

Electronic Appeals Instructions and Terms of Service

Please read these instructions carefully, as they directly relate to your ability to complete this form.

The Social Security Administration uses the *iAppeals* portal both to enable individuals to submit requests for appeals electronically, as well as to provide an electronic platform for submitting additional evidence. Although we consider these submissions distinct processes that have different legal timelines, you must submit a request for reconsideration/or request for hearing within 60 days of the date you receive the written notice of the initial reconsideration or determination, unless we extend the deadline based on a showing that you had good cause for missing it. If you submit a request for reconsideration, there is no set deadline to inform us about, or submit, additional evidence, but in order for us to consider the evidence, you must submit it before we make a determination on your request for reconsideration. If you submit a request for hearing, you generally must inform us about, or submit, additional written evidence no later than five business days before your hearing.

However, at this time the *iAppeals* system does not have the technical ability to let you submit your request for appeal and then return to the *iAppeals* system at a later point to submit your medical evidence.

We recognize that there are many individuals who may wish to submit a request for an appeal, but do not yet have all of their evidence prepared for submission. Because of the current technical limitations of the *iAppeals* system, these individuals should take the following action within *iAppeals*:

1. Begin by entering all relevant information requested under the "Identification" tab during the initial pages of *iAppeals*.
2. On the last page of the "Identification" tab, you will see a screen that says "Request for Reconsideration" or "Request for Hearing by Administrative Law Judge." There will be a text box that will say, in part, "enter a brief reason for your appeal." Please write in the box "I would like to request an appeal but do not wish to provide evidence at this time." You can then write in the box a brief reason for appealing (if needed, there is additional space toward the final pages of the *iAppeals* system under "Additional Remarks").
3. You will then need to click "Next" multiple times to bypass *iAppeals* screens related to Medical Information, Activities/Training, and uploading documents. You should still review the screens related to "Medical Release Form" and "Summary Review." You will then be able to click "Submit" to submit your appeals request.
4. If you want to provide additional evidence following your *iAppeals* submission, you will need to mail, or fax paper copies of your evidence to your local Social Security Office, or contact us for other options regarding submission of evidence.
5. **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 contacting your local Social Security Office within this same 60-day appeal period. Visit www.ssa.gov/hlp/iappeals/other-ways.htm to learn other ways to complete your disability appeal.

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,
- Phone number, and
- Email address.

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.

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 follow the instructions described above.
 - 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 that relates to whether or not I am disabled or blind.

- 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 should follow the instructions described above.
- 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 additional evidence .
 - 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 received 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 that I am attempting to appeal.
- If I want to add additional information to or change submitted information, I will mail, fax, or contact my local Social Security Office for other options regarding submission of evidence.
- I can obtain a receipt for my appeal request by accessing my Social Security account at www.ssa.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.