First level of appeal is a Reconsideration. Claimant / Appointed Rep can file in person or online (iAppeals.) iAppeals data is imported into MCS similar to iClaim to MCS propagation.

```
PCOM Session B                                                          _ | □ | X
File  Edit  View  Communication  Actions  Window  Help

   MCS                    RECONSIDERATION REVIEW 1                   RCN1
      NH 268110009    ROBER KERN         CL 268110009    ROBER KERN
   CROSS REFERENCE     SSN: █_____    BIC: __   SSN: _____    BIC: __
   APPELLANT (IF OTHER THAN CLMT OR REP): _____
   ADDRESS: _____    _____
            _____    _____
      CITY: _____    STATE: __   ZIP: _____   PHONE: ___ ___ ____
   COUNTRY: _____    CONSUL CODE: ___
   FOREIGN POSTAL ZONE: _____
   BIC: a_       SPOUSE SSN: _____    CASE TYPE: 1 1. INITIAL ENT
   EXPLANATION PROVIDED (Y/N): y    RECON REQUESTED (Y/N): y
   SELECT APPEAL CLAIM TYPE: 2 _
   1=RSI                    RSI    5=SSI BLIND/TITLE II      SSBC
   2=DISABILITY WORKER OR CHILD   DIWC   6=SSI DISABILITY/TITLE II   SSDC
   3=DISABILITY WIDOW(ER)         DIWW   7=HEALTH INS ENT          HIE
   4=SSI AGED/TITLE II     SSAC   8=OTHER _____ .
   ISSUE: i am still not able to work_____
   REASON REQUESTED: i am not able to work_____
   _____
   _____
   _____
   ADDITIONAL EVIDENCE (Y/N/F): y

MA    B                                                          03/028
Connected to remote server/host TN3270E.LB.SSA.GOV using lu/pool V3B30901 and port 32701     Lexmark E460dn (MS) on Ne02:
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PCOM Session B                                                          _ | □ | X
File  Edit  View  Communication  Actions  Window  Help

   MCS                    RECONSIDERATION REQUEST 2                  RCN2
      NH 268110009    ROBER KERN         CL 268110009    ROBER KERN
   SELECT SSI APPEAL: █
   1=CASE REVIEW  2=INFORMAL CONFERENCE  3=FORMAL CONFERENCE.
   IF CLAIMANT REQUESTS OPTION 2 OR 3 UNDER SSI RECON, IS INTERPRETER
   NEEDED (Y/N): _    IF YES, SPECIFY LANGUAGE: _____
   REPRESENTED (Y/N): n    IF NO, LEGAL REFERRAL LIST TO CL (Y/N): n
   ATTORNEY/REP NAME: _____   IF YES, ATTY (Y/N): _
   ATTORNEY/REP ADDRESS: _____   _____
                         _____   _____
   CITY: _____    STATE: __    ZIP: _____    PHONE: ___ ___ ____
   COUNTRY: _____    CONSUL CODE: ___
   FOREIGN POSTAL ZONE: _____
   SELECT FILED BY: 1  1=APPELLANT  2=REP.   DATE FILED: 07152015
   DETER DATE BEING APPEALED: 07152015     TIMELY REQUEST (Y/N): y
   SELECT IF NO,: _
   1=CLMT'S EXPLANATION  2=OTHER INFORMATION  3=BOTH 1 AND 2 APPLY.
   EXPLANATION: _____
   _____
   _____
   _____
   DATE SCREEN BEGUN: 07152015

MA    B                                                          03/021
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Second level of an appeal is a Hearing. Below are Hearing screens


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PCOM Session B                                                        _|&|x|
File  Edit  View  Communication  Actions  Window  Help
     MCS                    HEARING REQUEST 1                     HNG1
        NH 268110009   ROBER  KERN        CL 268110009   ROBER  KERN
     CROSS REFERENCE    SSN:            BIC:        SSN:          BIC:
     APPELLANT (IF OTHER THAN CLMT OR REP): █_____
     ADDRESS: 1234 MAIN ST_____     _____

           _____
        CITY: CHICAGO_____     STATE: IL    ZIP: 60661    PHONE: ___ ___ ____
     COUNTRY: _____     CONSUL CODE: ___
     FOREIGN POSTAL ZONE: _____
     BIC: A_    SPOUSE SSN: _____    CASE TYPE: 1 1. INITIAL ENT.
     SELECT APPEAL CLAIM TYPE: 2 _
     1=RSI                          RSI    5=SSI BLIND/TITLE II       SSBC
     2=DISABILITY WORKER OR CHILD   DIWC   6=SSI DISABILITY/TITLE II  SSDC
     3=DISABILITY WIDOW(ER)         DIWW   7=HEALTH INS ENT           HIE
     4=SSI AGED/TITLE II            SSAC   8=OTHER _____ .
     HEARING REQUESTED (Y/N): Y
     REASON HEARING REQUESTED: I AM STILL NOT ABLE TO WORK_____
     _____
     _____
     _____
     ADDITIONAL EVIDENCE (Y/N/F): N

 MA    B                                                          04/042
 Connected to remote server/host TN3270E.LB.SSA.GOV using lu/pool V3B30901 and port 32701    Lexmark E460dn (MS) on Ne02:
```

```
PCOM Session B                                                        _|&|x|
File  Edit  View  Communication  Actions  Window  Help
     MCS                    HEARING REQUEST 2                     HNG2
        NH  268110009     ROBER KERN          CL 268110009    ROBER KERN
     REQUEST ORAL HEARING (Y/N): Y    REASON HEARING WAIVED: _____
     _____
     _____
     _____
     REPRESENTED (Y/N): Y    IF NO, LEGAL REFERRAL LIST TO CLMT (Y/N): _
     ATTORNEY/REP NAME: JAMES SMITH_____    IF YES, ATTY (Y/N): Y
     ATTORNEY/REP ADDRESS: 1234 MAIN ST_____    _____
                          _____    _____
     CITY: CHICAGO_____     STATE: IL    ZIP: 60661    PHONE: ___ ___ ____
     COUNTRY: _____     CONSUL CODE: ___
     FOREIGN POSTAL ZONE: _____
     SELECT FILED BY: 1  1=APPELLANT   2=REP.  DATE FILED: 07152015
     DETER DATE BEING APPEALED: 07152015  TIMELY REQUEST (Y/N): Y
     SELECT IF NO,: _
     1=CLMT'S EXPLANATION  2=OTHER INFORMATION  3=BOTH 1 AND 2 APPLY.
     EXPLANATION: _____
     _____
     _____
     _____
     INTERPRETER (Y/N): N    IF YES, SPECIFY LANGUAGE: _____

 MA    B                                                          03/030
 Connected to remote server/host TN3270E.LB.SSA.GOV using lu/pool V3B30901 and port 32701    Lexmark E460dn (MS) on Ne02:
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