

New Screen – Terms of Service



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

Disability Appeal

Terms of Service

Social Security Administration

Electronic Appeals Terms of Service

You are able to request a reconsideration or hearing with an Administrative Law Judge electronically by using this application and agreeing to the terms of service.

Note: A third party can provide this request on behalf of the claimant, but the third party must still agree to the terms below.

The Social Security Administration needs the following information to complete an electronic appeal request:

Claimant's Information

- Date on the Notice with the initial or reconsideration determination that you are appealing,
- Name,
- Social Security number,
- Date of birth,
- Mailing address, and
- Phone number.

Third Party Information, if applicable

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

Medical/Other Information, if applicable (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.

If you do not wish to complete your appeal electronically, or you are unable to provide all of the information required for an electronic appeal within the 60-day appeal period, you may file your appeal request by mail or by visiting your local Social Security Office within this same appeal period. Visit www.ssa.gov/hlp/iappeals/other-ways.htm to learn other ways to complete your disability appeal.

I Acknowledge:

- **I have 60 days to request an appeal of the determination on my claim. My 60 days starts 5 days after the date on my Notice of Disapproved Claim or Notice of Reconsideration.** I can file my appeal request online, by mail, or by visiting the local Social Security office. I can visit www.ssa.gov/benefits/disability/appeal.html to find additional information about the appeal process.
- I must inform the Social Security Administration 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 the Social Security Administration 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 wish to submit evidence after I have submitted my appeal request, I can use www.ssa.gov/locator to find my local Social Security office and its business hours. I understand that in order for the Social Security Administration to consider my evidence, I must submit the evidence before the Social Security Administration makes a determination or decision on my appeal request.
- Appeal Level
 - 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 should write, “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 reasons are:” section.

If the Social Security Administration sends me a notice that requests the evidence, I understand that I have 15 days to submit it before the Social Security Administration will start to process my request for reconsideration. I understand that once the 15 days expires, I still must inform the Social Security Administration about or submit any additional evidence.
 - Request for Hearing by Administrative Law Judge – I understand that if I have additional evidence to submit, but I am not able to submit it at the time I submit my appeal request, I can indicate on my appeal request that I have more evidence and can provide the name and sources of the additional evidence. I understand that I must inform the Social Security Administration about or submit any additional evidence no later than 5 business days before the date of my hearing.

- I must select the “Submit” button within the Submit tab to file my appeal request with the Social Security Administration. **If I exit the application before selecting the “Submit” button, my appeal request will not be completed or processed.**
- Once I submit my appeal request electronically:
 - I will receive an on-screen confirmation that my appeal request has been submitted. I will also receive an email confirmation if an email address was provided.
 - The Social Security Administration will provide a cover sheet, which I can print and use to submit any evidence that I want the Social Security Administration to include with my appeal request.
 - If I indicated in my appeal request that I have additional evidence or the Social Security Administration needs additional information, a Social Security representative may contact me by email, phone, or mail.
- I **can** re-enter this application if:
 - I receive a Re-entry number;
 - I do not submit my current appeal request; and
 - My appeal period has not expired.
- I **cannot** re-enter this application if:
 - I do not receive a re-entry number;
 - The appeal period has expired; or
 - I already submitted an appeal request on the determination or that I am attempting to appeal.
- If I want to add additional information to or change submitted information, I will mail, fax, or deliver paper copies of my evidence to my local Social Security office.
- I can obtain a receipt for my appeal request by accessing my Social Security account at www.socialsecurity.gov/myaccount, or by contacting my local Social Security office.

I understand that I may be subject to criminal or civil penalties, or both, if I provide false or misleading statements, engage in unauthorized use of this system, or otherwise misuse this system.

CHECK BLOCK HERE I agree to the Terms of Service.

Privacy and Security OMB No. 0960-0622

[Privacy Policy](#)

[Privacy Act Statement](#)


[Accessibility Help](#)

* I agree to the Terms of Service.

Next

Exit

Attach Files Contains New "Submit" Tab and Warning Notice



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

Disability Appeal

✔ Identification ✔ Medical ✔ Activities/Training ✔ Review ⚠ Submit

Attach Files

If you have any additional electronic evidence that will help us obtain John Public's medical records or review his appeal, please attach them here. If you have additional paper evidence to submit, a cover sheet and instructions will be provided.

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.

Click **Add File**, then **Browse** to select your file. Select the Document Type in the drop down list. To add another file, click **Add File** again.

Your files will not be sent to Social Security until you click Submit. If you click **Previous** or **Save & Exit**, you will need to reattach your files when you return to this page. All other information you have entered will be saved.

File Name	Document Type	File Size	Manage Files
Click Add File to attach a document.			

⚠ You have not submitted your appeal request. We will process your appeal request once you select the "Submit" button below.

To complete and submit your appeal request at a later time, select the "Save and Exit" button to temporarily save the information you have entered.
