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.

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PCOM Session B                                                          _ □ X
File  Edit  View  Communication  Actions  Window  Help

 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

MA   B                                                        03/028
 Connected to remote server/host TN3270E.LB.SSA.GOV using lu/pool V3B30901 and port 32701    Lexmark E460dn (MS) on Ne02:
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PCOM Session B                                                          _ □ X
File  Edit  View  Communication  Actions  Window  Help

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

MA   B                                                        03/021
 Connected to remote server/host TN3270E.LB.SSA.GOV using lu/pool V3B30901 and port 32701    Lexmark E460dn (MS) on Ne02:
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Second level of an appeal is a Hearing. Below are Hearing screens

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

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: _____