



# SCREEN PACKAGE DOCUMENT (SCREENSHOTS ONLY)

NON-MEDICAL APPEALS:  
INTERNET VERSION 2.0



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## 1.1. Appeal a Decision



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Official Social Security Website

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### Appeal A Decision

If you recently applied for benefits and were denied, you may request an appeal online. If you have supporting documents, you may provide them online and/or by mail. You can file an appeal online even if you live outside of the United States.

If you were denied for medical reasons, use "Appeal Medical Decision" option below. If you were denied due to the issues related but not limited to income, resources, overpayments, or living arrangements, use "Appeal Other Decision" option.

[Appeal Medical Decision](#) [Appeal Other Decision](#)


#### Need Help?

You may also call our toll-free number, **1-800-772-1213** (TTY **1-800-325-0778**) or contact your [local Social Security office](#).

#### Publications


- [The Appeals Process](#)
- [Your Right To Question The Decision Made On Your Claim](#)
- [Your Right To Question A Decision Made On Your Supplemental Security Income \(SSI\) Claim](#)
- [Your Right To An Administrative Law Judge Hearing And Appeals Council Review Of Your Social Security Case](#)
- [Your Right To Representation](#)

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## 1.2. Getting Ready



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## Non-Medical Appeal

### Getting Ready

Before you start, you should gather the [information you need](#) to complete your appeal, including:

- The notice you received from SSA in the mail informing you of our decision
- Supporting documents including forms, legal documents, and written statements
- Name, address, and phone number of your personal [appointed representative](#) if you have one

Being prepared will help you spend less time completing your appeal online.

You will be able to provide supporting documents either online by or mail. Certain documents we can only accept as originals or certified copies; you will need to bring or mail them to your [local Social Security Office](#).

### Submit an Appeal

Completing your appeal online may take 10 to 15 minutes. Your answers will be saved automatically as you go through your appeal, but you will not be able to leave the application and come back to it later.

[Start an Appeal](#)

### More Information

- [? About this Application](#)
- [? Other Ways to Complete a Non-Medical Appeal](#)
- [The Appeals Process](#)
- [? Hours of Operation](#)

---

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Last reviewed or modified May 3, 2016 12:00 PM

## 1.3. Information You Need

### Information You Need To Complete Your Non-Medical Appeal

If you recently received a non-medical determination concerning your Social Security, Supplemental Security Income, or Special Veterans Benefits you may request an appeal online.

The checklist below will help you gather the information you may need to appeal our decision.

**Note:** Please print this page to use while you gather your materials.

#### Gather Personal Information

- Name, Social Security number, address, and phone number.
- The date on the decision notice you received.
- The name, address, and phone number of your personal appointed representative if you have one.

#### Gather Supporting Documents

If you have documents that support your appeal, they will help Social Security make a decision on your claim. Electronic documents may be uploaded with your online appeal request. Documents that may be uploaded include:

- Pay stubs, W-2s, federal tax returns
- Letters from your employer about your retirement or reduction in hours of work

Certain documents must be originals or certified copies and cannot be uploaded during your online appeal request, including:

- Birth certificate, naturalization certificate, passport, marriage certificate, divorce decree

If you need to provide any of these documents to support your appeal, you should mail or bring them to your local Social Security Office. The originals will be returned to you.

After you submit your appeal, we will provide a cover sheet you can use to submit with any documents you want us to include with your request.

Close

## 1.4. Screening

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## Non-Medical Appeal

### Information about the Applicant

The information collected here refers to the person submitting the appeal.

**Name:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last	Suffix

**Social Security Number (SSN):**

**Date of Birth:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year


---

**Next**

Previous



## 1.5. Notice



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### Non-Medical Appeal

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#### Notice Information

---


**Do you have a notice from SSA?**

Yes  No

---

**Next** Previous

### 1.5.1.1. Yes



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### Non-Medical Appeal

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#### Notice Information

---

**Do you have a notice from SSA?**

Yes  No

---

**Level of Appeal:** [? Where to find the level of appeal in the notice](#)

I'm appealing this issue for the first time (Request for Reconsideration, SSA-561-U2)


I've already appealed this issue once but was denied (Request for Hearing by Administrative Law Judge, HA-501-U5)

None of the above

---

**Next** Previous

### 1.5.1.2. No



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## Non-Medical Appeal

### Notice Information

**Do you have a notice from SSA?**


Yes  No

**⚠ You need your notice to complete this online appeal.**

If you are unable to locate your notice, please contact your [local Social Security Office](#) to request a copy or find out about other ways to appeal.

**Exit**

### 1.5.1.3. None of the above



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## Non-Medical Appeal

### Notice Information

**Do you have a notice from SSA?**

Yes  No

**Level of Appeal:** [? Where to find the level of appeal in the notice](#)

I'm appealing this issue for the first time (Request for Reconsideration, SSA-561-U2)

I've already appealed this issue once but was denied (Request for Hearing by Administrative Law Judge, HA-501-U5)


None of the above

**⚠ You cannot submit this appeal online.**

If you are not sure what level of appeal to choose or if provided options do not apply to your case, you may call our toll-free number, **1-800-772-1213** (TTY **1-800-325-0778**) or contact your [local Social Security Office](#) for more information.

**Exit**

## 1.6. Who is Entering Appeal



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### Non-Medical Appeal

---

Who is Entering This Appeal?

**Are you Sarah Jones or are you entering this appeal on his or her behalf?**


I am Sarah Jones.

I am entering this appeal for Sarah Jones.

---

**Next** Previous

### 1.6.1. Who is Entering Appeal – 1<sup>st</sup> Party



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---

### Non-Medical Appeal

---

Who is Entering This Appeal?

**Are you Sarah Jones or are you entering this appeal on his or her behalf?**

I am Sarah Jones.

I am entering this appeal for Sarah Jones.

---

**Next** Previous

### 1.6.2. Someone Else – 3<sup>rd</sup> Party



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---

### Non-Medical Appeal

#### Who is Entering This Appeal?

**Are you Sarah Jones or are you entering this appeal on his or her behalf?**

I am Sarah Jones.

I am entering this appeal for Sarah Jones.

**What is your relationship to Sarah Jones?**


-- ▾

#### What is your relationship to Sarah Jones?

-- ▾

- Appointed Representative (Attorney) or Staff
- Appointed Representative (Non-Attorney) or Staff
- Family Member
- Friend/Neighbor
- Government Agency
- Health Service Agency/Hospital
- Non-Profit Organization/Legal Aid Group
- Nursing Care Facility
- Social Worker
- Other

### 1.6.2.1. Representative



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## Non-Medical Appeal

### Who is Entering This Appeal?

**Are you Sarah Jones or are you entering this appeal on his or her behalf?**

I am Sarah Jones.  
 I am entering this appeal for Sarah Jones.

**What is your relationship to Sarah Jones?**

Appointed Representative (Attorney) or Staff ▼

**Representative's Name:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	-- ▼
First	Middle	Last	Suffix

[Next](#) [Previous](#)

### 1.6.2.2. Preparer (Other than Attorney)



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## Non-Medical Appeal

### Who is Entering This Appeal?

**Are you Sarah Jones or are you entering this appeal on his or her behalf?**

I am Sarah Jones.  
 I am entering this appeal for Sarah Jones.

**What is your relationship to Sarah Jones?**


Friend/Neighbor ▼

**What is your name?**

<input type="text"/>	<input type="text"/>	<input type="text"/>	-- ▼
First	Middle	Last	Suffix

[Next](#) [Previous](#)

### 1.6.2.3. Other Preparer



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---

## Non-Medical Appeal

### Who is Entering This Appeal?

**Are you Sarah Jones or are you entering this appeal on his or her behalf?**

I am Sarah Jones.  
 I am entering this appeal for Sarah Jones.

**What is your relationship to Sarah Jones?**

Other ▾


**Please specify your relationship:**

**What is your name?**

-- ▾  
First Middle Last Suffix

[Next](#) [Previous](#)

## 1.7. Your Information – 1<sup>st</sup> Party



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---

### Non-Medical Appeal

Identification   Request   Summary

#### Information about You

**Name:**

<input type="text" value="Sarah"/> First	<input type="text" value="Ann"/> Middle	<input type="text" value="Jones"/> Last	<input type="text" value="--"/> Suffix
---	--	--	---

**Mailing Address:**

**Country:**

**Street Address:**

Street Line 1:

Street Line 2:  [+ Add Line](#)

**City/Town:**    **State/Territory:**    **ZIP Code:**

**Do you live at the above address?**

Yes    No

**Daytime Phone Number:**

U.S.    International

<input type="text"/>	<input type="text"/>
10-digit Number	<a href="#">Ext.</a>

**Alternative Phone Number, if any:**  
Please provide another phone number where we can reach you.

U.S.    International

<input type="text"/>	<input type="text"/>
10-digit Number	<a href="#">Ext.</a>

**Email Address:**

**Confirm Email Address:**

In this section...

- Applicant Information**
- Representative Information

### 1.7.1.1. Your Information – 1<sup>st</sup> Party (Home Address is different from Mailing Address)

#### Information about You

---

**Name:**  
Sarah  Ann  Jones  --   
First Middle Last Suffix

---

**Mailing Address:**  
**Country:**

**Street Address:**  
Street Line 1:   
Street Line 2:  [+ Add Line](#)

**City/Town:**  **State/Territory:**  **ZIP Code:**

---

**Do you live at the above address?**  
 Yes  No

**Home Address:**  
**Country:**

**Street Address:**  
Street Line 1:   
Street Line 2:  [+ Add Line](#)

**City/Town:**  **State/Territory:**  **ZIP Code:**

---

**Daytime Phone Number:**  
 U.S.  International  
   
10-digit Number Ext.

**Alternative Phone Number, if any:**  
Please provide another phone number where we can reach you.  
 U.S.  International  
   
10-digit Number Ext.

**Email Address:**

**Confirm Email Address:**

---


[Next](#) [Previous](#)

In this section...

- Applicant Information**
- Representative Information



## 1.8. Representative Information 1<sup>st</sup> Party



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---

## Non-Medical Appeal

Identification | Request | Summary

### Representative

**Do you currently have an appointed representative?** [? More Info](#)

Yes  No

**Next** Previous

In this section...

- Applicant Information
- Representative Information**

### 1.8.1. Yes There Is a Representative

**Representative's Name:**

--

First Middle Last Suffix

**Is the representative an attorney?**

Yes  No

---

**Address:**

**Country:**

United States or U.S. Territory

**Street Address:**

Street Line 1:

Street Line 2:  [+ Add Line](#)

**City/Town:**  **State/Territory:** --  **ZIP Code:**

---

**Daytime Phone Number:**

U.S.  International

10-digit Number Ext.


---

**FAX Number, if any:**

U.S.  International

10-digit Number

## 1.9. Preparer Information 3<sup>rd</sup> Party



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---

### Non-Medical Appeal

Identification   Request   Summary

#### Information about Terry Halpern

**Your Mailing Address:**

**Country:**  
United States or U.S. Territory

**Street Address:**  
Street Line 1:   
Street Line 2:  [+ Add Line](#)

**City/Town:**    **State/Territory:**    **ZIP Code:**

---


**Your Daytime Phone Number:**  
 U.S.    International  
     
10-digit Number   [Ext.](#)

**In this section...**

- Preparer Information**
- Applicant Information
- Representative Information

[Next](#)   [Previous](#)

## 1.10. Applicant Information 3<sup>rd</sup> Party



# Social Security

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---

## Non-Medical Appeal

Identification   Request   Summary

### Information about You

**Name:**

Sarah   Ann   Jones   --

First   Middle   Last   Suffix

**Gender:**

We only use this information to customize how we ask the questions for this appeal.

Male    Female

**Mailing Address:**

**Country:**

United States or U.S. Territory

**Street Address:**

Street Line 1:

Street Line 2:  [+ Add Line](#)

**City/Town:**    **State/Territory:** --   **ZIP Code:**

**Do you live at the above address?**

Yes    No

**Daytime Phone Number:**

U.S.    International

10-digit Number   Ext.

**Alternative Phone Number, if any:**

Please provide another phone number where we can reach you.

U.S.    International

10-digit Number   Ext.

**Email Address:**

**Confirm Email Address:**

[Next](#)   [Previous](#)

In this section...

**Applicant Information**

Representative Information

### 1.10.1. Applicant Information 3<sup>rd</sup> Party (Home Address is different from Mailing Address)

#### Information about You

---

**Name:**  
      
First Middle Last Suffix

---

**Gender:**  
We only use this information to customize how we ask the questions for this appeal.  
 Male  Female

---

**Mailing Address:**

**Country:**

**Street Address:**  
Street Line 1:   
Street Line 2:  [+ Add Line](#)

**City/Town:**  **State/Territory:**   **ZIP Code:**

---

**Do you live at the above address?**  
 Yes  No

**Home Address:**

**Country:**

**Street Address:**  
Street Line 1:   
Street Line 2:  [+ Add Line](#)

**City/Town:**  **State/Territory:**   **ZIP Code:**

---

**Daytime Phone Number:**  
 U.S.  International  
   
10-digit Number [Ext.](#)

**Alternative Phone Number, if any:**  
Please provide another phone number where we can reach you.  
 U.S.  International  
   
10-digit Number [Ext.](#)

---

**Email Address:**

**Confirm Email Address:**


---

[Next](#) [Previous](#)

In this section...

- Applicant Information**
- Representative Information

### 1.10.2. Representative Information 3<sup>rd</sup> Party – Yes There Is a Representative



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---

## Non-Medical Appeal

Identification   Request   Summary

### Representative for Sarah Jones

**Does Sarah Jones currently have an appointed representative?** [More Info](#)

Yes    No

**Representative's Name:**

Pat		Graham	--
First	Middle	Last	Suffix

**Is the representative an attorney?**

Yes    No

---

**Address:**

**Country:**  
United States or U.S. Territory

**Street Address:**

Street Line 1:

Street Line 2:  [+ Add Line](#)

**City/Town:**    **State/Territory:**    **ZIP Code:**

---

**Daytime Phone Number:**

U.S.    International

10-digit Number   [Ext.](#)

---

**FAX Number, if any:**

U.S.    International

10-digit Number

In this section...

- Preparer Information
- Applicant Information
- Representative Information

[Next](#)   [Previous](#)

## 1.11. Request for Reconsideration 1<sup>st</sup> Party

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## Non-Medical Appeal

Identification

Request

Summary

OMB No. 0000-0000  
Paperwork Reduction Act

### Request for Reconsideration

What is the date on the notice you received? [Where to find this date](#)

mm/dd/yyyy

SSA Program Title: [Where to find the SSA program title](#)  
You will find at the top left corner of the notice.

Issue Being Appealed:  
Select one option from the list.

I disagree with the determination and request reconsideration because:  
Enter a reason for your appeal. (2000 characters maximum)

Characters remaining: 2000

Next

Previous

In this section...

Request for Reconsideration

Attach Files

### 1.11.1. SSA Program Title – Droplist


Supplemental Security Income (SSI) Retirement, Survivors, and Disability Insurance Medicare Special Veterans Benefits (SVB) Other - Not Specified
---

### 1.11.2. Ways to Appeal for SSI (if SSI is selected)

#### Request for Reconsideration

---

**What is the date on the notice you received?** [? Where to find this date](#)

  
mm/dd/yyyy 

---

**SSA Program Title:** [? Where to find the SSA program title](#)  
You will find at the top left corner of the notice.

Supplemental Security Income (SSI) ▼

**Ways to Appeal a Supplemental Security Income (SSI) Claim**

Select one option that works best:

- Case Review**  
You can always choose this option. We will **review the facts** you provided to us. No interview.
- Informal Conference**  
If you like to discuss your case in person, choose this option **except for medical issues**.
- Formal Conference**  
**Already receiving benefits?** Choose this option if we are stopping or lowering your payment. We can invite witnesses to help prove you are right.

---

**Issue Being Appealed:**  
Select one option from the list.


-- ▼

### 1.11.3. Ways to Appeal for SVB (If SVB is selected)

#### Request for Reconsideration

---

**What is the date on the notice you received?** [? Where to find this date](#)

  
mm/dd/yyyy

---

**SSA Program Title:** [? Where to find the SSA program title](#)  
You will find at the top left corner of the notice.

**Ways to Appeal a Special Veterans Benefits (SVB) Claim**

Select one option that best fits your case and your needs:

- Case Review  
You can always choose this option. We will **review the facts** you provided to us. No interview.
- Informal Conference  
**Already receiving benefits?** Choose this option if we are stopping or lowering your payment. You will discuss your case in person.
- Formal Conference  
**Already receiving benefits?** Choose this option if we are stopping or lowering your payment. You will discuss your case in person, and we will invite witnesses to help prove you are right.

---


**Issue Being Appealed:**  
Select one option from the list.

### 1.11.4. Issue Being Appealed

- Overpayment
- Resources
- Income
- Living Arrangement
- Initial Case Non-Disability Issue
- Marital Relationship
- Other



## 1.12. Attach Files 1<sup>st</sup> Party & 3<sup>rd</sup> Party – No Selection



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### Non-Medical Appeal

[✔ Identification](#) | [Request](#) | [Summary](#)

#### Attach Files

**Do you have supporting documents?**


- Yes, I have documents in electronic format.
- Yes, I have paper documents.
- Yes, I have both electronic and paper documents.
- No, I don't have any documents to submit.

[Next](#) | [Previous](#)

In this section...

- [✔ Request for Reconsideration](#)
- [Attach Files](#)

**1.12.1. Attach Files – If either “Yes, I have documents in electronic format” OR “Yes, I have both electronic and paper documents” is selected, show Upload File panel**



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## Non-Medical Appeal

✔ Identification | Request | Summary

### Attach Files

**Do you have supporting documents?**

Yes, I have documents in electronic format.

Yes, I have paper documents.

Yes, I have both electronic and paper documents.

No, I don't have any documents to submit.

**Important Information:**

If you have originals, certified copies, or other non-electronic documents to include, we will provide a cover letter for you to mail these documents after you submit this appeal.

If you have any additional forms or electronic evidence that will help us review your appeal, please attach them here.

Some limitations apply:

- A maximum of 10 files can be added. All files must total less than 50 MB combined.
- File types accepted: .doc, .docx, .tif, .tiff, and .pdf.
- Password-protected files cannot be processed.

Upload File

In this section...

✔ Request for Reconsideration

Attach Files

**Next** | Previous

**1.12.2. Attach Files – If either “Yes, I have paper documents” OR “No, I don’t have any documents to submit” is selected, Upload File panel is not shown. User is taken to Summary.**

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### Non-Medical Appeal

Identification Request Summary

#### Attach Files

**Do you have supporting documents?**

- Yes, I have documents in electronic format.
- Yes, I have paper documents.
- Yes, I have both electronic and paper documents.
- No, I don't have any documents to submit.

Next Previous

**In this section...**

- Request for Reconsideration
- Attach Files

**1.12.3. File Details**

### File Details

**File Name:**

**Document Type:**

--

### 1.12.3.1. Attach Document

## File Details ✕

---

**File Name:**

**Document Type:**

---

### 1.12.3.2. Document Type Droplist

- Financial Document
- Appointment of Representative (SSA-1696)
- Authorization to Disclose Information (SSA-827)
- Questionnaire for Children (SSA-3881)
- Good Cause for Late Filing Statement
- Waiver of Your Right to Personal Appearance Before an Administrative Law Judge (HA-4608)
- Consent for Release of Information (SSA-3288)
- Miscellaneous

### 1.12.3.3. Document Type is Selected

## File Details ✕

---

**File Name:**

**Document Type:**

---

### 1.12.3.4. Attach Files – File Added

## Attach Files

**Do you have supporting documents?**

Yes, I have documents in electronic format.

Yes, I have paper documents.

Yes, I have both electronic and paper documents.

No, I don't have any documents to submit.

**Important Information:**

If you have originals, certified copies, or other non-electronic documents to include, we will provide a cover letter for you to mail these documents after you submit this appeal.

If you have any additional forms or electronic evidence that will help us review your appeal, please attach them here.

Some limitations apply:


- A maximum of 10 files can be added. All files must total less than 50 MB combined.
- File types accepted: .doc, .docx, .tif, .tiff, and .pdf.
- Password-protected files cannot be processed.

File Name	Document Type	File Size	Manage Files
Sarah Jones Cash Value Statement 2015.pdf	Financial Document	1098 KB	Delete
<b>Total Size of Attached File(s):</b>			<b>1098 KB</b>

Upload Another File

**Next** Previous

### 1.13. Summary 1<sup>st</sup> Party



# Social Security

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---

## Non-Medical Appeal

✔ Identification ✔ Request Summary

### Overall Summary for Sarah Jones

If you need to make any changes, please select the Edit button to return to that page.

#### Identification

Edit ✔ Information about Sarah Jones

Name: **Sarah Ann Jones**  
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, Maryland 21201**  
Do you live at the above address? **Yes**  
Daytime Phone Number: **(443) 644-6789**  
Alternative Phone Number: **(443) 644-6799**  
FAX Number: **(443) 644-9008**  
Email Address: **sajones@yahoo.com**

Edit ✔ Representative Information

Do you have an appointed representative? **No**


#### Request

Edit ✔ Request for Reconsideration

Notice Date: **March 15, 2016**  
SSA Program Title: **Supplemental Security Income (SSI)**  
Way to Appeal: **Informal Conference**  
Issue Being Appealed: **Overpayment**  
Reason for Appeal: **My life insurance policy does not have the cash value that it used to. I am attaching proof of its current cash value.**

Edit ✔ Attached Files

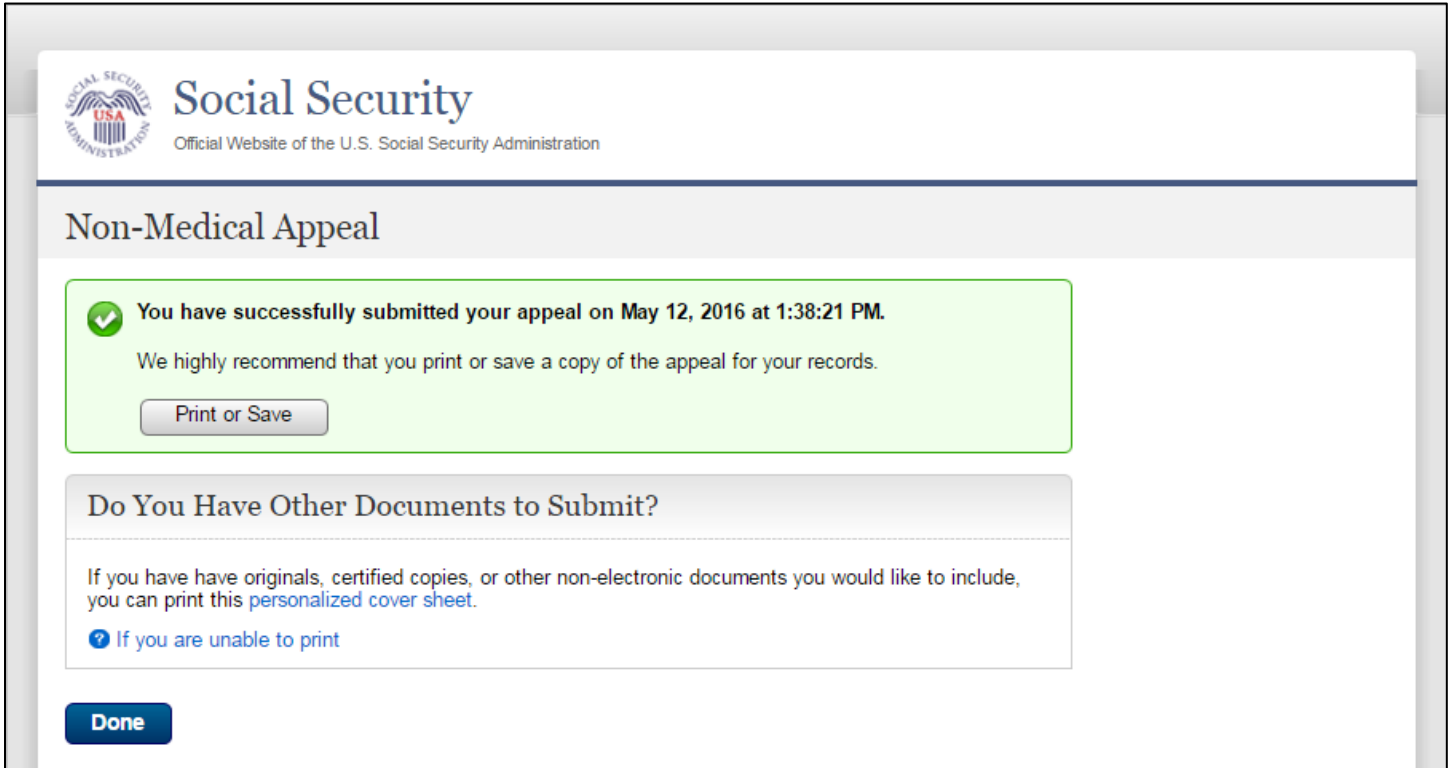
File Name	Document Type	Size
Sarah Jones Cash Value Statement 2015.pdf	Financial Document	1098 KB



**You will not be able to change your information once you submit the appeal.**  
When you select **Submit Appeal** below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct.

Submit Appeal Previous

**1.14. Confirmation 1<sup>st</sup> Party. Note: Confirmations for Reconsideration 1<sup>st</sup> and Hearing 1<sup>st</sup> are the same as shown below.**



The screenshot displays the Social Security Administration's website interface. At the top left is the SSA logo, followed by the text "Social Security" and "Official Website of the U.S. Social Security Administration". Below this is a header for "Non-Medical Appeal". A green-bordered box contains a confirmation message: "You have successfully submitted your appeal on May 12, 2016 at 1:38:21 PM." followed by a recommendation to print or save a copy and a "Print or Save" button. Below this is a section titled "Do You Have Other Documents to Submit?" with instructions on submitting physical documents and a radio button option "If you are unable to print". At the bottom left of the page is a blue "Done" button.

### 1.15. Receipt 1<sup>st</sup> Party

Print Now Save a Copy [Can't print or save this document?](#)

**You have successfully submitted your appeal on May 9, 2016 at 3:50:12 PM.**

#### Information You Submitted

#### Identification

#### Information about Sarah Jones

Name: **Sarah Ann Jones**  
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, Maryland 21201**  
Do you live at the above address? **Yes**  
Daytime Phone Number: **(443) 644-6789**  
Alternative Phone Number: **(443) 644-6799**  
FAX Number: **(443) 644-9008**  
Email Address: **sajones@yahoo.com**

#### Representative Information

Do you have an appointed representative? **No**

#### Request

#### Request for Reconsideration


Notice Date: **March 15, 2016**  
SSA Program Title: **Supplemental Security Income (SSI)**  
Way to Appeal: **Informal Conference**  
Issue Being Appealed: **Overpayment**  
Reason for Appeal: **My life insurance policy does not have the cash value that it used to. I am attaching proof of its current cash value.**

#### Attached Files

File Name	Document Type	Size
Sarah Jones Cash Value Statement 2016.pdf	Financial Document	1137 KB



## 1.16. Request for Reconsideration 3<sup>rd</sup> Party



# Social Security

Official Website of the U.S. Social Security Administration

---

## Non-Medical Appeal

[Identification](#) [Request](#) [Summary](#)

OMB No. 0000-0000  
Paperwork Reduction Act

### Request for Reconsideration for Sarah Jones

**What is the date on the notice Sarah Jones received?** [Where to find this date](#)

  
mm/dd/yyyy

**SSA Program Title:** [Where to find the SSA program title](#)  
You will find at the top left corner of the notice.

**Issue Being Appealed:**  
Select one option from the list.

**Sarah Jones disagrees with the determination and requests reconsideration because:**  
Enter a reason for your appeal. (2000 characters maximum)

Characters remaining: 2000

[Next](#) [Previous](#)

**In this section...**

- [Request for Reconsideration](#)
- [Attach Files](#)

### 1.16.1. Ways to Appeal for SSI (If SSI is selected)

<p><b>Ways to Appeal a Supplemental Security Income (SSI) Claim</b></p> <p>Select one option that works best:</p> <ul style="list-style-type: none"><li><input type="radio"/> <b>Case Review</b> You can always choose this option. We will <b>review the facts</b> you provided to us. No interview.</li><li><input type="radio"/> <b>Informal Conference</b> If you like to discuss your case in person, choose this option <b>except for medical issues</b>.</li><li><input type="radio"/> <b>Formal Conference</b> <b>Already receiving benefits?</b> Choose this option if we are stopping or lowering your payment. We can invite witnesses to help prove you are right.</li></ul>	
--	--


#### 1.16.1.1. Ways to Appeal for SVB (If SVB is selected)

<p><b>Ways to Appeal a Special Veterans Benefits (SVB) Claim</b></p> <p>Select one option that best fits your case and your needs:</p> <ul style="list-style-type: none"><li><input type="radio"/> <b>Case Review</b> You can always choose this option. We will <b>review the facts</b> you provided to us. No interview.</li><li><input type="radio"/> <b>Informal Conference</b> <b>Already receiving benefits?</b> Choose this option if we are stopping or lowering your payment. You will discuss your case in person.</li><li><input type="radio"/> <b>Formal Conference</b> <b>Already receiving benefits?</b> Choose this option if we are stopping or lowering your payment. You will discuss your case in person, and we will invite witnesses to help prove you are right.</li></ul>	
--	--

#### 1.16.1.2. Issue Being Appealed

<p>—</p> <p>Overpayment</p> <p>Resources</p> <p>Income</p> <p>Living Arrangement</p> <p>Initial Case Non-Disability Issue</p> <p>Marital Relationship</p> <p>Other</p>
--

## 1.17. Summary 3<sup>rd</sup> Party



**Social Security**  
Official Website of the U.S. Social Security Administration

### Non-Medical Appeal

✔ Identification
✔ Request
Summary

**Overall Summary for Sarah Jones**  
If you need to make any changes, please select the Edit button to return to that page.

**Identification**

Edit ✔ Information about Terry Halpern

Relationship: **Friend/Neighbor**  
Mailing Address: **406 Cathedral Street, Baltimore, Maryland 21201**  
Daytime Phone Number: **(410) 867-5412**

Edit ✔ Information about Sarah Jones

Name: **Sarah Ann Jones**  
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, Maryland 21201**  
Does Sarah Jones live at the above address? **Yes**  
Daytime Phone Number: **(443) 644-6789**  
Alternative Phone Number: **(443) 644-6799**  
FAX Number: **(443) 644-9008**  
Email Address: **sajones@yahoo.com**

Edit ✔ Representative Information

Does Sarah Jones has a representative? **Yes**  
Representative's Name: **Pat Graham**  
Is the representative an attorney? **Yes**  
Address: **45 North Charles Steet, Baltimore, Maryland, 21202**  
Daytime Phone Number: **(410) 333-7878**  
Fax Number: **(410) 333-7111**


**Request**

Edit ✔ Request for Reconsideration

Notice Date: **March 15, 2016**  
SSA Program Title: **Supplemental Security Income (SSI)**  
Way to Appeal: **Informal Conference**  
Issue Being Appealed: **Overpayment**  
Reason for Appeal: **My life insurance policy does not have the cash value that it used to. I am attaching proof of its current cash value.**

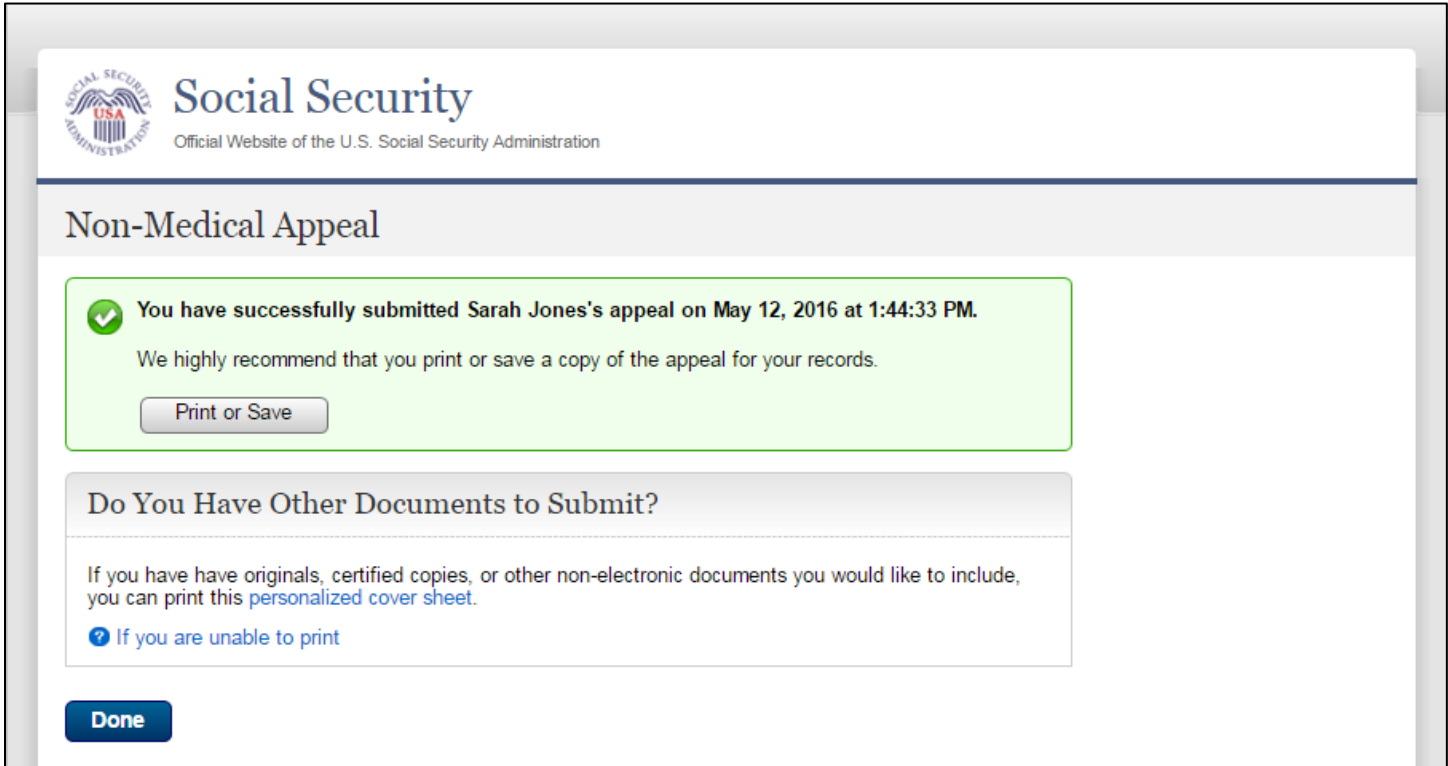
Edit ✔ Attached Files

File Name	Document Type	Size
Sarah Jones Cash Value Statement 2015.pdf	Financial Document	1098 KB

 **You will not be able to change your information once you submit the appeal.**  
When you select **Submit Appeal** below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct.


**Submit Appeal**
Previous

**1.18. Confirmation 3<sup>rd</sup> Party Preparer. Note: Confirmations for Reconsideration 3<sup>rd</sup> and Hearing 3<sup>rd</sup> are the same as shown below.**



The screenshot displays the Social Security Administration's website interface. At the top left is the SSA logo, followed by the text "Social Security" and "Official Website of the U.S. Social Security Administration". Below this is a header for "Non-Medical Appeal". A green-bordered box contains a confirmation message: "You have successfully submitted Sarah Jones's appeal on May 12, 2016 at 1:44:33 PM." Below the message is a recommendation to print or save a copy, and a "Print or Save" button. A section titled "Do You Have Other Documents to Submit?" follows, with instructions on submitting physical documents and a link to a "personalized cover sheet". A radio button is selected for "If you are unable to print". At the bottom left is a blue "Done" button.


## 1.19. Confirmation 3<sup>rd</sup> Party Representative



**Social Security**  
Official Website of the U.S. Social Security Administration

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### Non-Medical Appeal


 **You have successfully submitted your appeal on May 9, 2016 at 4:13:02 PM.**

We highly recommend that you print or save a copy of the appeal for your records.

#### Do You Have Other Documents to Submit?

If you have have originals, certified copies, or other non-electronic documents you would like to include, you can print this [personalized cover sheet](#).

 [If you are unable to print](#)

 **Do you want to begin a new appeal?**

We can copy your contact information into the appeal. You will have the opportunity to edit it later.

---

## 1.20. Receipt 3<sup>rd</sup> Party

Print Now
Save a Copy
[Can't print or save this document?](#)

**You have successfully submitted Sarah Jones's appeal on May 12, 2016 at 1:51:16 PM.**

### Information You Submitted for Sarah Jones

#### Identification

#### Information about Terry Halpern

Relationship: **Friend/Neighbor**  
 Mailing Address: **406 Cathedral Street, Baltimore, Maryland 21201**  
 Daytime Phone Number: **(410) 867-5412**

#### Information about Sarah Jones

Name: **Sarah Ann Jones**  
 Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, Maryland 21201**  
 Do you live at the above address? **Yes**  
 Daytime Phone Number: **(443) 644-6789**  
 Alternative Phone Number: **(443) 644-6799**  
 FAX Number: **(443) 644-9008**  
 Email Address: **sajones@yahoo.com**

#### Representative Information

Does Sarah Jones has a representative? **Yes**  
 Representative's Name: **Pat Graham**  
 Is the representative an attorney? **Yes**  
 Address: **45 North Charles Steet, Baltimore, Maryland 21202**  
 Daytime Phone Number: **(410) 333-7878**  
 Fax Number: **(410) 333-7111**

#### Request


#### Request for Reconsideration

Notice Date: **March 15, 2016**  
 SSA Program Title: **Supplemental Security Income (SSI)**  
 Way to Appeal: **Informal Conference**  
 Issue Being Appealed: **Overpayment**  
 Reason for Appeal: **My life insurance policy does not have the cash value that it used to. I am attaching proof of its current cash value.**

#### Attached Files

File Name	Document Type	Size
Sarah Jones Cash Value Statement 2016.pdf	Financial Document	1137 KB

## 1.21. Request for Hearing 1<sup>st</sup> Party



**Social Security**  
Official Website of the U.S. Social Security Administration

---


### Non-Medical Appeal

Identification Request Summary

OMB No. 0000-0000  
Paperwork Reduction Act

#### Request for Hearing by Administrative Law Judge

**What is the date on the notice you received?** [Where to find this date](#)

  
mm/dd/yyyy

**SSA Program Title:** [Where to find the SSA program title](#)  
You will find at the top left corner of the notice.

--

**I request a hearing before an Administrative Law Judge. I disagree with the determination made on my claim because:**  
Enter a reason for your appeal. (2000 characters maximum)

Characters remaining: 2000

**Do you wish to appear at a hearing?** [Options for appearing](#)

I wish to appear at a hearing.

I do not wish to appear at a hearing and request that a decision be made based on the evidence in my case. [Complete Waiver Form HA-4608](#)

**Next** Previous

In this section...

- Request for Hearing**
- Attach Files

### 1.21.1. Wish to Appear

**Do you wish to appear at a hearing?** [Options for appearing](#)

I wish to appear at a hearing.

I do not wish to appear at a hearing and request that a decision be made based on the evidence in my case. [Complete Waiver Form HA-4608](#)

**Next** Previous

### 1.21.1.1. Wish to Appear is hidden when Medicare is selected under SSA Program Title



# Social Security

Official Website of the U.S. Social Security Administration

---

## Non-Medical Appeal

Identification Request Summary

OMB No. 0000-0000  
Paperwork Reduction Act

### Request for Hearing by Administrative Law Judge

**What is the date on the notice you received?** [Where to find this date](#)

  
mm/dd/yyyy

**SSA Program Title:** [Where to find the SSA program title](#)  
You will find at the top left corner of the notice.

Medicare

**I request a hearing before an Administrative Law Judge. I disagree with the determination made on my claim because:**  
Enter a reason for your appeal. (2000 characters maximum)

Characters remaining: 2000


Next Previous

In this section...

- Request for Hearing
- Attach Files



## 1.22. Summary 1<sup>st</sup> Party Hearing



# Social Security

Official Website of the U.S. Social Security Administration

## Non-Medical Appeal

Identification  Request  Summary

### Overall Summary for Sarah Jones

If you need to make any changes, please select the Edit button to return to that page.

#### Identification

Information about Sarah Jones

Name: **Sarah Ann Jones**  
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, Maryland 21201**  
Do you live at the above address? **Yes**  
Daytime Phone Number: **(443) 644-6789**  
Alternative Phone Number: **(443) 644-6799**  
FAX Number: **(443) 644-9008**  
Email Address: **sajones@yahoo.com**

Representative Information

Do you have an appointed representative? **No**


#### Request

Request for Hearing by Administrative Law Judge

Notice Date: **March 15, 2016**  
SSA Program Title: **Disability**  
Reason for Appeal: **I believe your records are incorrect.**  
Do you wish to appear at the hearing? **Yes**


#### Attached Files

File Name	Document Type	Size
Sarah Jones W2-14.pdf	Financial Document	1098 KB

 **You will not be able to change your information once you submit the appeal.**  
When you select **Submit Appeal** below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct.

### 1.23. Receipt 1<sup>st</sup> Party Hearing

Print Now Save a Copy [Can't print or save this document?](#)

 **You have successfully submitted your appeal on May 12, 2016 at 1:55:37 PM.**

We may review your case to determine if we can make a decision without a hearing. If we determine you need a hearing, we will appoint an Administrative Law Judge to conduct the hearing. We will provide advance notice of the time and place of the hearing. The hearing office assigned to this case will send you more information regarding your appeal.

#### Information You Submitted for Sarah Jones

##### Identification

##### Applicant Information

Name: **Sarah Ann Jones**

Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, MD 21201**

Do you live at the above address? **Yes**

Daytime Phone Number: **(443) 644-6789**

Alternative Phone Number: **(443) 644-6799**

FAX Number: **(443) 644-9008**

Email Address: **sajones@yahoo.com**

##### Representative Information

Do you have an appointed representative? **No**

##### Request

##### Request for Hearing by Administrative Law Judge

Notice Date: **March 15, 2016**

SSA Program Title: **Disability**

Reason for Appeal: **I believe your records are incorrect.**

Do you wish to appear at the hearing? **Yes**

##### Attached Files


File Name	Document Type	Size
Sarah Jones W2-15.pdf	Financial Document	1137 KB

OSes/DUAPS/USSB/UXG

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## 1.24. Cover Sheet for Hearing is the same as Reconsideration.

## 1.25. Request for Hearing 3<sup>rd</sup> Party



**Social Security**  
Official Website of the U.S. Social Security Administration

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### Non-Medical Appeal

OMB No. 0000-0000  
Paperwork Reduction Act

Identification Request Summary

#### Request for Hearing by Administrative Law Judge for Sarah Jones

What is the date on the notice Sarah Jones received? [Where to find this date](#)

  
mm/dd/yyyy

SSA Program Title: [Where to find the SSA program title](#)  
You will find at the top left corner of the notice.

Sarah Jones requests a hearing before an Administrative Law Judge. She disagrees with the determination made on her claim because:  
Enter a reason for your appeal. (2000 characters maximum)

Characters remaining: 2000

Does Sarah Jones wish to appear at a hearing? [Options for appearing](#)

Sarah Jones wishes to appear at a hearing.

Sarah Jones does not wish to appear at a hearing and requests that a decision be made based on the evidence in her case. [Complete Waiver Form HA-4608](#)

**Next** Previous

**In this section...**

Request for Hearing

Attach Files

**1.25.1. Wish to Appear: If Medicare is selected, do not display the question related to the appearance at the hearing.**

 **Social Security**  
Official Website of the U.S. Social Security Administration

## Non-Medical Appeal

OMB No. 0000-0000  
Paperwork Reduction Act

Identification Request Summary

### Request for Hearing by Administrative Law Judge for Sarah Jones

What is the date on the notice Sarah Jones received? [Where to find this date](#)

  
mm/dd/yyyy

SSA Program Title: [Where to find the SSA program title](#)  
You will find at the top left corner of the notice.


Medicare

Sarah Jones requests a hearing before an Administrative Law Judge. She disagrees with the determination made on her claim because:  
Enter a reason for your appeal. (2000 characters maximum)

Characters remaining: 2000

**Next** Previous

## 1.26. Summary 3<sup>rd</sup> Party Hearing



**Social Security**  
Official Website of the U.S. Social Security Administration

---

### Non-Medical Appeal

Identification    Request   Summary

#### Overall Summary for Sarah Jones

If you need to make any changes, please select the Edit button to return to that page.

#### Identification

Information about Sarah Jones

Name: **Sarah Ann Jones**  
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, Maryland 21201**  
Does Sarah Jones live at the above address? **Yes**  
Daytime Phone Number: **(443) 644-6789**  
Alternative Phone Number: **(443) 644-6799**  
FAX Number: **(443) 644-9008**  
Email Address: **sajones@yahoo.com**

#### Representative Information

Representative Information

Does Sarah Jones has a representative? **Yes**  
Representative's Name: **Pat Graham**  
Is the representative an attorney? **Yes**  
Address: **45 North Charles Steet, Baltimore, Maryland, 21202**  
Daytime Phone Number: **(410) 333-7878**  
Fax Number: **(410) 333-7111**


#### Request

Request for Hearing by Administrative Law Judge

Notice Date: **March 15, 2016**  
SSA Program Title: **Disability**  
Reason for Appeal: **I believe your records are incorrect.**  
Does Sarah Jones wish to appear at the hearing? **Yes**


#### Attached Files

File Name	Document Type	Size
Sarah Jones W2-14.pdf	Financial Document	1098 KB

 **You will not be able to change your information once you submit the appeal.**  
When you select **Submit Appeal** below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct.

## 1.27. Receipt 3<sup>rd</sup> Party Hearing

Print Now Save a Copy [Can't print or save this document?](#)

 **You have successfully submitted Sarah Jones's appeal on May 12, 2016 at 1:59:58 PM.**

We may review her case to determine if we can make a decision without a hearing. If we determine she needs a hearing, we will appoint an Administrative Law Judge to conduct the hearing. We will provide advance notice of the time and place of the hearing. The hearing office assigned to this case will send Sarah Jones more information regarding her appeal.

### Information You Submitted for Sarah Jones

**Identification**

**Information about Sarah Jones**

Name: **Sarah Ann Jones**  
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, MD 21201**  
Does Sarah Jones live at the above address? **Yes**  
Daytime Phone Number: **(443) 644-6789**  
Alternative Phone Number: **(443) 644-6799**  
FAX Number: **(443) 644-9008**  
Email Address: **sajones@yahoo.com**

**Representative Information**

Does Sarah Jones has a representative? **Yes**  
Representative's Name: **Pat Graham**  
Is the representative an attorney? **Yes**  
Address: **45 North Charles Steet, Baltimore, Maryland, 21202**  
Daytime Phone Number: **(410) 333-7878**  
Fax Number: **(410) 333-7111**

**Request**

**Request for Hearing by Administrative Law Judge**

Notice Date: **March 15, 2016**  
SSA Program Title: **Disability**  
Reason for Appeal: **I believe your records are incorrect.**  
Do you wish to appear at the hearing? **Yes**

**Attached Files**

File Name	Document Type	Size
Sarah Jones W2-15.pdf	Financial Document	1137 KB

OSes/DUAPS/USSB/UXG

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### 1.27.1. Cover Sheet 3<sup>rd</sup> Party



## Cover Sheet for Sarah Jones

I have completed the appeal for non-medical benefits online. I understand that the appeal I completed and sent to Social Security electronically will be used in making a decision on Sarah Jones's claim for benefits.

**Sarah Jones's address:**

400 Cathedral Street Apt 7A  
Baltimore, MD 21244

**Sarah Jones's phone number:**

(443) 644-6789

**I enclose the following documents that were NOT submitted with my online appeal:**

Please list additional documents you want to provide.

---

---

---

---

**Name of the person completing this application:**

Pat Graham

**Mail or bring to:**

Social Security Administration  
1010 Park Avenue  
Suite 200  
Baltimore, MD 21201

## 1.28. Appointed Representative

### Definition: Appointed Representative

An appointed representative is an attorney or other legal representative, recognized by Social Security (SSA), who can assist individuals with their case or appeal and act upon their behalf.

Friends, family members, and others can help you with your appeal. However, if they are not your appointed representative, the answer to this question should be "no."

If you decide to have a representative, you must sign and submit a written statement to us appointing him or her to represent you in your dealings with Social Security. You may use form [SSA-1696 \(Appointment of Representative\)](#) and [submit it to SSA](#).

To learn more on how to be represented, visit us at <http://mwww.ba.ssa.gov/representation/>

Close



## 1.29. Where to find the level of appeal in the notice

### Where to find the level of appeal in the notice

The level of appeal usually appears after the section where we tell you our decision. The part of your notice/letter about the appeal level may include language like:

- Right to Appeal
- If you disagree with this decision...
- If you disagree with the decision...
- If you disagree with these decisions...
- If you disagree with our decision...
- You have 60 days to file an appeal in writing.
- You have 60 days to request a hearing in writing.
- You have 60 days to ask for a hearing.
- You can file an appeal with any Social Security office.

Select RECONSIDERATION if your notice/letter says something like:

- Please use our "Request for Reconsideration" form, SSA-561-U2.
- We call this appeal a reconsideration.
- You can request a reconsideration within 60 days.
- You have the right... to request that the determination be reconsidered.
- If you want to request a reconsideration...
- If you request a waiver or reconsideration within 30 days...
- May file a request for reconsideration...
- You must request reconsideration...

Select HEARING if your notice/letter says something like:

- Please use our "Request for Hearing" form, HA-501-U5.
- We call this appeal a hearing.
- If you ask for a hearing, we will send your case to an Administrative Law Judge.
- We will ask if you want to go to the hearing in person.
- You have the right to request a hearing.
- You have 60 days to ask for a hearing.
- Administrative Law Judge (ALJ)

Example:

#### How To Appeal

You can file an appeal with any Social Security office. You must request the appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2, which is available on our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet. You can also contact us by phone, by mail, or come into the office to obtain the form. If you need assistance, we can help you fill out the form.

Close

### 1.30. Where to find this date

#### Where to find this date

Please refer to the notice from Social Security.

**Social Security Administration**  
**Supplemental Security Income**  
Notice of Disapproved Claim

Date: [Month, Day, Year]

Claim Number: 000-00-0000 DI

[Applicant's Name]

[Applicant's Address]

Your application for Supplemental Security Income (SSI) disability benefits filed on [Date], is denied because you have too much income to be eligible for SSI. We explain how we decided you are not eligible for monthly payments on the worksheets at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI eligibility. The rest of this letter explains the information used in making the decision and your appeal rights.

Close

### 1.31. Where to find the SSA program title

**Where to find the SSA program title?**  
Please refer to the notice from Social Security.

**Social Security Administration**  
**Supplemental Security Income**  
Notice of Disapproved Claim

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

[Applicant's Name]  
[Applicant's Address]

Your application for Supplemental Security Income (SSI) disability benefits filed on [Date], is denied because you have too much income to be eligible for SSI. We explain how we decided you are not eligible for monthly payments on the worksheets at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI eligibility. The rest of this letter explains the information used in making the decision and your appeal rights.

[Close](#)

## 1.32. Options for appearing

### Options for appearing

The advantages to appearing at your hearing are:

- A hearing is the only time you can appear before the judge who will decide your case.
- This is your opportunity to present your case in person.
- You have the right for representation at the hearing by an attorney or other person of your choice.
- The judge may ask questions to resolve issues raised by a review of the evidence and what he or she learns at the hearing.
- You can bring witnesses to the hearing who can provide relevant testimony.

If you choose not to have a hearing:

- The judge will decide the case based on the evidence in your file, without the benefit of your testimony.
- There may be evidence missing from your file, but that may not be apparent without a hearing.

**Note:** If you do waive your right to appear, you may withdraw the waiver of the right to appear at a hearing at any time prior to the official decision.

[Close](#)