

## 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 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 Acknowledge:

- 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](http://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](http://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 reasons are:" section.
  - If I wish to submit paper evidence to be considered with my appeal request I can find the address at: [www.socialsecurity.gov](http://www.socialsecurity.gov) key word search [Social Security Office Locator](#).
- 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 was provided.
  - 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 request.
  - 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 penalties, 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

# Attach File: No Files Added and Submit Button

Text Size | Accessibility Help



## Social Security

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

### Disability Appeal

#### Attach Files for Sarah Jones

If you have any additional forms or electronic evidence that will help us obtain your medical records or 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.

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 processed by 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 file.			

Add File

**Submit** Previous Save & Exit