

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

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

MCS B 03/028

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PCOM Session B

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): IF NO, LEGAL REFERRAL LIST TO CL (Y/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

MCS B 03/021

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

PCOM Session B

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

MR B 04/042

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PCOM Session B

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: \_\_\_\_\_

MR B 03/030

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