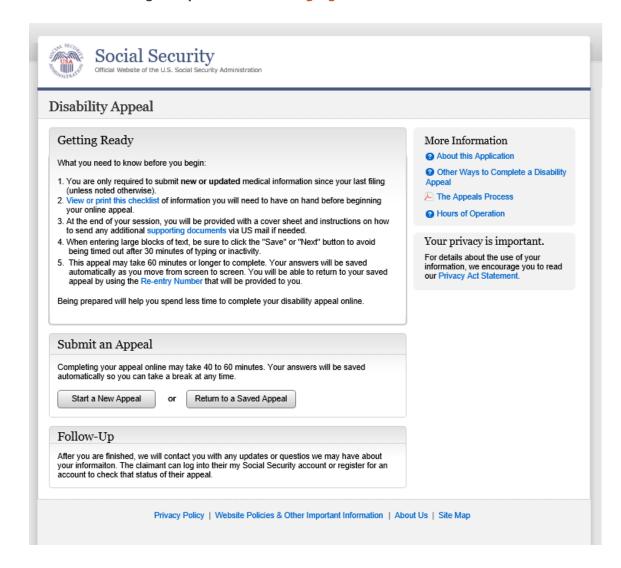
A. Section: Entry, Restart, and Exit Pages

1. Wlcm001* - Getting Ready Contains New Language



^{*}This is the screen identifier from SSA's ApPages documentation for the existing iAppeals Revitalization/Attachment Utility application.

2. New Screen - Terms of Service



Disability Appeal

Terms of Service

Social Security Administration

Electronic Appeals Terms of Service

You are able to request an appeal electronically by using this application and agreeing to the terms of service. To complete your appeal electronically, you must provide all of the information identified below. If you do not wish to complete your appeal request electronically, or you are unable to provide the information identified below within the appeal period, you may file your appeal request by mail or by visiting your local Social Security Office at "Other Ways to Complete Your Disability Appeal."

- · I have 60 days to request an appeal of the determination or decision on my claim. My 60 days starts 5 days after the date on my Notice of Decision. I can file my appeal request online, by mail, or by visiting the local Social Security office. I can find additional information about the appeal process at www.socialsecurity.gov under the Appeals Process key word search.
- If I wish to submit evidence after I have submitted my appeal request, I can find the address of where to submit the evidence at: www.socialsecurity.gov with the key word search Social Security Office Locator. I understand that in order for SSA to consider my evidence, I must submit the evidence before SSA makes a determination or decision on my appeal request.
- · Request for Reconsideration I understand that if I have evidence to submit, but I am not able to submit it at the time I submit my appeal request, I must indicate so on my appeal request. If SSA sends me a notice that requests the evidence, I understand that I have 15 days to submit it. If I do not submit my evidence within 15 days of the date on the notice, SSA will start processing my appeal request without it. I understand that in order for SSA to consider my evidence, I must submit it before SSA makes a determination on my appeal request.
- · I must select "Submit Appeal" on the Attach Files page within the application in order to file my appeal request with SSA. If I exit the application before selecting "Submit Appeal," my appeal request is not complete and will not be processed.

SSA needs the following Information to complete an electronic appeal:

Claimant's Information

- · Date of Notice of Decision, Name.
- Social Security number,
- · Date of birth,
- · Mailing address,
- · Phone number, and
- Valid email address

Third Party Information

- · Representative's name.
- Address, and
- Phone number.

Medical Information (You may want to refer to your medical records and have your medicine containers available)

- · Name, address, and phone number of a friend or relative who knows about your medical condition.
- Description of any change to your medical condition and any new medical conditions.
 Name, address, phone number, and visit dates of all health care providers, type of treatments, and tests since you last gave us medical
- evidence.

 Name of any medicine (prescription or over-the-counter) you are currently taking, why you are taking it, any side effects, and the name of the doctor who recommended or prescribed the medicine.

 Description of any change in your daily activities, work, and education.

Submitting Evidence

- I understand that I must inform SSA about or submit all evidence known to me that relates to whether or not I am disabled or blind.
- · Evidence is anything that I submit, that anyone else submits, or that SSA obtains that relates to my claim. Evidence includes treatment notes and medical opinions, which are statements from medical sources about what I can still do despite my impairment(s)
 - If I am unable to submit evidence at the time of my electronic appeal request, I will indicate that "I have additional evidence to submit
 that is not electronic" in the "I do not agree with the determination made on the above claim and request reconsideration. My
 - · If I wish to submit paper evidence to be considered with my appeal request I can find the address at: www.socialsecurity.gov key
- . I understand that once I submit my appeal electronically:
 - · I will receive an on-screen confirmation that my request has been submitted as well as an email confirmation, if an email address
 - · SSA will provide a cover sheet, which can be printed and used to submit any evidence that I want SSA to include with my appeal
 - · If I indicated in my appeal request that I have additional evidence or SSA needs additional information, a Social Security representative may contact me by email, phone, or mail.

I understand that:

I can re-enter this application if:

- · I received a Re-entry number;
- I did not submit my current appeal request; and
 My appeal period has not expired.

I cannot re-enter this application if

- · I did not receive a re-entry number;
- The appeal period has expired; or
- I already submitted an appeal request on the determination or decision that I am attempting to appeal;
 Note: If I want to add additional information to or change submitted information. I will contact or mail. fax. or deliver paper copies of my evidence to my local Social Security office.

If I would like a receipt for my appeal request:

- · I can log into my Social Security account.
- Register for an account to check the status of my appeal, or
 Contact my local Social Security office and request a receipt.

What happens if you provide false information or misuse this service?

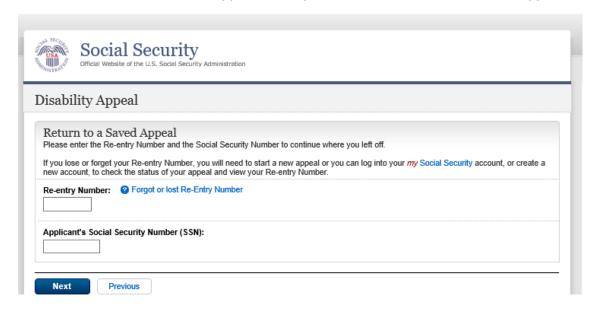
You may be subject to criminal or civil penalities, or both, if you provide false or misleading statements to sign-in or request an appeal or engage in unauthorized use of this service.

* I agree to the Terms of Service.

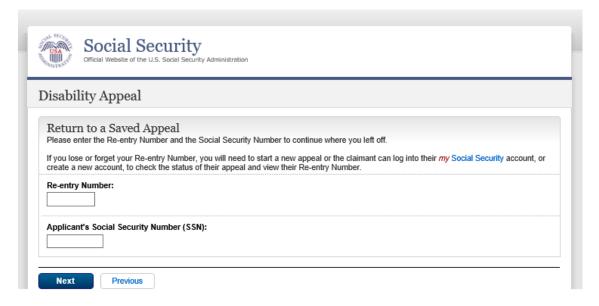
Next

Exit

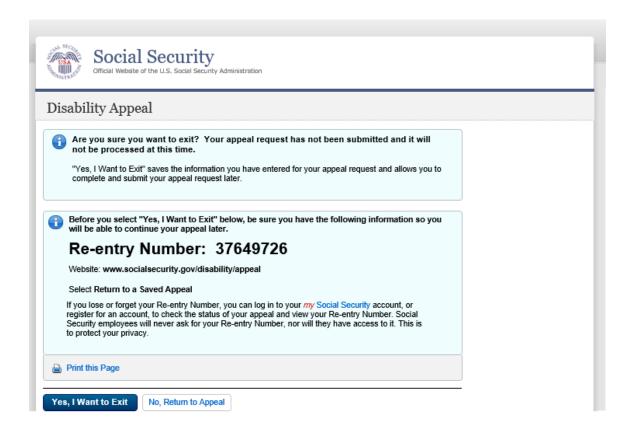
3. New Screen - Return to a Saved Appeal 1st Party (was Rtrn001 - Return to a Saved Appeal)



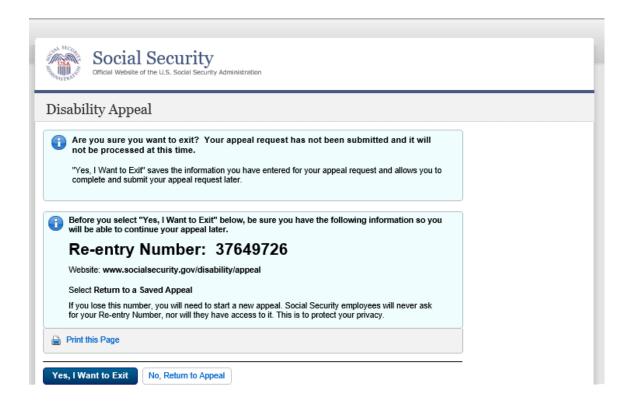
4. New Screen - Return to a Saved Appeal 3rd Party (was Rtrn001 - Return to a Saved Appeal)



5. New Screen – Save and Exit – 1st Party (was Exit 001 – Save and Exit)

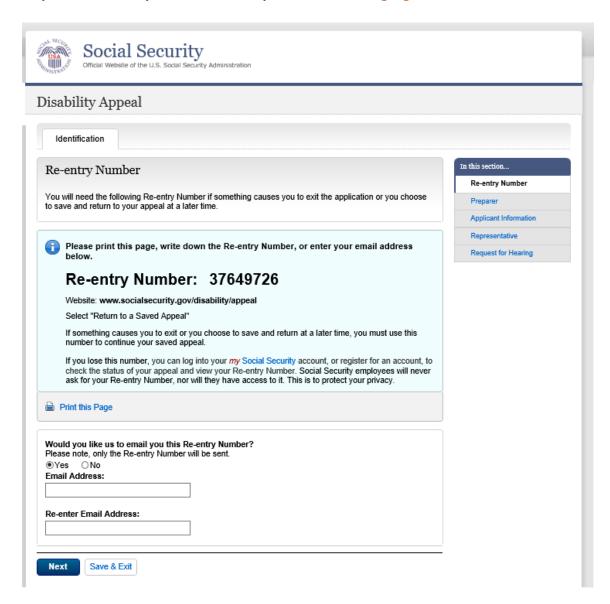


6. New Screen – Save and Exit – 3rd Party (was Exit 001 – Save and Exit)

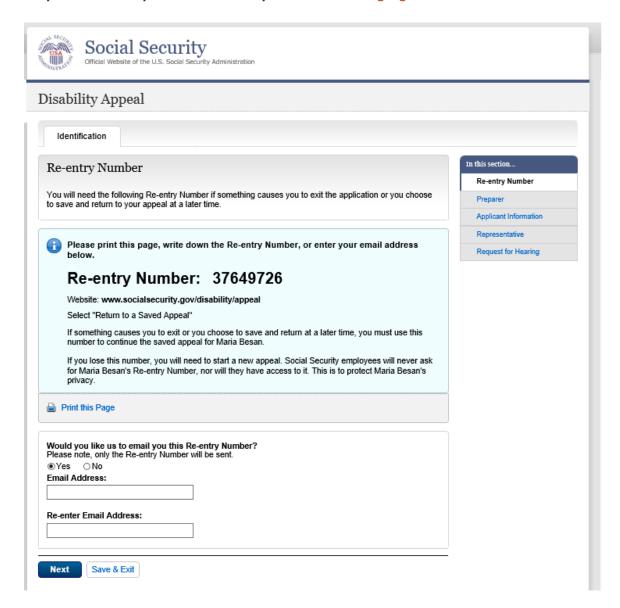


B. Section: Identification Pages

7. Rtry001-01 - Reentry Number - 1st Party Contains New Language



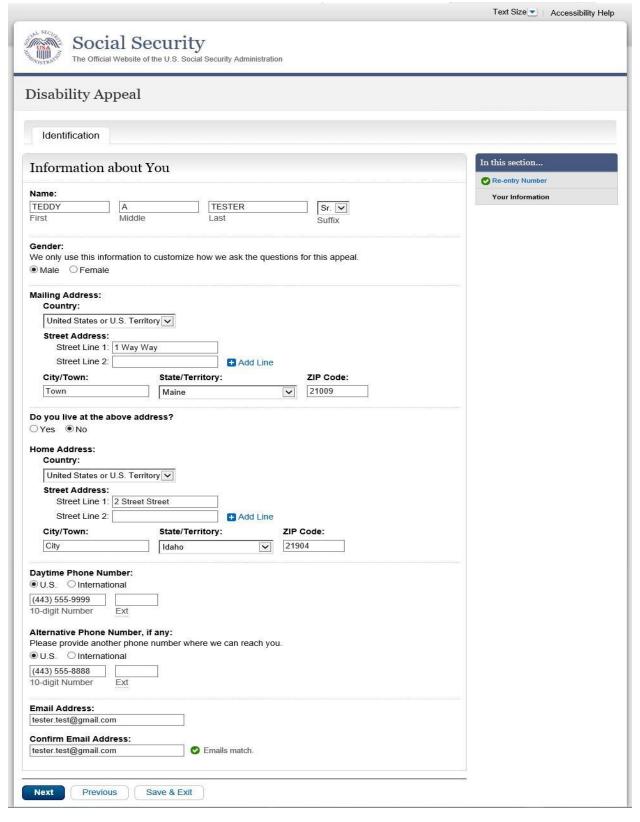
8. Rnty001-3 - Reentry Number - 3rd Party Contains New language



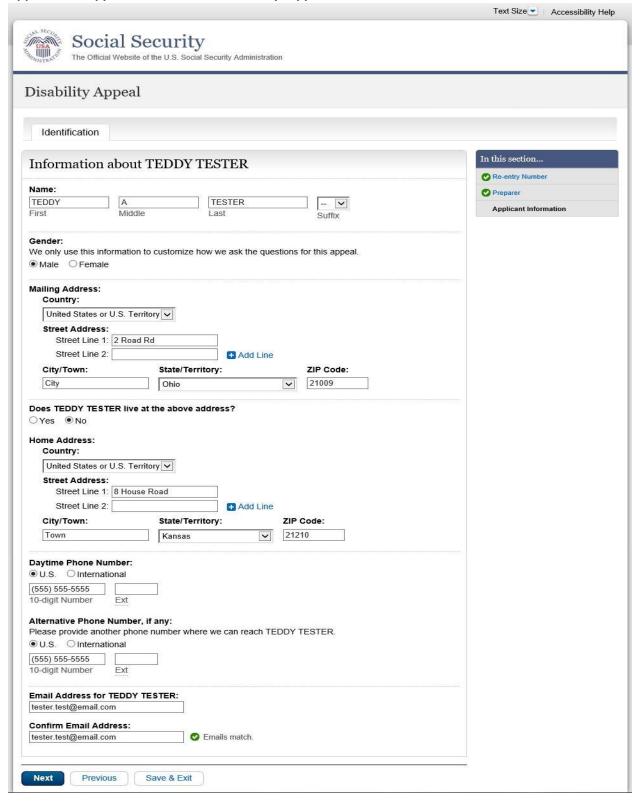
9. Frmc001 - Preparer, Identification 3rd Party: Form Completer: Preparer's Info



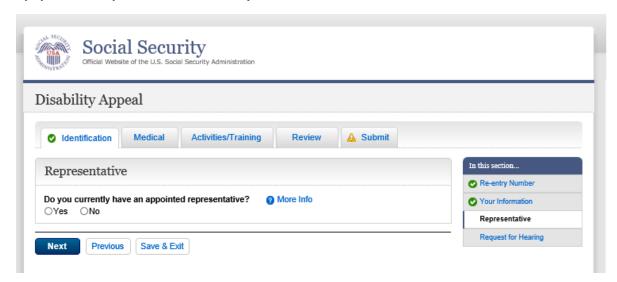
10. Appd001-1 - Your Information 1st Party: Applicant Information



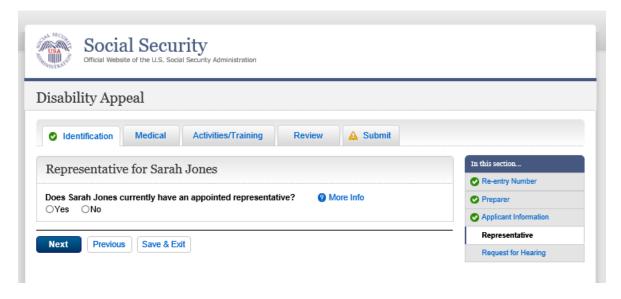
11. Appd001-3 - Applicant Information 3rd Party: Applicant Information



12. Rpnp001-1 – Representative – 1st Party Contains New Tab



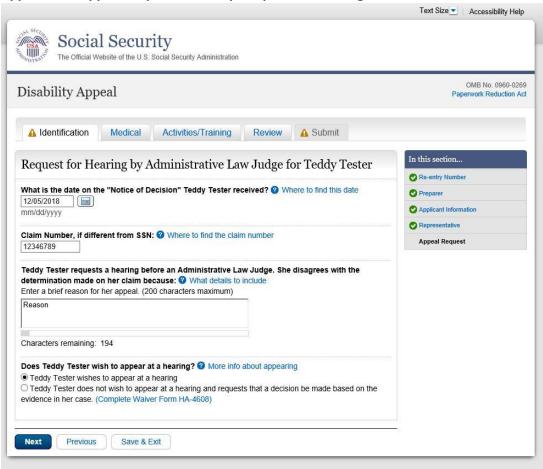
13. Rpnp001-3 – Representative – 3rd Party Contains New Tab



14. Appl001hr-1 Appeal Request 1st Party: Request for Hearing



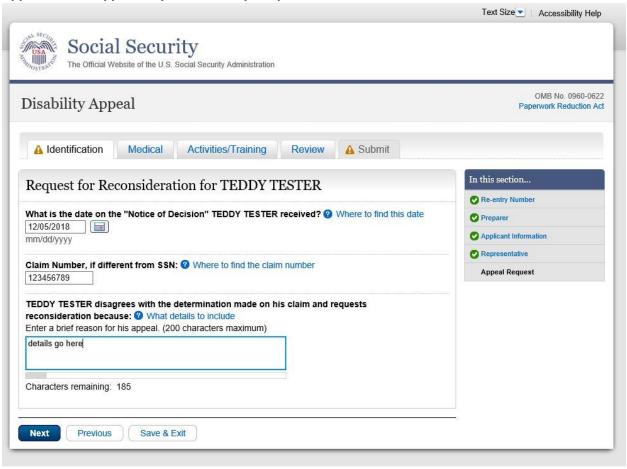
15. Appl001hr-3 Appeal Request 3rd Party: Request for Hearing



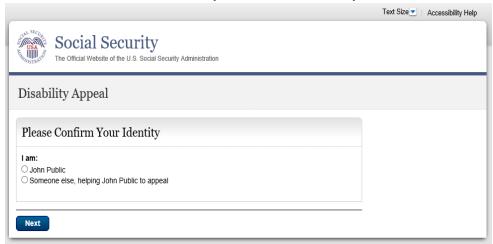
16. Appl001rec-1 - Appeal Request 1st Party: Request for Reconsideration



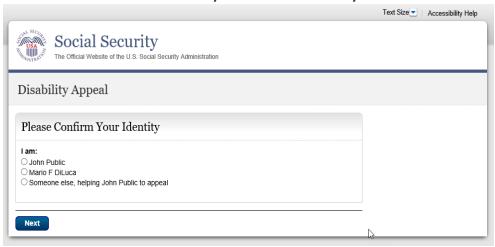
17. Appl001rec-3 - Appeal Request 3rd Party: Request for Reconsideration



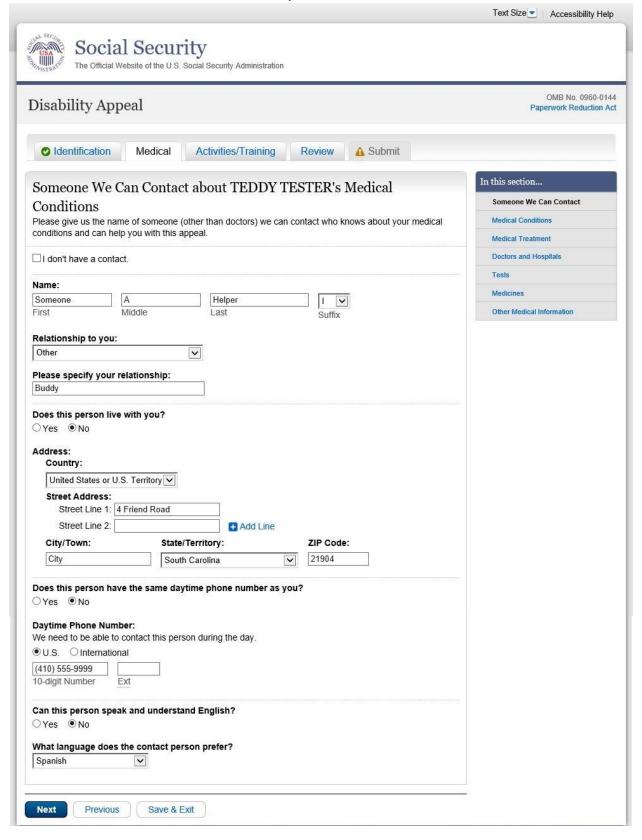
18. Cfid001-1 - Who Are You? 1st Party: Confirm Your Identity



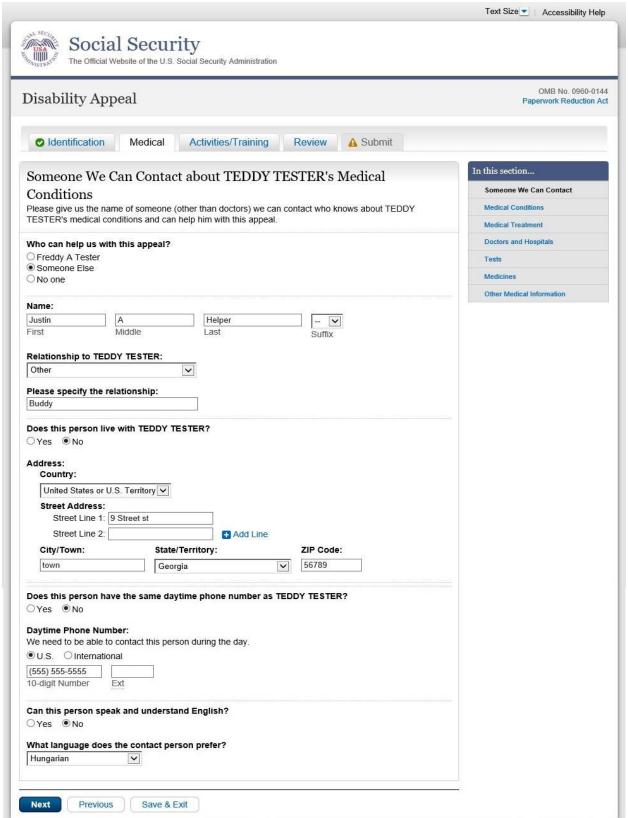
19. Cfid001-3 - Who Are You? 3rd Party: Confirm Your Identity



20. Cnti001-1 - Someone We Can Contact 1st Party: Contact Information

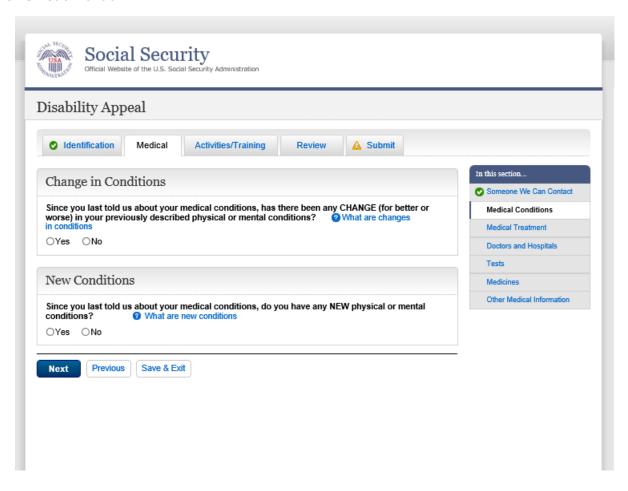


21. Cnti001-3 - Someone We Can Contact 3rd Party: Contact Information

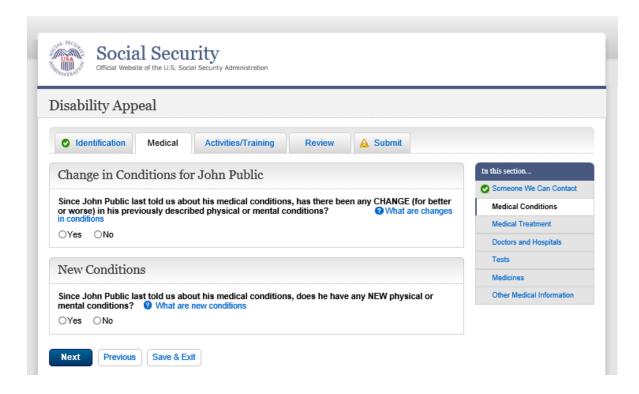


C. Section: Medical Pages

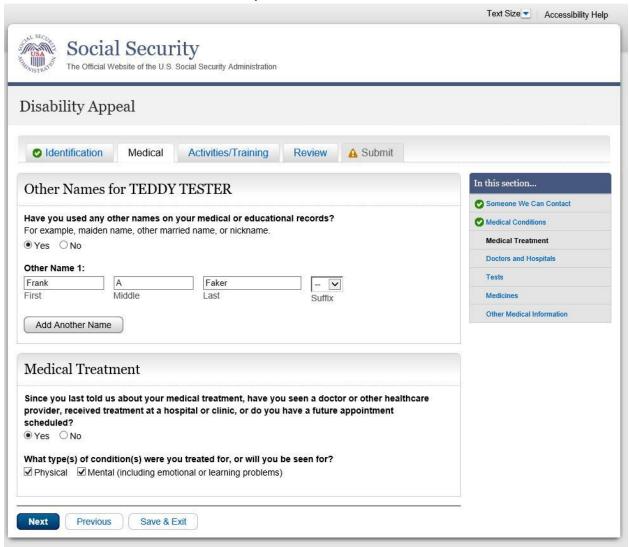
1. Cicd001-1 – Medical Conditions – 1st Party Change in Medical Conditions Contains New Language and new Submit Tab



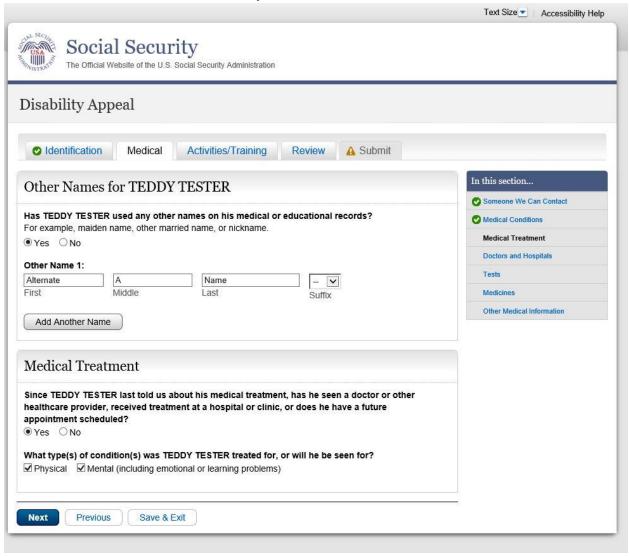
2. Cicd001-3 – Medical Conditions – 3rd Party Change in Medical Conditions Contains New Language and new Submit Tab



3. Nmed001-1 - Medical Treatment 1st Party: Medical Treatment



4. Nmed001-3 - Medical Treatment 3rd Party: Medical Treatment



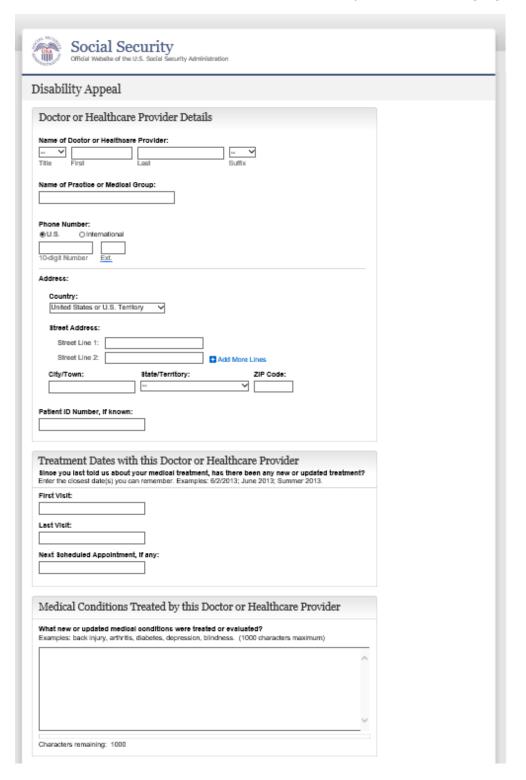
5. Doho001-1 – Doctors and Hospitals – 1st Party Contains New Submit Tab



6. Doho001-3 – Doctors and Hospitals – 3rd Party Contains New Submit Tab

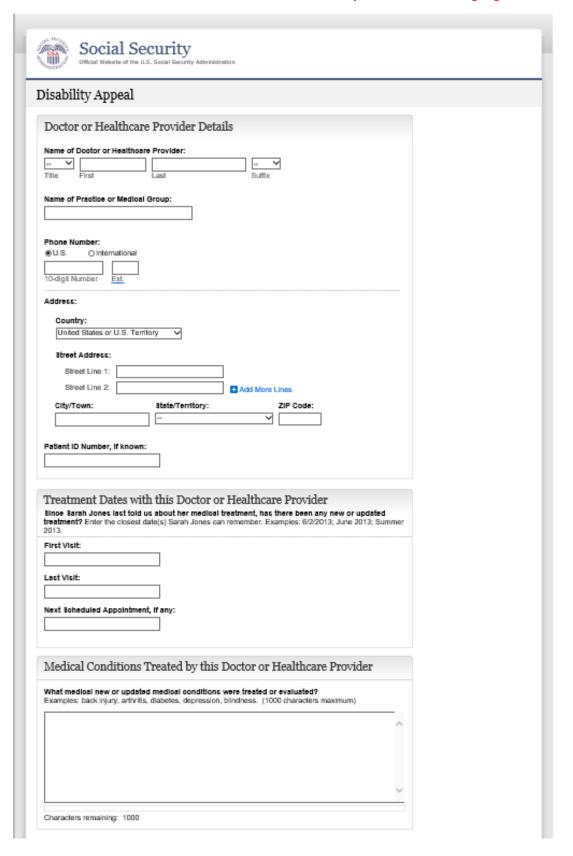


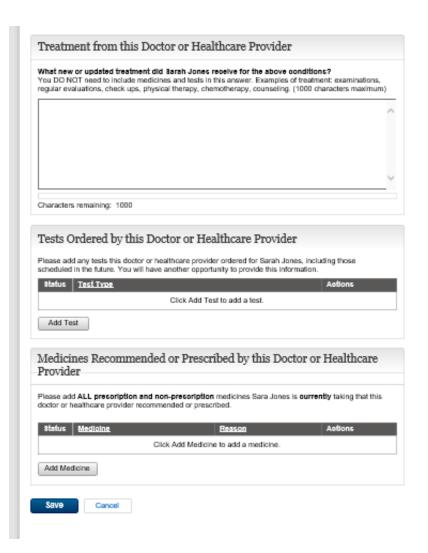
7. Doct002-1 - Doctor or Healthcare Provider Details - 1st Party Contains New Language



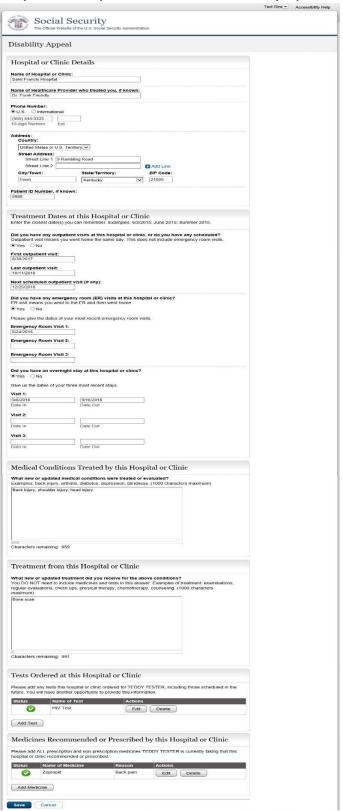


8. Doct002-3 – Doctor or Healthcare Provider Details – 3rd Party Contains New Language

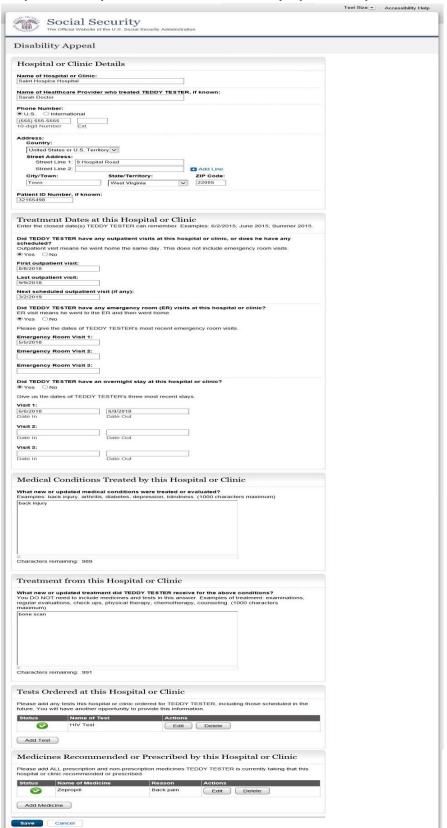




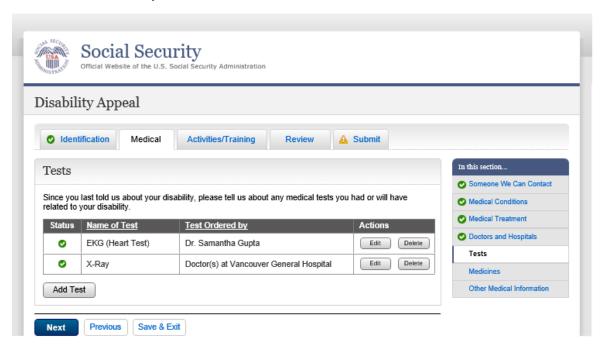
9. Hosp002-1 - Hospital or Clinic Details 1st Party: Specific Hospital Detailed Information



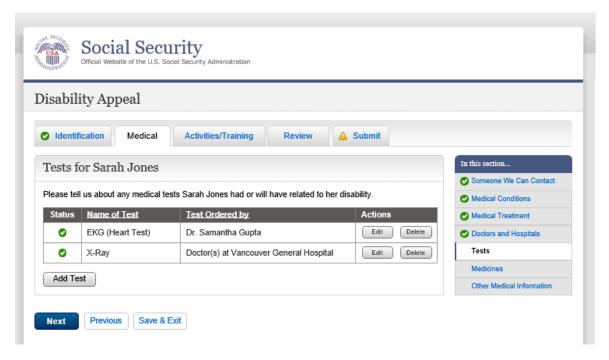
10. Hosp002-3 - Hospital or Clinic Details 3rd Party: Specific Hospital Detailed Information



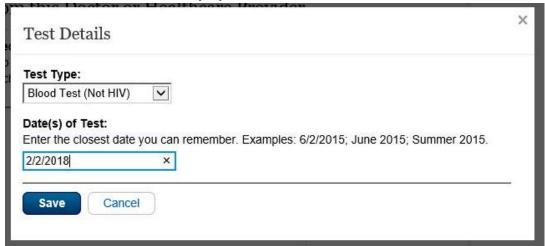
11. Test001-1 - Tests - 1st Party Contains New Submit Tab



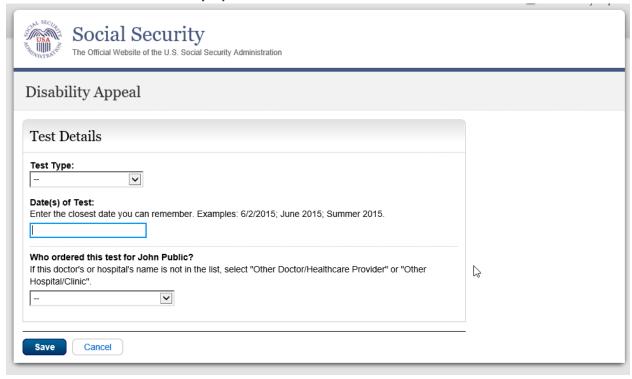
12. Test001-3 – Tests – 3rd Party Contains new Submit Tab



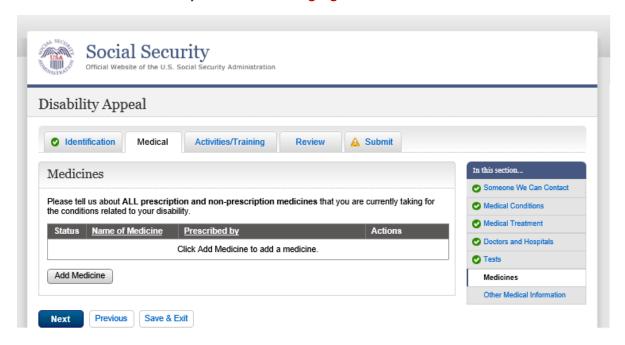
13. Test002-1 - Test Details 1st Party: Specific Test Detailed Information



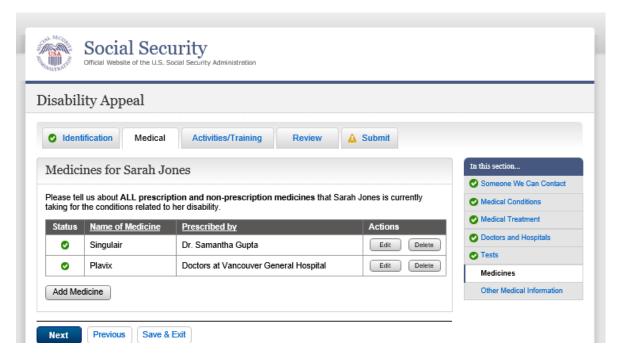
14. Test002-3 - Test Details 3rd Party: Specific Test Detailed Information



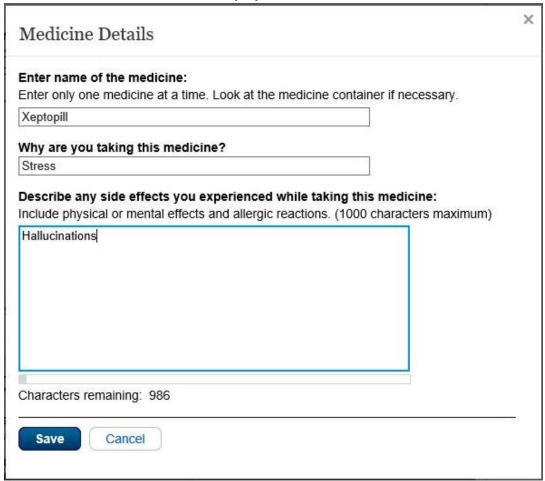
15. Medi001-1 - Medicines- 1st Party Contains New Language and Submit Tab



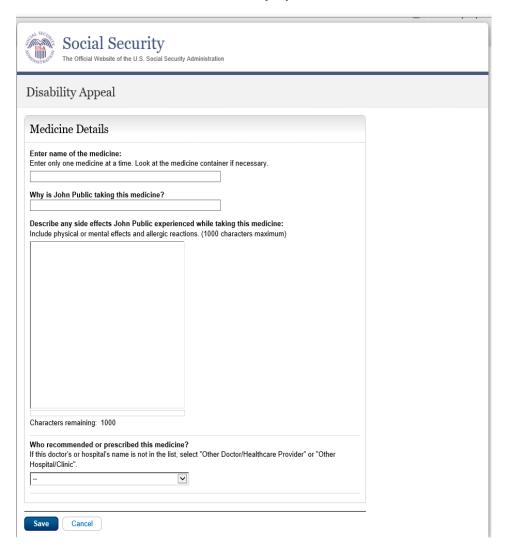
16. Medi001-3 – Medicines – 3rd Party Contains New Language and Submit Tab



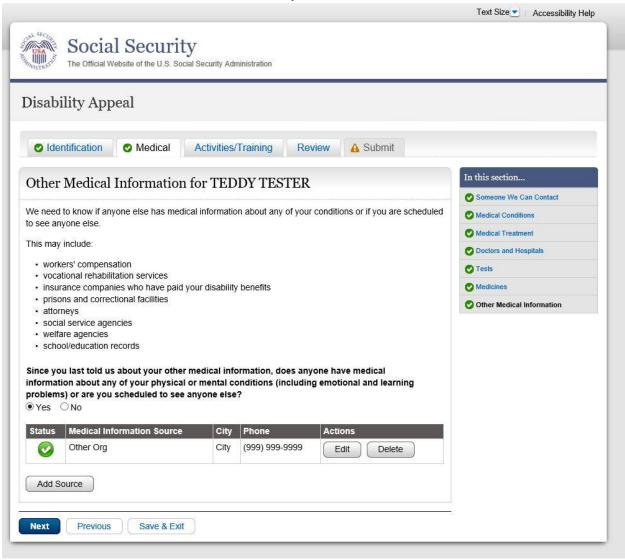
17. Medi002-1 - Medicine Details 1st Party: Specific Medicine Detailed Information



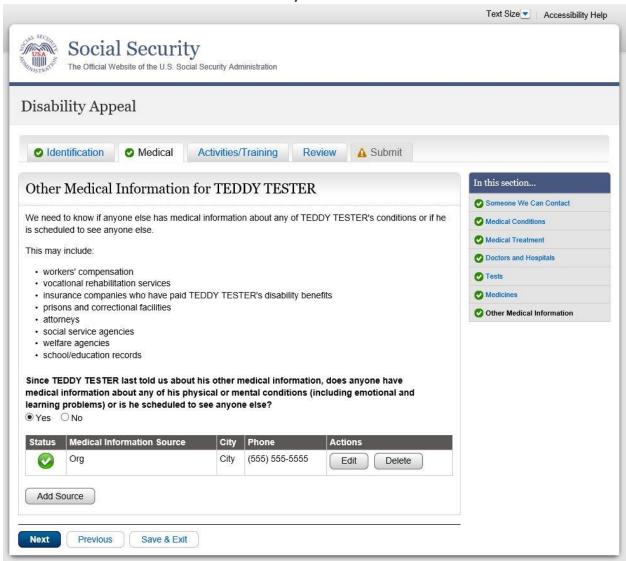
18. Medi002-3 Medicine Details 3rd Party: Specific Medicine Detailed Information



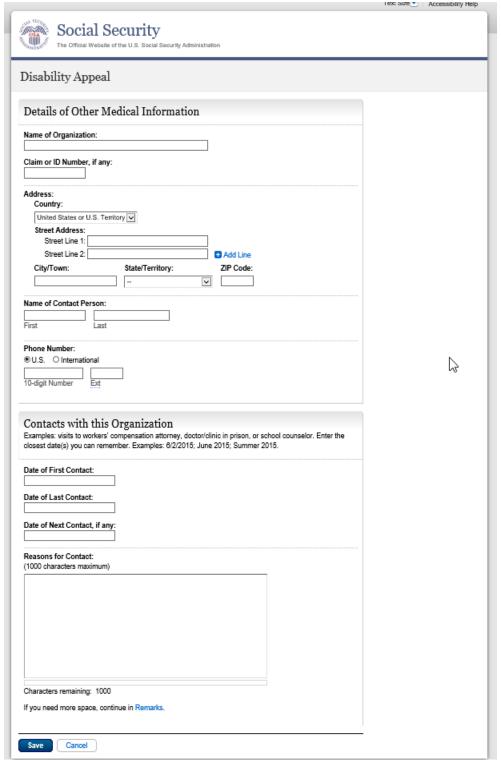
19. Othr001-1 - Other Medical Information 1st Party: Other Medical Records



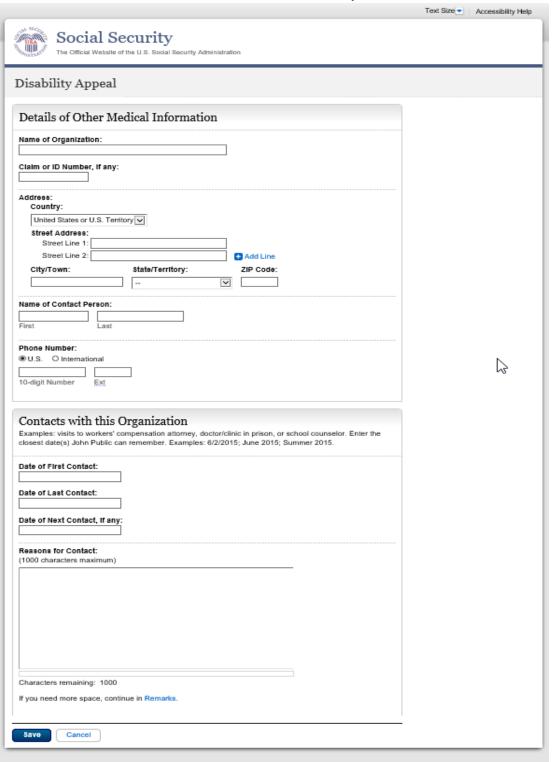
20. Othr001-3 - Other Medical Information 3rd Party: Other Medical Records



21. Othr002-1 - Details of Other Medical Information 1st Party: Details of Other Medical Information



22. Othr002-3 - Details of Other Medical Information 3rd Party: Details of Other Medical Information



D. Section: Activities/Training

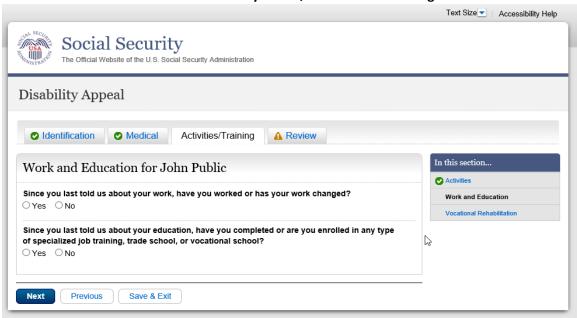
1. Actv001-1 - Activities 1st Party: Activities



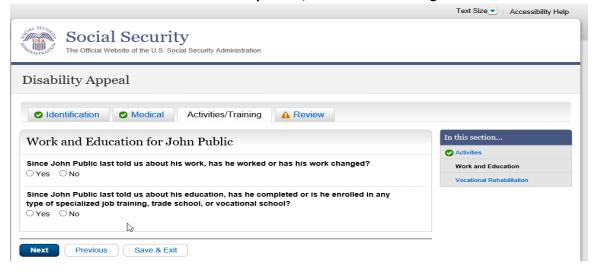
2. Actv001-3 - Activities 3rd Party: Activities



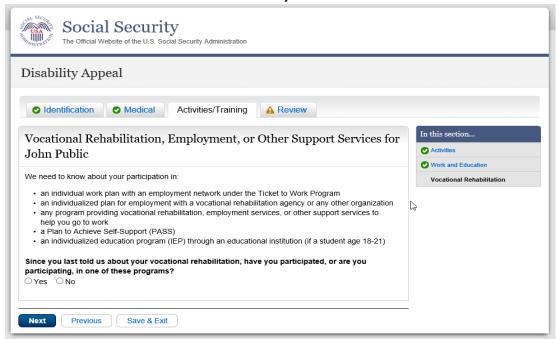
3. Wetr001-1 - Work and Education 1st Party: Work, Education & Training



4. Wetr001-3 Work and Education 3rd Party: Work, Education & Training



5. Voct001-1 - Vocational Rehabilitation 1st Party: Vocational Rehabilitation

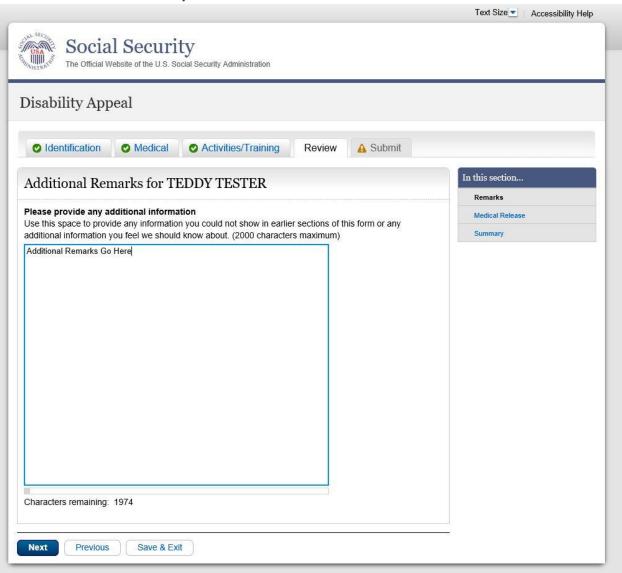


6. Voct001-3 - Vocational Rehabilitation 3rd Party: Vocational Rehabilitation



E. Section: Review and Submit Pages

1. Rmks001-1 - Remarks 1st Party: Remarks



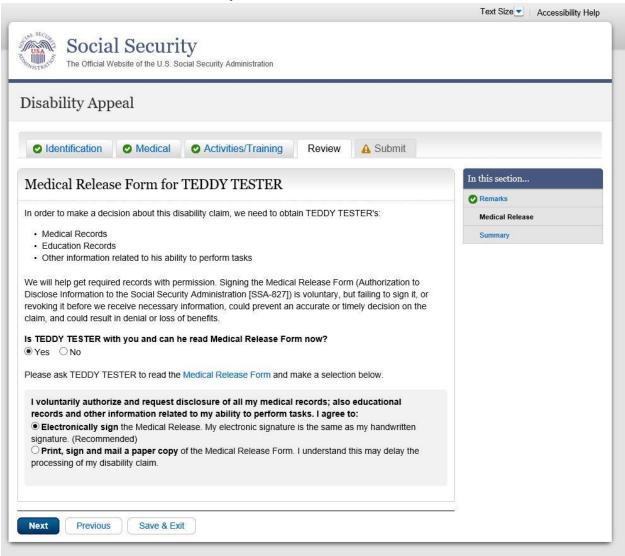
2. Rmks001-3 - Remarks 3rd Party: Remarks



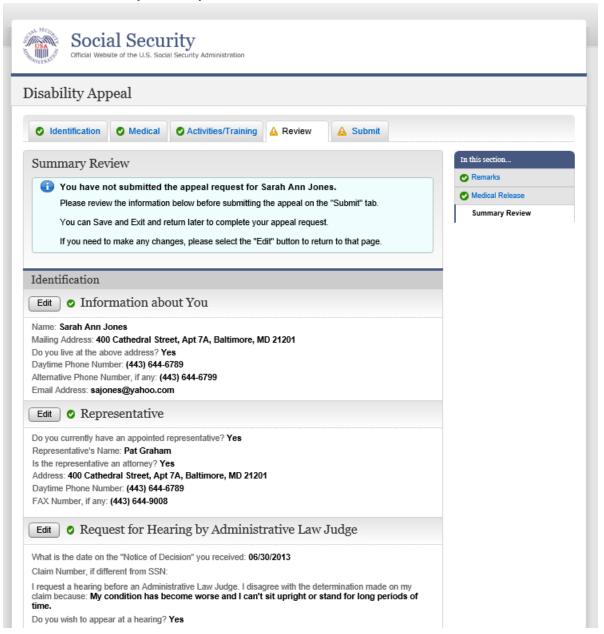
3. Mdrf001-1 - Medical Release 1st Party: Medical Release Form



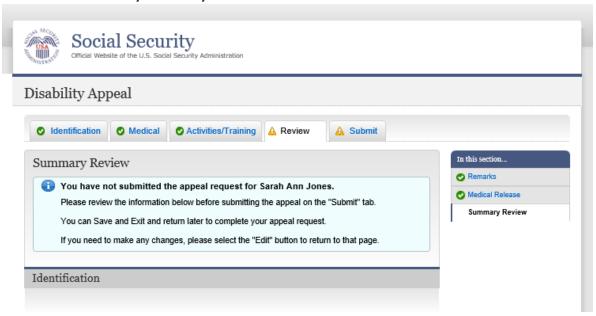
4. Mdrf001-3 - Medical Release 3rd Party: Medical Release Form



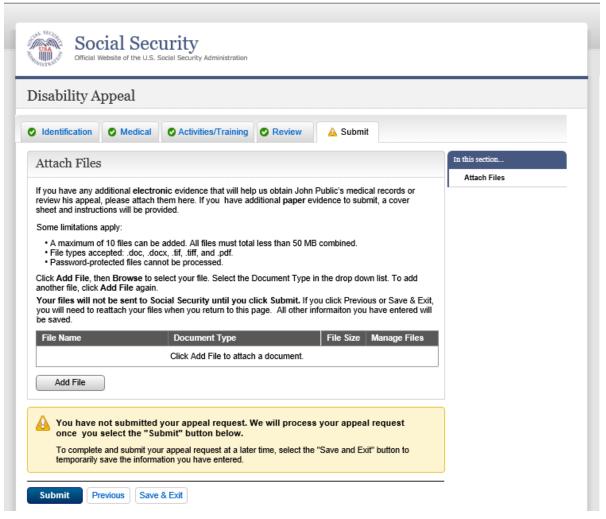
5. Revw001-1 - Summary - 1st Party Contains New Information Box and Submit Tab



6. Revw001-3 – Summary – 3rd Party Contains New Information Box and Submit Tab



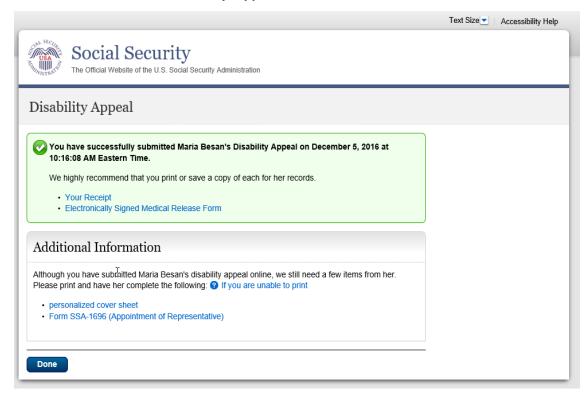
7. Flup001 – Attach Files Contains New "Submit" Tab and Warning Notice



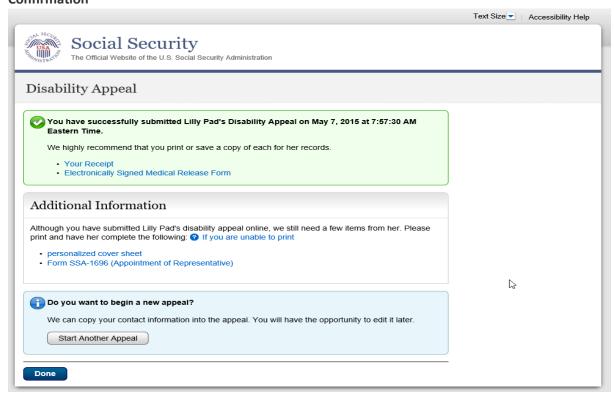
8. Conf001-1 - Confirmation 1st Party: Application Submission Confirmation



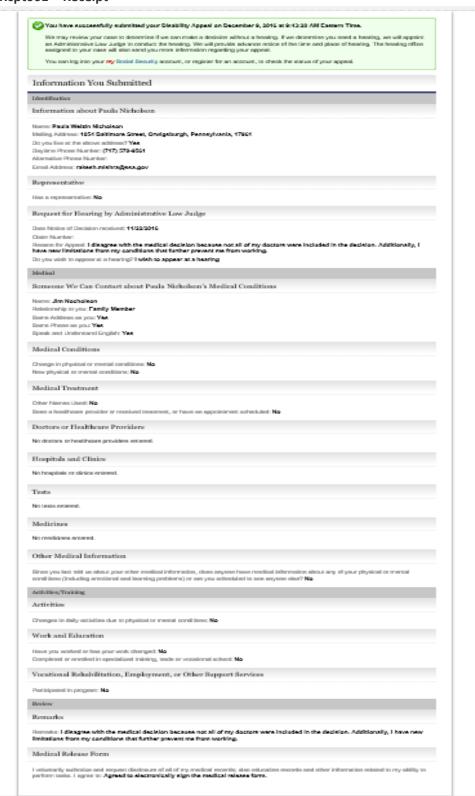
9. Conf001-3 - Confirmation 3rd Party: Application Submission Confirmation



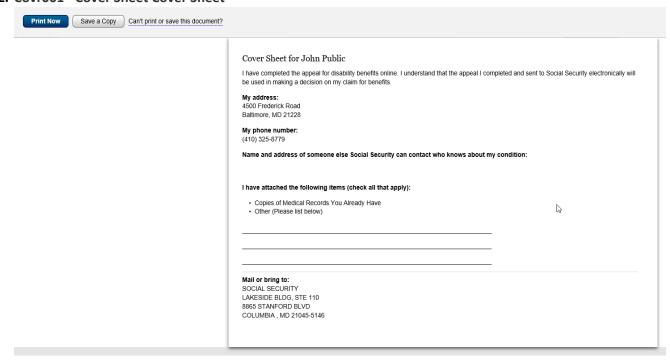
10. Conf001-3-Rep Confirmation 3rd Party - Appointed Representative: Application Submission Confirmation



11. Rcpt001 - Receipt

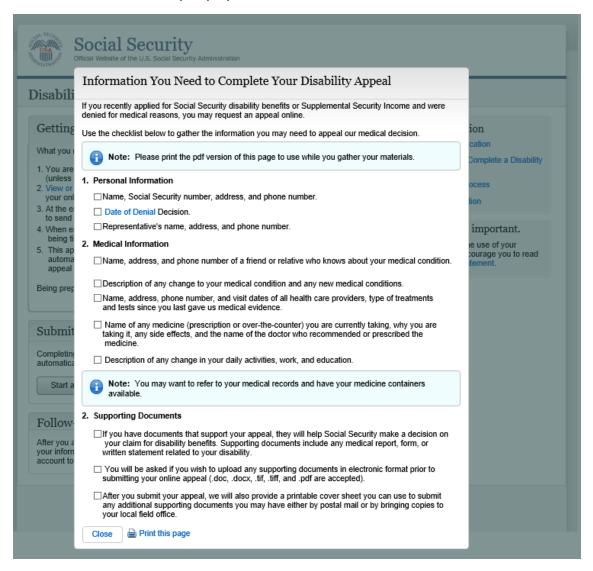


12. Covr001 - Cover Sheet Cover Sheet

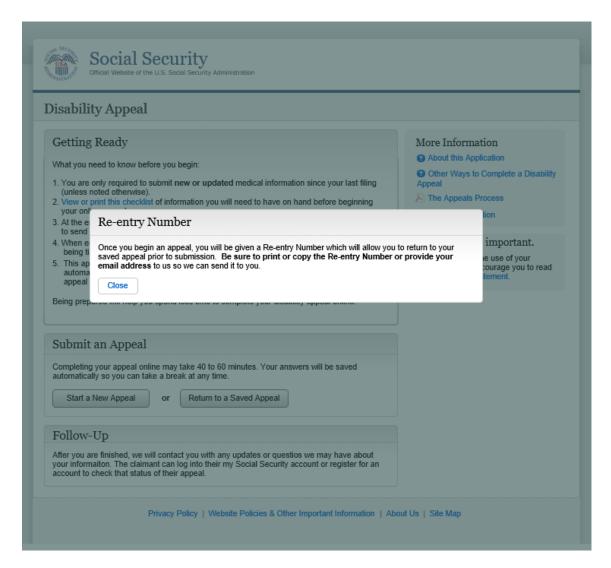


Section: Lightboxes

1. NEW Screen - Checklist Help Pop-up



2. New Screen - Re-entry Number Help Pop-up



3. New Screen - Forgot or Lost Re-entry Number Help

Forgot or Lost Re-entry Number If you have lost or forgotten your Re-entry Number, you can retrieve it by creating or signing into your my Social Security account. Your Re-entry Number can be retrieved by clicking the "Get Re-entry Number" link found in the "Your Benefit Applications" table. Close