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):
 - o renamed to "Sign Off (finish later)"
 - o 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	ap008rc,	Question "Do you currently have a
Representative	ap008hr	representative?" answered Yes
HA-4608 Waiver of Your Right to	ap008hr	Question "Do you wish to appear at
Personal Appearance before ALJ		the hearing?" answered No
SSA-3881 Questionnaire for Children	ap005	Claimant age < 18 years(calculated
Claiming SSI Benefits		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).]



Screen Images

Appeal Request (501/561)	
ap001 Welcome	
ap004 Can you use this online disability appeal	
ap005 Claimant information	
ap008rc Request for reconsideration	
ap008hr Request for hearing by administrative law judge	
ap010rc Submit your request for reconsideration (1st party)	
ap010rc Submit your request for reconsideration (3rd party)	
ap010hr Submit your request for hearing (1st party)	
ap010hr Submit your request for hearing (3rd party)	
ap011rc Receipt for reconsideration (1st party)	
ap011rc Receipt for reconsideration (3rd party)	
ap011hr Receipt for hearing (1st party)	17
ap011hr Receipt for hearing (3rd party)	18
Disability Report (3441): About You	19
ay001 About you: general information	
ay001 About you: general information - fillable (conditional)	20
ay002 Print your reentry number (conditional)	21
Entry and Exit	22
ee011 Are you sure you want to sign off	22
ee009 Welcome back	23
Review and Send	
rs001 Review and send: summary	24
rs002 Review and send: additional remarks about your case	
rs003 Review and send: submit this appeal	
rs004 Confirmation and printing (Reconsideration, 1st party)	27
rs004 Confirmation and printing (Reconsideration, 3rd party)	28
rs004 Confirmation and printing (Hearing, 1st party, did not waive right to appear)	29
rs004 Confirmation and printing (Hearing, 3rd party, waived right to appear at hearing)	
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msg080 Receipt for disability appeal report	32
msg081 Cover sheet (Reconsideration, 1st party)	33
msg081 Cover sheet (Reconsideration, 3rd party)	34
msg081 Cover sheet (Hearing, 1st party, did not waive right to appear)	35
msg081 Cover sheet (Hearing, 3rd party, waived right to appear at hearing)	
msg081 Cover sheet (Longest possible version)	37
Messages	38
msg007 Checklist: information you will need	
msg022 Tips for using this website	39
msg040 What is my notice date	40
msg041 About your notice	41
msg043 About your claim number	
msg046 Other ways to complete a disability appeal	
msg048 Submitting additional medical evidence	



Appeal Request (501/561)

ap001 Welcome

SocialSecurityOnline

Disability Appeal

www.socialsecurity.gov



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:

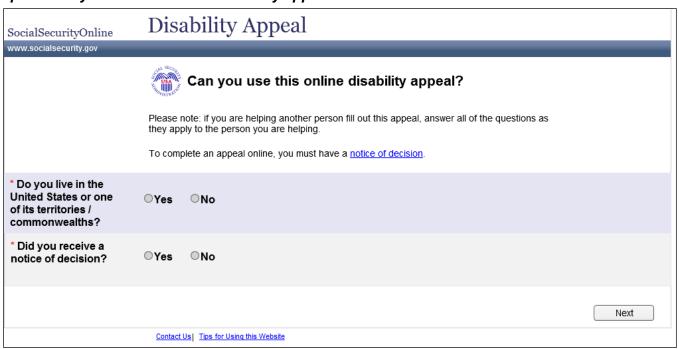
Go Back to the Appeal You Already Started

Contact Us | Tips for Using this Website

Link Text	Link Destination
Notice of Decision	msg041 About your notice
Video: Preparing to File	URL not yet available
Note: title still under review	
Checklist: Information You Will	msg007 Checklist: information you will need
Tips For Using This Website	msg022 Tips for using this websitemsg022 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



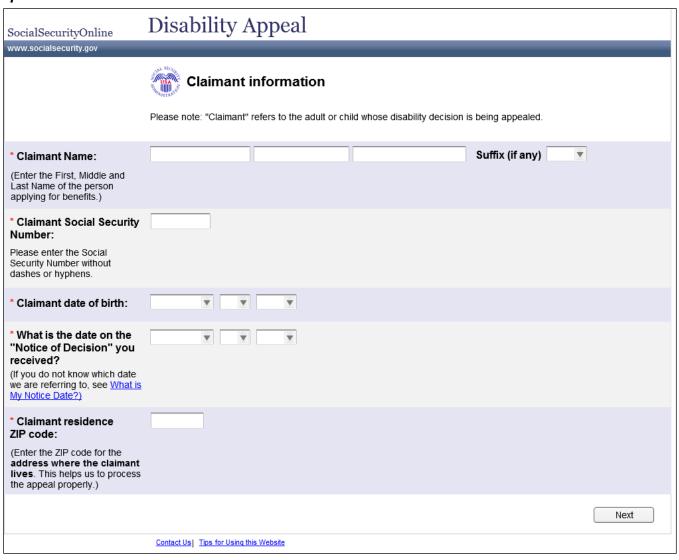
ap004 Can you use this online disability appeal



Link Text	Link Destination
notice of decision	msg041 About your notice

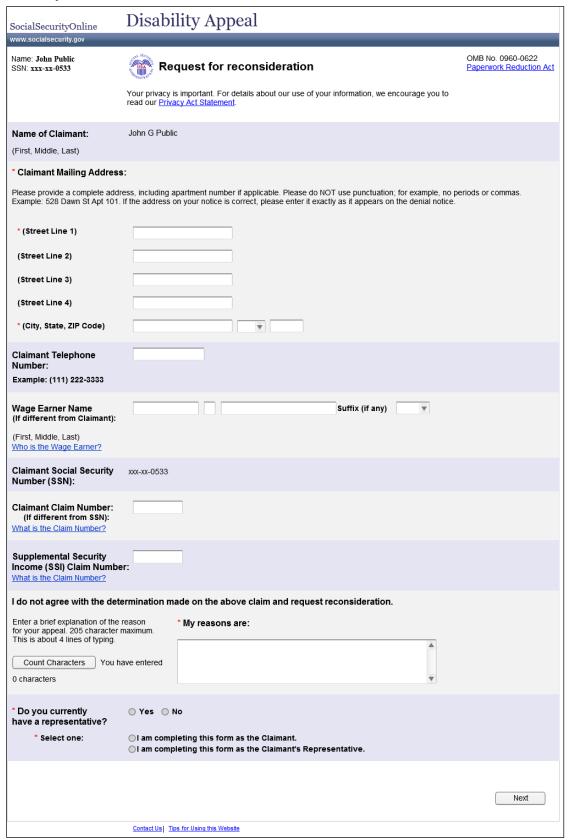


ap005 Claimant information



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

ap008rc Request for reconsideration

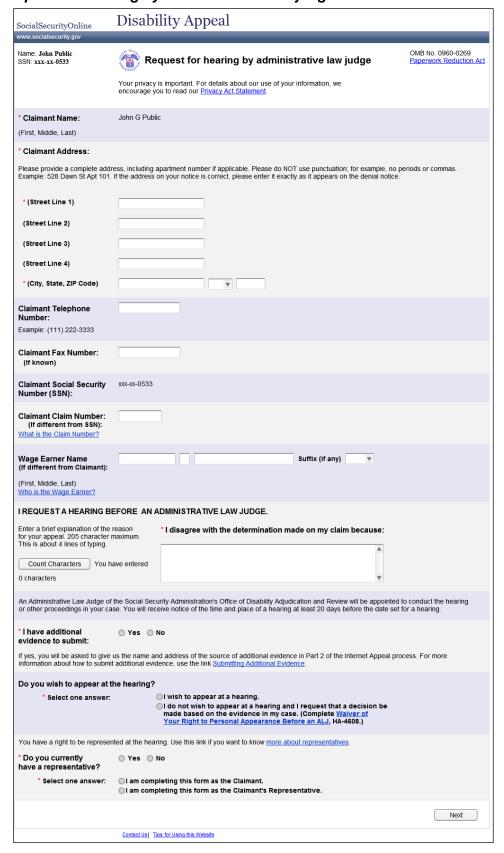




Link Text	Link Destination
Paperwork Reduction Act	msg072rc Paperwork Reduction Act (rc)
Privacy Act Statement	msg139 Privacy Information
Who is the Wage Earner?	msg042 Who is the wage earner?
What is the Claim Number?	msg043 About your claim number



ap008hr Request for hearing by administrative law judge





"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 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	http://www.socialsecurity.gov/online/ha-4608.pdf
more about representatives	msg005 Your right to representation



ap010rc Submit your request for reconsideration (1st party)

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

Disability Appeal

www.socialsecurity.gov

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

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ap010hr Submit your request for hearing (3rd party)

Disability Appeal SocialSecurityOnline www.socialsecurity.gov Name: John Public Review and submit your request for hearing SSN: xxx-xx-0533 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 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

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

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

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

Previous

Submit

Contact Us | Tips for Using this Website

correct to the best of my knowledge.

Security within 10 days.



ap011rc Receipt for reconsideration (1st party)

Disability Appeal SocialSecurityOnline www.socialsecurity.gov Name: John Public Print your reentry number and receipt SSN: xxx-xx-0533 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 Reconsideration We received your Request for Reconsideration 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. 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 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 Sign Off (finish later) Next Contact Us | Tips for Using this Website



ap011rc Receipt for reconsideration (3rd party)

Disability Appeal SocialSecurityOnline www.socialsecurity.gov Name: John Public Print your reentry number and receipt SSN: xxx-xx-0533 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 Reconsideration We received your Request for Reconsideration 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. 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. Sign Off (finish later) Next Contact Us Tips for Using this Website



ap011hr Receipt for hearing (1st party)

Disability Appeal SocialSecurityOnline Name: John Public Print your reentry number and receipt SSN: xxx-xx-0533 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 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. 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 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. 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 any 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



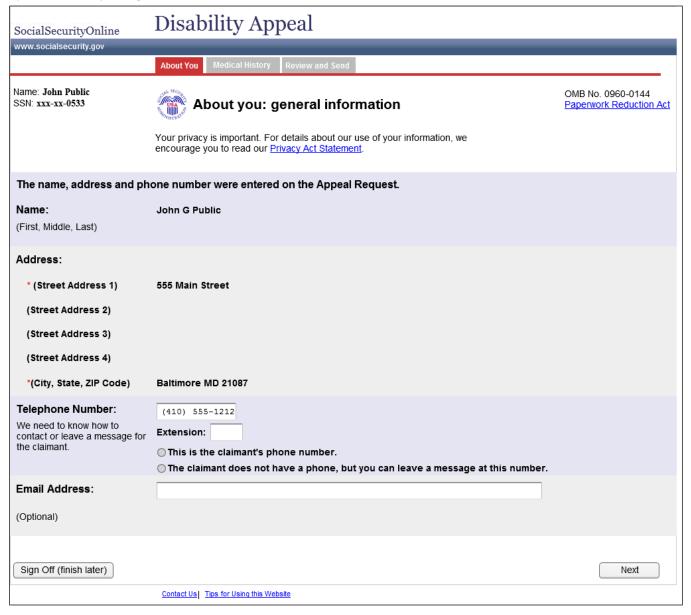
ap011hr Receipt for hearing (3rd party)

Disability Appeal SocialSecurityOnline www.socialsecurity.gov Name: John Public Print your reentry number and receipt SSN: xxx-xx-0533 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 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 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 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



Disability Report (3441): About You

ay001 About you: general information

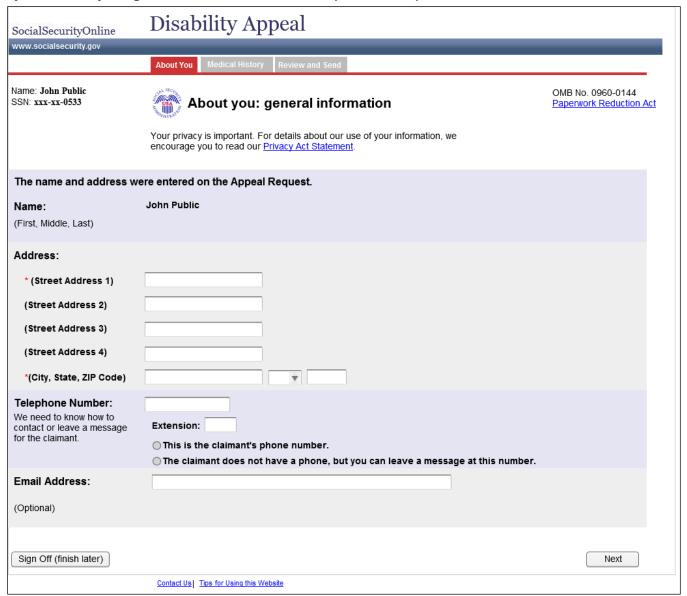


Users moving through the application in order will have already entered personal information (name, address, telephone number), and those entries are carried forward here. However, these entries are not carried forward if a user should (for whatever reason) abandon the report and chose to begin a new 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 Text	Link Destination
Paperwork Reduction Act	msg072 Paperwork Reduction Act
Privacy Act Statement	msg139 Privacy Information



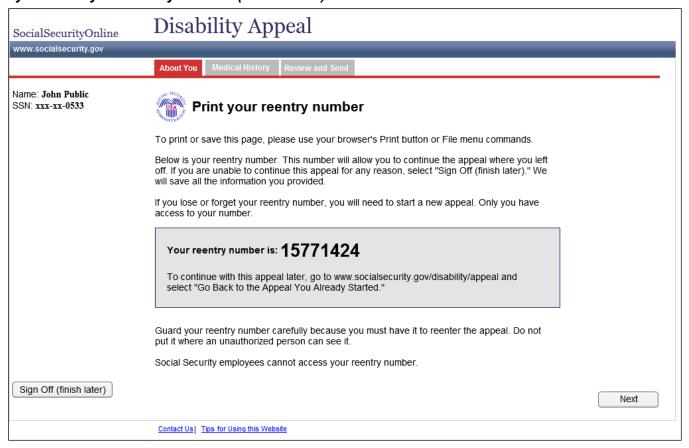
ay001 About you: general information - fillable (conditional)



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

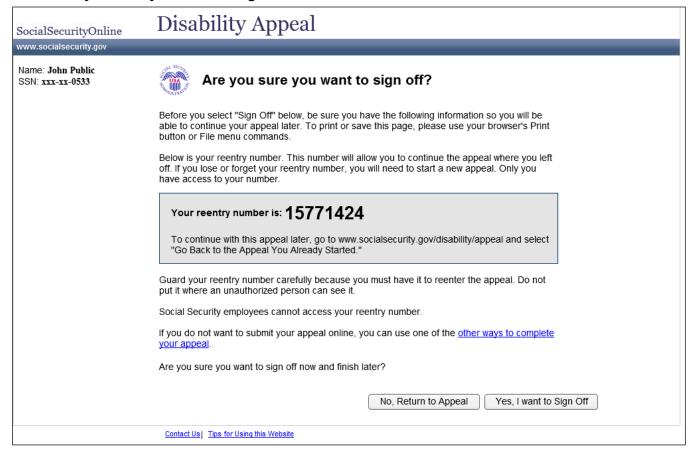
ay002 Print your reentry number (conditional)



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

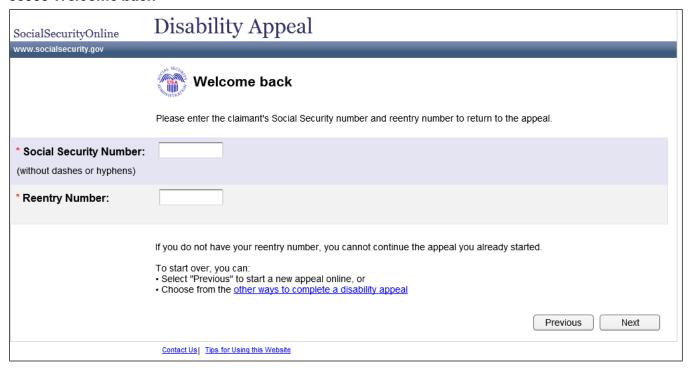
ee011 Are you sure you want to sign off



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

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

ee009 Welcome back



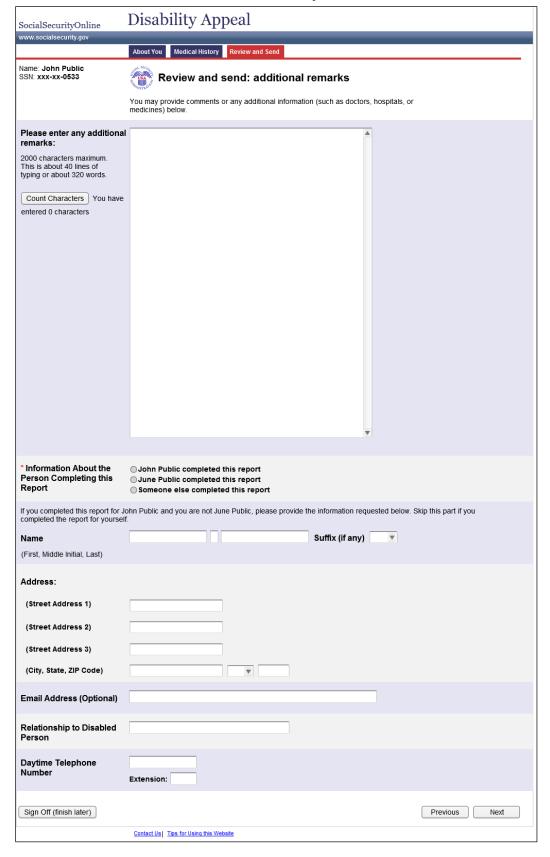
Link Text	Link Destination
other ways to complete your	msg046 Other ways to complete a disability appeal

Review and Send

rs001 Review and send: summary

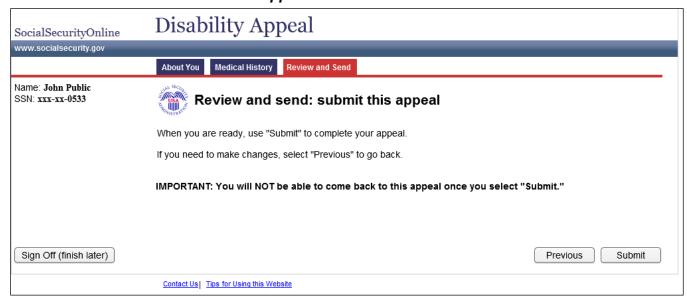


rs002 Review and send: additional remarks about your case





rs003 Review and send: submit this appeal



rs004 Confirmation and printing (Reconsideration, 1st party)

Disability Appeal SocialSecurityOnline www.socialsecurity.gov Name: John Public **Confirmation and printing** SSN: xxx-xx-0533 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. f 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 (Reconsideration, 3rd party)

Disability Appeal SocialSecurityOnline www.socialsecurity.gov Name: John Public Confirmation and printing SSN: xxx-xx-0533 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. f you are unable to print: Some forms require Adobe Reader. If you do not already have this free software, refer to our page on <u>downloading and printing PDF documents</u>. If you still cannot print, you can $\underline{\text{contact us}}$ 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)

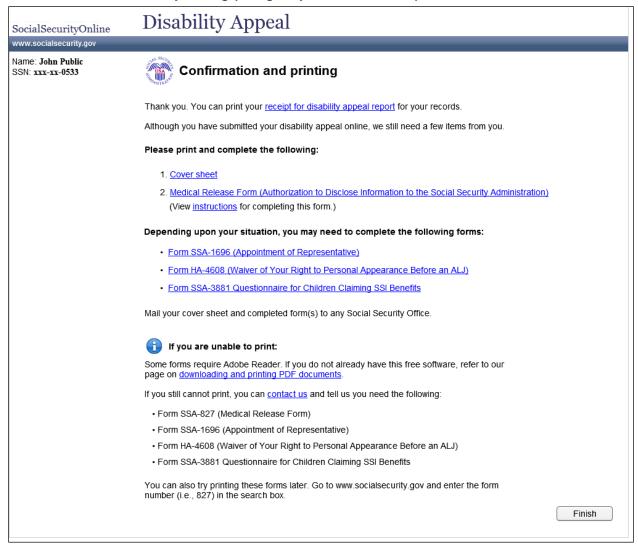
Disability Appeal SocialSecurityOnline www.socialsecurity.gov Name: John Public **Confirmation and printing** SSN: xxx-xx-0533 Thank you. You can print your receipt for disability appeal report for your records. Although you have submitted your disability appeal online, we still need a few items from 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. f 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)

Disability Appeal SocialSecurityOnline www.socialsecurity.gov Name: John Public Confirmation and printing SSN: xxx-xx-0533 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. f 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)



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 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

Disability Appeal

www.socialsecurity.gov

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	Disability Appeal
www.socialsecurity.gov	
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):
	Medical Release (Authorization to Disclose Information to the Social Security Administration) Other medical evidence 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 (Reconsideration, 3rd party)

SocialSecurityOnline	Disability Appeal
www.socialsecurity.gov	
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):
	Medical Release (Authorization to Disclose Information to the Social Security Administration) Form SSA-1696 (Appointment of Representative) Other medical evidence 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, 1st party, did not waive right to appear)

SocialSecurityOnline	Disability Appeal
www.socialsecurity.gov	
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):
	Medical Release (Authorization to Disclose Information to the Social Security Administration) Other medical evidence 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	Disability Appeal
www.socialsecurity.gov	
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):
	Medical Release (Authorization to Disclose Information to the Social Security Administration) Form SSA-1696 (Appointment of Representative) Form HA-4608 (Waiver of Your Right to Personal Appearance Before an ALJ) Other medical evidence 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)



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	Disability Appeal
www.socialsecurity.gov	
	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

Disability Appeal

www.socialsecurity.gov



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



msg040 What is my notice date



msg041 About your notice

SocialSecurityOnline

Disability Appeal

www.socialsecurity.gov



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

Disability Appeal SocialSecurityOnline www.socialsecurity.gov 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

Disability Appeal

www.socialsecurity.gov



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 <u>local Social Security Office</u> 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 <u>Forms Page</u>. 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

Disability Appeal

www.socialsecurity.gov



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.

