

## 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 Internet form, and (2) an Appeal Disability Report that gives us more information about your condition. You can complete both forms online. To appeal online, the only form you are required to submit is an appeal request (Part 1). However, we encourage you to submit an Appeal Disability Report (Part 2) because it will give us more information about you and help us in processing your appeal. We estimate it will take 18 to 20 minutes, with an average of 19 minutes, to complete Part 1; and 15 to 45 minutes, with an average of 30 minutes, to complete Part 2. 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](#)

## 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.

Items marked with an asterisk ( \* ) are required.

\* 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](#)

[Contact Us](#) | [How to Move Around This Report](#)

## 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.

Items marked with an asterisk ( \* ) are required.

**\* 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.)*

**Continue**

Social Security Online  
Online  
www.socialsecurity.gov  
**Internet Appeal**

Name: John Public  
SSN: xxx-xx-0533

**Request for Reconsideration**

Please enter your Appeal Request information.

Items marked with an asterisk ( \* ) are required.

**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)**

21087

**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:**

Count Characters

You

have entered 0  
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.**

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

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Continue

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Social Security Online  
Online

## Internet Appeal

www.socialsecurity.gov

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

### Submit Your Request for Reconsideration (Filed by representative)

Please review your Request for Reconsideration 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 Reconsideration 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 John G Public. The Claimant's mailing address is 555 Main Street, Anywhere, MD 21087. The Claimant's phone number is (410) 555-1212.

Claimant's Social Security Number is xxx-xx-0533.

The Claimant disagrees with the determination made on his or her claim and requests reconsideration. The reasons are: Any Reason.

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

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

I, Mike P 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.

**Important: After you submit this Request for Reconsideration, you will not be able to come back to it. Check the box next to your name to indicate you have read the statement and it is accurate.**

I, Mike P Public, read and agree with the above.

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Send

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Social Security Online  
Online

# Internet Appeal

[www.socialsecurity.gov](http://www.socialsecurity.gov)Name: John Public  
SSN: xxx-xx-0533

## Receipt of Request for Reconsideration (Filed by representative)

Congratulations! You have completed Part 1 of the Disability Appeal Process. The Request for Reconsideration was received by Social Security on April 1, 2011 at 11:27:36 am Eastern Time. Carefully review the information below. Contact Social Security within ten days after April 1, 2011 if it is not correct.

Print or save this page for your records now because you will not be able to return to it later.

### What You Need to Do Now:

#### Start Part 2 immediately!

You do not have to finish Part 2 right now, but you need to begin so we can issue a re-entry number. You must have the re-entry number if you want to complete Part 2 later. We will not have all the information that we need to process your appeal until you submit Part 2, the Disability Report.

Here are the details of the Request for Reconsideration that we received.

The Request for Reconsideration was received by Social Security on April 1, 2011 at 11:27:36 am.

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

Claimant's Social Security Number is xxx-xx-0533.

The Claimant disagrees with the determination made on his or her claim and requests reconsideration. The reasons are: Any Reason.

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

[Start Part 2](#)

[Contact Us](#) | [How to Move Around This Report](#)