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.

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Elle 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	
	HIE
4=SSI AGED/TITLE II SSAC 8=OTHER	1112
ISSUE: i am still not able to work	
REASON REQUESTED: i am not able to work	
ADDITIONAL EVIDENCE (VALVE)	
ADDITIONAL EVIDENCE (Y/N/F): y	
MA B	03/028
Gonnected to remote server/host TN3270E.LB.SSA.GOV using lu/pool V3B30901 and port 32701 Lexmark E460	dn (MS) on Ne02:
₽∯ PCOM Session B	
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Ele Edit View Communication Actions Window Help	_ 』 本 × RCN2
Ele <u>E</u> dit <u>V</u> iew <u>C</u> ommunication <u>A</u> ctions <u>W</u> indow <u>H</u> elp	
Ele Edit View Communication Actions Mindow Help MCS RECONSIDERATION REQUEST 2 NH 268110009 ROBER KERN CL 268110009 ROBER KERN	
Ele Edit View Communication Actions Window Help MCS RECONSIDERATION REQUEST 2 NH 268110009 ROBER KERN CL 268110009 ROBER KERN SELECT SSI APPEAL: ■	
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Ele Edit View Communication Actions Window Help MCS RECONSIDERATION REQUEST 2 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:	
MCS RECONSIDERATION REQUEST 2 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): _ IF NO, LEGAL REFERRAL LIST TO CL (Y/N): _ n	RCN2
MCS RECONSIDERATION REQUEST 2 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): IF NO, LEGAL REFERRAL LIST TO CL (Y/N): ATTORNEY/REP NAME: IF YES, ATTY	RCN2
MCS RECONSIDERATION REQUEST 2 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): _ IF NO, LEGAL REFERRAL LIST TO CL (Y/N): _ n	RCN2
MCS RECONSIDERATION REQUEST 2 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): _ IF NO, LEGAL REFERRAL LIST TO CL (Y/N): _ ATTORNEY/REP NAME: IF YES, ATTY ATTORNEY/REP ADDRESS: IF YES, ATTY	RCN2 (Y/N): _
MCS RECONSIDERATION REQUEST 2 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): _ IF NO, LEGAL REFERRAL LIST TO CL (Y/N): _ ATTORNEY/REP NAME: IF YES, ATTY ATTORNEY/REP ADDRESS: IF YES, ATTY	RCN2 (Y/N): _
MCS RECONSIDERATION REQUEST 2 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 NO, LEGAL REFERRAL LIST TO CL (Y/N): n ATTORNEY/REP ADDRESS: IF YES, ATTY ATTORNEY/REP ADDRESS: IF YES, ATTY CONSUL CODE: PHONE: COUNTRY: CONSUL CODE:	RCN2 (Y/N): _
MCS RECONSIDERATION REQUEST 2 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): IF YES, SPECIFY LANGUAGE: REPRESENTED (Y/N): IF NO, LEGAL REFERRAL LIST TO CL (Y/N): IMATTORNEY/REP NAME: ATTORNEY/REP NAME: CITY: STATE: ZIP: PHONE: COUNTRY: CONSUL CODE: FOREIGN POSTAL ZONE:	RCN2 (Y/N): _
MCS RECONSIDERATION REQUEST 2 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 NO, LEGAL REFERRAL LIST TO CL (Y/N): n ATTORNEY/REP ADDRESS: IF YES, ATTY ATTORNEY/REP ADDRESS: IF YES, ATTY CONSUL CODE: PHONE: COUNTRY: CONSUL CODE:	RCN2 (Y/N): _
MCS RECONSIDERATION REQUEST 2 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): IF YES, SPECIFY LANGUAGE: REPRESENTED (Y/N): IF NO, LEGAL REFERRAL LIST TO CL (Y/N): IMATTORNEY/REP NAME: ATTORNEY/REP NAME: CITY: STATE: ZIP: PHONE: COUNTRY: CONSUL CODE: FOREIGN POSTAL ZONE:	RCN2 (Y/N): _
MCS RECONSIDERATION REQUEST 2 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: ATTORNEY/REP ADDRESS: CITY: STATE: ZIP: PHONE: CONSUL CODE: FOREIGN POSTAL ZONE: SELECT FILED BY: 1 1=APPELLANT 2=REP. DATE FILED: 07152015	RCN2 (Y/N): _
MCS RECONSIDERATION REQUEST 2 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): IF NO, LEGAL REFERRAL LIST TO CL (Y/N): ATTORNEY/REP NAME: IF YES, ATTY 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,: _	RCN2 (Y/N): _
MCS RECONSIDERATION REQUEST 2 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): IF YES, SPECIFY LANGUAGE: CITY: STATE: IF YES, ATTY ATTORNEY/REP ADDRESS: CITY: STATE: ZIP: PHONE: COUNTRY: CONSUL CODE: FOREIGN POSTAL ZONE: SELECT FILED BY: 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.	RCN2 (Y/N): _
MCS RECONSIDERATION REQUEST 2 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): IF NO, LEGAL REFERRAL LIST TO CL (Y/N): ATTORNEY/REP NAME: IF YES, ATTY 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,: _	RCN2 (Y/N): _
MCS RECONSIDERATION REQUEST 2 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): IF YES, SPECIFY LANGUAGE: CITY: STATE: IF YES, ATTY ATTORNEY/REP ADDRESS: CITY: STATE: ZIP: PHONE: COUNTRY: CONSUL CODE: FOREIGN POSTAL ZONE: SELECT FILED BY: 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.	RCN2 (Y/N): _
MCS RECONSIDERATION REQUEST 2 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): IF YES, SPECIFY LANGUAGE: CITY: STATE: IF YES, ATTY ATTORNEY/REP ADDRESS: CITY: STATE: ZIP: PHONE: COUNTRY: CONSUL CODE: FOREIGN POSTAL ZONE: SELECT FILED BY: 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.	RCN2 (Y/N): _
MCS RECONSIDERATION REQUEST 2 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): IF YES, SPECIFY LANGUAGE: ATTORNEY/REP NAME: IF NO, LEGAL REFERRAL LIST TO CL (Y/N): IF YES, ATTY ATTORNEY/REP ADDRESS: CITY: STATE: ZIP: PHONE: COUNTRY: CONSUL CODE: FOREIGN POSTAL ZONE: SELECT FILED BY: 1 = APPELLANT 2=REP. DATE FILED: 07152015 DETER DATE BEING APPEALED: 07152015 TIMELY REQUEST (Y/N): YESPLANATION: EXPLANATION:	RCN2 (Y/N): _
MCS RECONSIDERATION REQUEST 2 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): IF YES, SPECIFY LANGUAGE: CITY: STATE: IF YES, ATTY ATTORNEY/REP ADDRESS: CITY: STATE: ZIP: PHONE: COUNTRY: CONSUL CODE: FOREIGN POSTAL ZONE: SELECT FILED BY: 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.	RCN2 (Y/N): _
MCS RECONSIDERATION REQUEST 2 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): IF YES, SPECIFY LANGUAGE: ATTORNEY/REP NAME: IF NO, LEGAL REFERRAL LIST TO CL (Y/N): IF YES, ATTY ATTORNEY/REP ADDRESS: CITY: STATE: ZIP: PHONE: COUNTRY: CONSUL CODE: FOREIGN POSTAL ZONE: SELECT FILED BY: 1 = APPELLANT 2=REP. DATE FILED: 07152015 DETER DATE BEING APPEALED: 07152015 TIMELY REQUEST (Y/N): YESPLANATION: EXPLANATION:	RCN2 (Y/N): _

Second level of an appeal is a Hearing. Below are Hearing screens

PCOM Session B	_ 8
Fle Edit View Communication Actions Window Help	
MCS HEARING REQUEST 1	HNG1
NH 268110009 ROBER KERN CL 268110009 ROBE	
CROSS REFERENCE SSN: BIC: SSN:	BIC:
APPELLANT (IF OTHER THAN CLMT OR REP):	
ADDRESS: 1234 MAIN ST	
CITY, CHICAGO STATE, II 71D, CASSI	PHONE:
	PHUNE:
COUNTRY: CONSUL CODE: FOREIGN POSTAL ZONE:	
BIC: A SPOUSE SSN: CASE TYPE: 1 1. INITIO	AI ENT
SELECT APPEAL CLAIM TYPE: 2	AL LIVI.
1=RSI RSI 5=SSI BLIND/TITLE II	SSBC
2=DISABILITY WORKER OR CHILD DIWC 6=SSI DISABILITY/TITE	
3=DISABILITY WIDOW (ER) DIWW 7=HEALTH INS ENT	HIE
4=SSI AGED/TITLE II SSAC 8=OTHER	2
HEARING REQUESTED (Y/N): Y	
REASON HEARING REQUESTED: I AM STILL NOT ABLE TO WORK	
REMOVE HERRING REGOLUTED.	
ADDITIONAL EVIDENCE (Y/N/F): N	
	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	_ = ×
le <u>E</u> dit <u>V</u> iew <u>C</u> ommunication <u>A</u> ctions <u>W</u> indow <u>H</u> elp	
MCS HEARING REQUEST 2	HNG2
NH 268110009 ROBER KERN CL 268110009 F	ROBER KERN
REQUEST ORAL HEARING (Y/N): Y REASON HEARING WAIVED:	
REPRESENTED (Y/N) : Y IF NO, LEGAL REFERRAL LIST TO CLMT	
ATTORNEY/REP NAME: <u>JAMES SMITH</u> 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: 071520	
DETER DATE BEING APPEALED: 07152015 TIMELY REQUEST (Y/N): Y	<u> </u>
SELECT IF NO,: _	
1=CLMT'S EXPLANATION 2=OTHER INFORMATION 3=BOTH 1 AND 2 AF	PPLY.
EXPLANATION:	
INTERPRETER (Y/N): N IF YES, SPECIFY LANGUAGE:	
A B	03/030
[5] Connected to remote server/host TN3270E.LB.SSA.GOV using lu/pool V3B30901 and port 32701 Le	