL SECURITY ADMINISTRATION 315 N WASHINGTON ST ROCKVILLE, MD 20850 (866) 838-5341	
Close this window to return to the appeal process.	

msg081 Cover sheet (Hearing, 3rd party, waived right to appear at hearing)

SocialSecurityOnline www.socialsecurity.gov	<h2>Disability Appeal</h2>
Name: John Public SSN: xxx-xx-0533	 Cover sheet
September 26, 2011	
John Public's contact information	
555 Main Street Baltimore, MD 21087 (410) 555-1212	
Name of person completing this disability report: Mike P Representative	
The following items are attached (check all that apply):	
<input type="checkbox"/> Medical Release (Authorization to Disclose Information to the Social Security Administration)	
<input type="checkbox"/> Form SSA-1696 (Appointment of Representative)	
<input type="checkbox"/> Form HA-4608 (Waiver of Your Right to Personal Appearance Before an ALJ)	
<input type="checkbox"/> Other medical evidence	
<input type="checkbox"/> Other (Please list below.)	

Mail completed forms to any Social Security Office	
John Public's local Social Security Office is located at:	
SOCIAL SECURITY ADMINISTRATION 315 N WASHINGTON ST ROCKVILLE, MD 20850 (866) 838-5341	
Close this window to return to the appeal process.	

msg081 Cover sheet (Longest possible version)

SocialSecurityOnline www.socialsecurity.gov	<h2>Disability Appeal</h2>
Name: John Public SSN: xxx-xx-0533	 Cover sheet
September 26, 2011	
John Public's contact information	
555 Main Street Baltimore, MD 21087 (410) 555-1212	
Name of person completing this disability report: John Public	
The following items are attached (check all that apply):	
<input type="checkbox"/> Medical Release (Authorization to Disclose Information to the Social Security Administration)	
<input type="checkbox"/> Form SSA-1696 (Appointment of Representative)	
<input type="checkbox"/> Form HA-4608 (Waiver of Right to Personal Appearance)	
<input type="checkbox"/> Form SSA-3881 (Questionnaire for Children Claiming SSI Benefits)	
<input type="checkbox"/> Other medical evidence	
<input type="checkbox"/> Other (Please list below.)	
<hr/> <hr/>	
Mail completed forms to any Social Security Office	
John Public's local Social Security Office is located at:	
SOCIAL SECURITY ADMINISTRATION 315 N WASHINGTON ST ROCKVILLE, MD 20850 (866) 838-5341	
Close this window to return to the appeal process.	


If a user loses his reentry number before completing the 3441 and begins a new report, the system can no longer present a customized list and would instead present the all possible forms the user may need.

Messages

msg007 Checklist: information you will need

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal



Checklist: information you will need

To print or save this page, please use your browser's Print button or File menu commands.

We recommend you gather the following information to complete your Disability Appeal.

General Information:

- Your name, Social Security number, address, and phone number
- Your Notice of Decision
- If you have a representative, your representative's name, address, and phone number
- Name, address, and phone number of a friend or relative who knows about your medical condition

Medical Information since you last filed a disability claim or appeal:

- Description of any changes and new medical conditions
- Name, address, phone number, type of treatment, and visit dates for all doctors, hospitals, and clinics
- Names of medicine (over-the-counter and prescription) you are currently taking, who prescribed them, and any side effects
- Name, location, and date of all medical tests you have had and who sent you for them

Close this window to return to the appeal process.

msg022 Tips for using this website

SocialSecurityOnline

www.socialsecurity.gov

Disability Appeal



Tips for using this website

Saving and Printing

- Your answers are saved automatically when you select "Next" to move to the next page.
- If you need to complete your appeal later, you can select "Sign-Off" after you receive your reentry number. When you return, you can continue where you left off.
- Before you submit the report, you will see a summary page. You can print the summary page for your records.
- If you want a copy of all of your answers on each page, you will need to print or save each page.

Time Limits

There are time limits for each page. You will receive a warning after 25 minutes. You can extend your time on the page by selecting "OK." After the third warning on a page, you must leave the page or your time will run out, and your work on that page will be lost.

If you have turned JavaScript off in your browser, you will not receive these warnings and, after 30 minutes on a page, your disability report session will end and your work on the last page will be lost. To avoid this, you must go to another page of the disability report within 30 minutes.

Navigation

- Items marked with an asterisk (*) are required.
- To move forward within the appeal, use the "Next" button at the bottom of the page. **Do not use the "Enter" key to move around or to select from the drop down lists.**
- To move backward through the appeal, use the "Previous" button at the bottom of the page. **Do not use the "Back" button on your browser.**
- To leave the report portion of your appeal, use the "Sign Off (finish later)" button at the bottom left of the page. **Do not close your browser or use the "X" button to leave your report.**
- After you complete a page, some answers are protected and cannot be changed by going back to that page. To make changes to a protected answer, continue moving forward. You will be able to change your answer when you reach a summary page.
- Summary pages have edit buttons for each page you have worked on. Use the edit button to change your answers on that page.

Accessibility

If you are navigating using only the keyboard or using an assistive device and need help, visit our [web accessibility policy and help page](#).

Close this window to return to the appeal process.

Link Details

Link Text	Link Destination
web accessibility policy and...	http://www.socialsecurity.gov/webcontent/accessibility.htm

msg040 What is my notice date

Disability Appeal



What is my notice date?

Please refer to the notice of decision that was mailed to you.

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

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

This is where to find
the date printed on
your notice.

[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.

Close this window to return to the appeal process.

msg041 About your notice

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal



About your notice

Please refer to the notice of decision that was mailed to you. Your notice title should be one of the following:

- Notice of Disapproved Claim
- Notice of Reconsideration

This is where to find
the title printed on
your notice.

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.

Close this window to return to the appeal process.

msg043 About your claim number

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal



About your claim number

Please refer to the notice of decision that was mailed to you.

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

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

This is where to find
the claim number
printed on your
notice.

[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.

Close this window to return to the appeal process.

msg046 Other ways to complete a disability appeal

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal



Other ways to complete a disability appeal

If you prefer not to complete an appeal request 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 appeal request 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.

Link Details

This links on this page are identical (in both link text and link destination) to the page currently in production.

msg048 Submitting additional medical evidence

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal



Submitting additional medical evidence

We can request your medical records directly from your providers. Please include the name and address of any doctor, hospital, or other provider when you complete the disability portion of your appeal.

If you have additional medical evidence in your possession that you wish to submit, please send it to Social Security. We will give you the address of your local office.

Close this window to return to the appeal process.