



**SCREEN PACKAGE DOCUMENT (SCREENSHOTS ONLY)**  
**OAO IAPPEALS NON-MEDICAL:**  
**INTERNET VERSION 1.1**



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## 1. Design Screen Package Document Version Information


The first release of this design **Screen Package document** as a project deliverable is numbered 1.0.

Subsequent revisions are numbered 1.1, 1.2, 1.3, etc. Content revisions are listed below with corresponding page numbers.

| <i>Version Number</i> | <i>Date</i> | <i>Content Revisions</i>   | <i>Page Number</i>  | <i>Revised by</i> |
|-----------------------|-------------|--|---|-------------------|
| 1.0 (First Release)   | 08/16/2017  | Primary Author and Contact: Michelle Moses-Yearwood<br><br>Secondary Contacts: OAO iAppeals Non-Medical UX Team (Sheila Y. Lee, Elizabeth Solovyeva, Anne Gonnella, Robyn Chester)   |   |                   |
| 1.1 (First Revision)  | 08/25/2017  | Updated the wording on “Information You Need” page.<br><br>Updated wording on “Notice of Decision” page.<br><br>Updated the “SSA Program Title” drop list.<br><br>Replaced screenshot for “Attach Files 1st Party”<br><br>Updated the “Document Type” drop down list.<br><br>Moved Help popup messages closer to their parent pages.<br><br>Added screens for error messages | 6<br><br>9, 10<br><br>25<br><br>28<br><br>30<br><br>6, 7, 25, 26<br><br>44-49 | ES                |
| 1.2 (Second Revision) |             |  |   |                   |
| 1.3 (Third Revision)  |             |  |   |                   |

## 2. Initial Screen

### 2.1. Getting Ready



# Social Security

Official Website of the U.S. Social Security Administration

---

## Appeals Council Request for Review

### Getting Ready

Before you start, you should gather the [information you need](#) to complete your appeal, including:

- The notice you received from SSA in the mail informing you of our decision. Without the notice you will not be able to complete this appeal online.
- Supporting documents including forms, legal documents, and written statements
- Name, address, and phone number of your personal [appointed representative](#) if you have one

Being prepared will help you spend less time completing your appeal online.

You will be able to provide supporting documents both online and by mail. Certain documents we can only accept as originals or certified copies; you will need to bring or mail them to your [local Social Security Office](#).

### Submit a Request for Review

Completing your appeal online may take 10 to 15 minutes, but you will not be able to leave the application and come back to it later. Your answers will be saved automatically as you go through your appeal. The session will time out after 30 minutes of inactivity.

[Request Review by Appeals Council](#)

### More Information

- [About this Application](#)
- [Other Ways to Complete a Non-Medical Appeal](#)
- [The Appeals Process](#)
- [Hours of Operation](#)

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[Privacy Policy](#) | [Website Policies & Other Important Information](#) | [About Us](#) | [Site Map](#)

Last reviewed or modified May 3, 2017 12:00 PM

## 2.1.1. Information You Need

### **Information You Need to Complete an Appeals Council Request for Review (HA-520)**

If you recently received a hearing decision or dismissal concerning your Social Security or Supplemental Security Income you may request an appeal online.

The checklist below will help you gather the information you may need to appeal our decision.

**Note:** Please print this page to use while you gather your materials.

#### **Gather Personal Information**

- Name, Social Security number, address, and phone number.
- The date on the decision notice you received.
- The name, address, and phone number of your personal appointed representative if you have one.

#### **Gather Supporting Documents**

If you have documents that support your appeal, they will help Social Security make a decision on your claim. Electronic documents may be uploaded with your online appeal request. Documents that may be uploaded include:

- Pay stubs, W-2s, federal tax returns
- Letters from your employer about your retirement or reduction in hours of work

Certain documents must be originals or certified copies and cannot be uploaded during your online appeal request, including:

- Birth certificate, naturalization certificate, passport, marriage certificate, divorce decree

If you need to provide any of these documents to support your appeal, you should mail or bring them to your local Social Security Office. The originals will be returned to you.

After you submit your appeal, we will provide a cover sheet you can use to submit with any documents you want us to include with your request.

Close

## 2.1.2. Appointed Representative

### Definition: Appointed Representative

An appointed representative is an attorney or other legal representative, recognized by Social Security (SSA), who can assist individuals with their case or appeal and act upon their behalf.


Friends, family members, and others can help you with your appeal. However, if they are not your appointed representative, the answer to this question should be "no."

If you decide to have a representative, you must sign and submit a written statement to us appointing him or her to represent you in your dealings with Social Security. You may use form [SSA-1696 \(Appointment of Representative\)](#) and [submit it to SSA](#).

To learn more on how to be represented, visit us at <http://mwww.ba.ssa.gov/representation/>

Close

### 3. Screening



## Social Security

Official Website of the U.S. Social Security Administration

---

### Appeals Council Request for Review

#### Information about the Applicant

The information collected here only refers to the adult or child who was notified of a hearing decision.

**Name:**

|                      |                      |                      |        |
|----------------------|----------------------|----------------------|--------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | --     |
| First                | Middle               | Last                 | Suffix |

**Social Security Number (SSN):**

**Date of Birth:**


|       |                      |                      |
|-------|----------------------|----------------------|
| --    | <input type="text"/> | <input type="text"/> |
| Month | Day                  | Year                 |

---

[Next](#) [Previous](#)



## 4. Notice of Decision



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

---

### Appeals Council Request for Review

---

**Notice of Decision**  
This is the letter you received after your hearing notifying you of the judge's decision or dismissal.

---


**Do you have a notice of decision from SSA?**

Yes    No

---

[Next](#)   [Previous](#)

### 4.1. Notice of Decision - Yes



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

---

### Appeals Council Request for Review

---

**Notice of Decision**  
This is the letter you received after your hearing notifying you of the judge's decision or dismissal.

---


**Do you have a notice of decision from SSA?**

Yes    No

---

[Next](#)   [Previous](#)

## 4.2. Notice of Decision - No



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

---

### Appeals Council Request for Review


#### Notice of Decision

This is the letter you received after your hearing notifying you of the judge's decision or dismissal.

---

**Do you have a notice of decision from SSA?**

Yes    No

 **You need your notice of decision to complete this online appeal.**

You will not be able to complete this appeal online. Please contact your [local Social Security Office](#) to request a copy or find out about other ways to appeal.

---

**Exit**

## 5. Who is Entering Appeal



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

---

### Appeals Council Request for Review

---

Who is Entering this Request for Review?

**Are you Jane Doe or are you entering this request on his or her behalf?**

I am Jane Doe.  
 I am entering this appeal for Jane Doe.

---

[Next](#) [Previous](#)

### 5.1. Who is Entering Appeal 1<sup>st</sup> Party



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

---

### Appeals Council Request for Review

---

Who is Entering this Request for Review?

**Are you Jane Doe or are you entering this request on his or her behalf?**

I am Jane Doe.  
 I am entering this appeal for Jane Doe.

---

[Next](#) [Previous](#)

## 5.2. Who is Entering Appeal 3<sup>rd</sup> Party

The screenshot shows the Social Security Administration's website for an Appeals Council Request for Review. At the top left is the Social Security Administration logo. To its right, the text reads "Social Security" in a large blue font, with "Official Website of the U.S. Social Security Administration" in a smaller font below it. A horizontal blue line separates the header from the main content area. The main heading is "Appeals Council Request for Review". Below this is a light gray box containing the question "Who is Entering this Request for Review?". Underneath, there is a sub-question: "Are you Jane Doe or are you entering this request on his or her behalf?". There are two radio button options: "I am Jane Doe." (unselected) and "I am entering this appeal for Jane Doe." (selected). Below the radio buttons is another question: "What is your relationship to Jane Doe?". This is followed by a dropdown menu currently showing "--". At the bottom of the form are two buttons: "Next" (dark blue) and "Previous" (light blue).

### 5.2.1. Drop Down List “What is your relationship to Jane Doe?”

This image shows a close-up of the dropdown menu for the question "What is your relationship to Jane Doe?". The dropdown is open, displaying a list of relationship categories. The top item, "--", is highlighted with a blue background. The other items are: "Appointed Representative (Attorney) or Staff", "Appointed Representative (Non-Attorney) or Staff", "Family Member", "Friend/Neighbor", "Government Agency", "Health Service Agency/Hospital", "Non-Profit Organization/Legal Aid Group", "Nursing Care Facility", "Social Worker", and "Other".

| Relationship Category                            |
|--|
| --   |
| Appointed Representative (Attorney) or Staff     |
| Appointed Representative (Non-Attorney) or Staff |
| Family Member                                    |
| Friend/Neighbor                                  |
| Government Agency                                |
| Health Service Agency/Hospital                   |
| Non-Profit Organization/Legal Aid Group          |
| Nursing Care Facility                            |
| Social Worker                                    |
| Other  |

### 5.3. Who is Entering Appeal 3<sup>rd</sup> Party – Appointed Representative



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

---

## Appeals Council Request for Review

Who is Entering this Request for Review?

**Are you Jane Doe or are you entering this request on his or her behalf?**

I am Jane Doe.  
 I am entering this appeal for Jane Doe.

**What is your relationship to Jane Doe?**


Appointed Representative (Attorney) or Staff

**Representative's Name:**

First Middle Last Suffix

[Next](#) [Previous](#)

### 5.4. Who is Entering Appeal 3<sup>rd</sup> Party – Preparer, Other than Appointed Representative



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

---

## Appeals Council Request for Review

Who is Entering this Request for Review?

**Are you Jane Doe or are you entering this request on his or her behalf?**

I am Jane Doe.  
 I am entering this appeal for Jane Doe.

**What is your relationship to Jane Doe?**

Friend/Neighbor

**What is your name?**

First Middle Last Suffix

[Next](#) [Previous](#)

## 5.5. Who is Entering Appeal 3<sup>rd</sup> Party – Other Preparer



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

---

### Appeals Council Request for Review

#### Who is Entering this Request for Review?

**Are you Jane Doe or are you entering this request on his or her behalf?**

I am Jane Doe.  
 I am entering this appeal for Jane Doe.

**What is your relationship to Jane Doe?**

Other

**Please specify your relationship:**

**What is your name?**


First Middle Last Suffix

---

[Next](#) [Previous](#)

## 6. Applicant Information

### 6.1. Applicant Information 1st Party



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

---

### Appeals Council Request for Review

Identification   Request   Summary

#### Information about You

**Name:**  
Jane   Middle   Doe   --  
First   Middle   Last   Suffix

**Mailing Address:**

**Country:**  
United States or U.S. Territory

**Street Address:**  
Street Line 1:   
Street Line 2:  [+ Add Line](#)

**City/Town:**    **State/Territory:** --   **ZIP Code:**

**Do you live at the above address?**  
 Yes    No

**Daytime Phone Number:**  
 U.S.    International  
     
10-digit Number   [Ext.](#)

**Alternative Phone Number, if any:**  
Please provide another phone number where we can reach you.  
 U.S.    International  
     
10-digit Number   [Ext.](#)


**Email Address:**

**Confirm Email Address:**

[Next](#)   [Previous](#)

In this section...  
**Applicant Information**  
Representative Information

## 6.2. Applicant Information 1<sup>st</sup> Party – Home Address is different from Mailing Address



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

### Appeals Council Request for Review

Identification Request Summary

#### Information about You

**Name:**  
Jane Doe --  
First Middle Last Suffix

**Mailing Address:**

**Country:**  
United States or U.S. Territory

**Street Address:**  
Street Line 1:  
Street Line 2: [+ Add Line](#)

**City/Town:** **State/Territory:** **ZIP Code:**

**Do you live at the above address?**  
 Yes  No

**Home Address:**

**Country:**  
United States or U.S. Territory

**Street Address:**  
Street Line 1:  
Street Line 2: [+ Add Line](#)

**City/Town:** **State/Territory:** **ZIP Code:**

**Daytime Phone Number:**  
10-digit Number Ext.

**Alternative Phone Number, if any:**  
Please provide another phone number where we can reach you.  
 U.S.  International  
10-digit Number Ext.

**Email Address:**


**Confirm Email Address:**

[Next](#) [Previous](#)

In this section...  
**Applicant Information**  
Representative Information



### 6.3. Applicant Information 3<sup>rd</sup> Party



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

---

## Appeals Council Request for Review

Identification   Request   Summary

### Information about Jane Doe

**Name:**  
Jane   Middle   Doe   --  
First   Middle   Last   Suffix

**Gender:**  
We only use this information to customize how we ask the questions for this appeal.  
 Male    Female

**Mailing Address:**

**Country:**  
United States or U.S. Territory

**Street Address:**  
Street Line 1:   
Street Line 2:  [+ Add Line](#)

**City/Town:**    **State/Territory:** --   **ZIP Code:**

**Does Jane Doe live at the above address?**  
 Yes    No

**Daytime Phone Number:**  
 U.S.    International  
     
10-digit Number   Ext.

**Alternative Phone Number, if any:**  
Please provide another phone number where we can reach you.  
 U.S.    International  
     
10-digit Number   Ext.

**Email Address:**


**Confirm Email Address:**

[Next](#)   [Previous](#)

**In this section...**

- Preparer Information
- Applicant Information**
- Representative Information

### 6.4. Applicant Information 3<sup>rd</sup> Party – Home Address is different from Mailing Address



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

---

## Appeals Council Request for Review

Identification | Request | Summary

### Information about Jane Doe

**Name:**  
Jane Doe --  
First Middle Last Suffix

**Gender:**  
We only use this information to customize how we ask the questions for this appeal.  
 Male  Female

**Mailing Address:**

**Country:**  
United States or U.S. Territory

**Street Address:**  
Street Line 1:   
Street Line 2:  [+ Add Line](#)

**City/Town:**  **State/Territory:** --  **ZIP Code:**

**Does Jane Doe live at the above address?**  
 Yes  No

**Home Address:**

**Country:**  
United States or U.S. Territory

**Street Address:**  
Street Line 1:   
Street Line 2:  [+ Add Line](#)

**City/Town:**  **State/Territory:** --  **ZIP Code:**

**Daytime Phone Number:**  
 U.S.  International  
   
10-digit Number Ext.

**Alternative Phone Number, if any:**  
Please provide another phone number where we can reach you.  
 U.S.  International  
   
10-digit Number Ext.

**Email Address:**

**Confirm Email Address:**

[Next](#) [Previous](#)

In this section...  
[Preparer Information](#)  
**Applicant Information**  
[Representative Information](#)

## 7. Representative Information


### 7.1. Representative Information 1<sup>st</sup> Party

The screenshot shows the Social Security Administration's website for an Appeals Council Request for Review. The page header includes the Social Security logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below the header is the title "Appeals Council Request for Review". A navigation bar contains three tabs: "Identification", "Request", and "Summary". The "Request" tab is active. The main content area is titled "Representative" and contains the question "Do you currently have an appointed representative?" with radio buttons for "Yes" and "No". A "More Info" link is provided. At the bottom of the form are "Next" and "Previous" buttons. On the right side, there is a sidebar titled "In this section..." with two items: "Applicant Information" (marked with a green checkmark) and "Representative Information" (the current section).

#### 7.1.1. Representative Information 1<sup>st</sup> Party – No

This screenshot is identical to the one above, but with the "No" radio button selected for the question "Do you currently have an appointed representative?". The "Next" button is now highlighted in blue, indicating it is the active step.

## 7.1.2. Representative Information 1<sup>st</sup> Party – Yes, There Is a Representative



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

---

### Appeals Council Request for Review

Identification | Request | Summary

#### Representative

**Do you currently have an appointed representative?** [? More Info](#)  
 Yes  No

**Representative's Name:**  
First:  Middle:  Last:  Suffix:

**Is the representative an attorney?**  
 Yes  No

---

**Address:**

**Country:**

**Street Address:**  
Street Line 1:   
Street Line 2:  [+ Add Line](#)

**City/Town:**  **State/Territory:**  **ZIP Code:**

---

**Daytime Phone Number:**  
 U.S.  International  
   
10-digit Number [Ext.](#)


---

**FAX Number, if any:**  
 U.S.  International  
  
10-digit Number

[Next](#) [Previous](#)

In this section...  
 Applicant Information  
 Representative Information

## 7.2. Preparer Information 3<sup>rd</sup> Party



# Social Security

Official Website of the U.S. Social Security Administration

---

### Appeals Council Request for Review

Identification Request Summary

---

#### Information about John Doe

**Your Mailing Address:**

**Country:**

**Street Address:**

Street Line 1:

Street Line 2:  [+ Add Line](#)

**City/Town:**  **State/Territory:**  **ZIP Code:**

---

**Your Daytime Phone Number:**

U.S.     International


10-digit Number    [Ext.](#)

In this section...

- Preparer Information**
- Applicant Information
- Representative Information

Next Previous

### 7.3. Representative Information 3<sup>rd</sup> Party

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

---

## Appeals Council Request for Review

Identification Request Summary

### Representative

**Does Jane Doe currently have an appointed representative?** [? More Info](#)


Yes  No

**Next** Previous

**In this section...**

- ✓ Preparer Information
- ✓ Applicant Information
- Representative Information**

#### 7.3.1. Representative Information 3<sup>rd</sup> Party – No

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

---

## Appeals Council Request for Review

Identification Request Summary

### Representative

**Does Jane Doe currently have an appointed representative?** [? More Info](#)


Yes  No

**Next** Previous

**In this section...**

- ✓ Preparer Information
- ✓ Applicant Information
- Representative Information**

### 7.3.2. Representative Information 3<sup>rd</sup> Party – Yes, There Is a Representative



# Social Security

Official Website of the U.S. Social Security Administration

## Appeals Council Request for Review

Identification | Request | Summary

### Representative

**Does Jane Doe currently have an appointed representative?** [? More Info](#)

Yes  No

**Representative's Name:**

First:  Middle:  Last:  Suffix:

**Is the representative an attorney?**

Yes  No

**Address:**

**Country:**

**Street Address:**

Street Line 1:

Street Line 2:  [+ Add Line](#)

**City/Town:**  **State/Territory:**  **ZIP Code:**

**Daytime Phone Number:**

U.S.  International

10-digit Number [Ext.](#)

**FAX Number, if any:**

U.S.  International

10-digit Number


[Next](#) [Previous](#)

In this section...

- Preparer Information
- Applicant Information
- Representative Information**

## 8. Request for Review

### 8.1. Request for Review 1<sup>st</sup> Party



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


---

### Appeals Council Request for Review

[Identification](#) [Request](#) [Summary](#)

#### Request for Review

**What is the date on the notice you received?** [? Where to find this date](#)

  
mm/dd/yyyy 

---

**Claim Number (If different from SSN):**

---

**SSA Program Title:** [? Where to find the SSA program title](#)  
Located on the Decision page of the notice under the label "Claim For".

---

**I request that the Appeals Council review the Administrative Law Judge's action on the above claim because:**  
(2000 characters maximum)

Characters remaining: 2000

---

**Do you need an extension of time?** [? What is an extension of time?](#)  
Select "Yes" to request additional time to submit evidence or legal argument.

Yes  No

[Next](#) [Previous](#)

In this section...  
**Request for Review**  
[Attach Files](#)



### 8.1.1. Drop Down List “SSA Program Title”

**SSA Program Title:** [? Where to find the SSA program title](#)


Located on the Decision page of the notice under the label "Claim For".

- Child Disability Benefits
- Child Disability Benefits and Supplemental Security Income
- Disability Insurance
- Medicare
- Period of Disability and Disability Insurance Benefits
- Period of Disability, Disability Insurance Benefits, and Supplemental Security Income
- Period of Disability, Disability Insurance Benefits, and Widower's/Widow's Insurance Benefits (Disability)
- Period of Disability, Disability Insurance Benefits, and Widower's/Widow's Insurance Benefits (Disability), and Supplemental Security Income
- Retirement and Survivors
- Supplemental Security Income (SSI)
- Widower's/Widow's Insurance Benefits (Disability)
- Widower's/Widow's Insurance Benefits (Disability) and Supplemental Security Income
- Other - Not Specified

### 8.1.2. Where to find this date

**Where to find this date**

Please refer to the notice from Social Security.



**SOCIAL SECURITY ADMINISTRATION**

Office of Disability Adjudication and Review  
SSA ODAR Hearing Ofc  
The Symphony Center  
1010 Park Avenue #300  
Baltimore, MD 21201

Date: [Month, Day, Year]

[Applicant's Name]  
[Applicant's Address]

Notice of Decision – Unfavorable

Close

### 8.1.3. Where to find the SSA program title

**Where to find the SSA program title?**  
Please refer to the notice from Social Security.

|  |   |
|--|---|
| <b>SOCIAL SECURITY ADMINISTRATION<br/>Office of Disability Adjudication and Review</b> |   |
| <b>DECISION</b>  |   |
| <b><u>IN THE CASE OF</u></b>   | <b><u>CLAIM FOR</u></b>                   |
| [Applicant's Name]<br>(Claimant)   | <b>Supplemental Security Income</b>       |
| [Wage Earner's Name]<br>(Wage Earner)  | [xxx-xx-xxxx]<br>(Social Security Number) |
| <b><u>JURISDICTION AND PROCEDURAL HISTORY</u></b>                                      |   |

Close

### 8.1.4. Extension of Time

**Definition: Extension of Time**


If you need additional time to submit evidence or legal argument, you must request an extension of time. This will ensure that the Appeals Council has the opportunity to consider the additional evidence before taking its action.

If you submit neither evidence nor legal argument now or within any extension of time the Appeals Council grants, the Appeals Council will take its action based on the evidence currently in your file.

To learn more on how to submit new evidence, visit us at <https://www.ssa.gov/forms/ha-520.html>

Close

## 8.2. Request for Review 3<sup>rd</sup> Party



# Social Security

Official Website of the U.S. Social Security Administration


---

### Appeals Council Request for Review

✔ Identification | Request | Summary

#### Request for Review for Jane Doe

**What is the date on the notice Jane Doe received?** [? Where to find this date](#)

  
mm/dd/yyyy 

---

**Claim Number (If different from SSN):**

Next | Previous

In this section...

- Request for Review
- Attach Files

## 9. Attach Files

### 9.1. Attach Files 1<sup>st</sup> Party

The screenshot shows the Social Security Administration's website for the Appeals Council Request for Review. At the top left is the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below this is a header "Appeals Council Request for Review". A navigation bar contains three tabs: "Identification" (with a green checkmark), "Request", and "Summary". The main content area is titled "Attach Files" and contains the question "Do you have supporting documents?" with four radio button options: "Yes, I have documents in electronic format.", "Yes, I have paper documents.", "Yes, I have both electronic and paper documents.", and "No, I don't have any documents to submit.". To the right of the main content is a sidebar titled "In this section..." with two items: "Request for Review" (with a green checkmark) and "Attach Files". At the bottom of the page are two buttons: "Next" and "Previous".

9.2. Attach Files 1<sup>st</sup> Party – If either “Yes, I have paper documents” OR “No, I don’t have any documents to submit” is selected, File Details panel is not shown. User is taken to Summary.

This screenshot is similar to the previous one, but the "Request" tab is selected in the navigation bar. The "Request for Review" item in the sidebar is also selected. The "File Details" panel is not visible, indicating that the user has selected an option that bypasses this step. The "Next" button is highlighted in blue, suggesting the user is ready to proceed to the Summary page.

**9.3. Attach Files 1<sup>st</sup> Party – If either “Yes, I have documents in electronic format” OR “Yes, I have both electronic and paper documents” is selected, show File Details panel.**



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

---

## Appeals Council Request for Review

✔ Identification Request Summary

### Attach Files

**Do you have supporting documents?**

Yes, I have documents in electronic format.  
 Yes, I have paper documents.  
 Yes, I have both electronic and paper documents.  
 No, I don't have any documents to submit.

**i Important Information:**  
If you have originals, certified copies, or other paper documents to include, we will provide a cover letter for you to mail these documents after you submit this appeal.

If you have any additional forms or electronic evidence that will help us 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.

[Attach Document](#)

In this section...

- ✔ Request for Review
- Attach Files**

Next Previous


### 9.3.1. Attach Document – File Details

The screenshot shows a dialog box titled "File Details" with a close button (X) in the top right corner. It contains two main sections: "File Name:" and "Document Type:". The "File Name:" section has a text input field and a "Browse" button to its right. The "Document Type:" section has a dropdown menu currently showing "--". At the bottom of the dialog, there are two buttons: "Save" (in blue) and "Cancel" (in white with a blue border). The dialog is overlaid on a background that partially shows text from another window, including "Additional forms of electronic evidence that will help us review your appeal, please attach".

### 9.3.2. Drop Down List “Document Type”

This screenshot shows the same "File Details" dialog box as in the previous image, but with the "Document Type:" dropdown menu open. The dropdown list contains the following items: "--" (selected), "Appointment of Representative (SSA-1696)", "Attorney/Representative-Supplied Evidence", "Consent for Release of Information (SSA-3288)", "Direct Payment of Authorized Fees (SSA-1695)", "Fee Agreement", "Financial Document", "Good Cause for Late Filing", "Miscellaneous", "Representative Brief", "Representative Correspondence", and "Unknown or Not Applicable". The dialog box also shows the "File Name:" field and "Browse" button, and the "Save" and "Cancel" buttons at the bottom. The background text from the previous window is also visible.

## 9.4. Attach Files 1<sup>st</sup> Party – File Added



# Social Security

Official Website of the U.S. Social Security Administration

---

## Appeals Council Request for Review

✔ Identification
Request
Summary

### Attach Files

**Do you have supporting documents?**

Yes, I have documents in electronic format.

Yes, I have paper documents.

Yes, I have both electronic and paper documents.

No, I don't have any documents to submit.

**Important Information:**

If you have originals, certified copies, or other paper documents to include, we will provide a cover letter for you to mail these documents after you submit this appeal.

If you have any additional forms or electronic evidence that will help us 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.

| File Name                              | Document Type      | File Size | Manage Files   |
|--|--------------------|-----------|--|
| Jane Doe Cash Value Statement 2017.pdf | Financial Document | 1098 KB   | <a href="#" style="background-color: #ccc; border: 1px solid #ccc; padding: 2px 5px; border-radius: 3px;">Delete</a> |
| <b>Total Size of Attached File(s):</b> |                    |           | <b>1098 KB</b>   |

[Attach Another Document](#)

Next
Previous

✔ Request for Review

Attach Files

### 9.5. Attach Files 3<sup>rd</sup> Party


The screenshot shows the Social Security Administration's website for an Appeals Council Request for Review. The page title is "Appeals Council Request for Review". At the top left is the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below the title is a navigation bar with three tabs: "Identification" (selected with a green checkmark), "Request", and "Summary". The main content area is titled "Attach Files" and contains the question: "Does Jane Doe have supporting documents?". There are four radio button options: "Yes, documents in electronic format.", "Yes, paper documents.", "Yes, both electronic and paper documents.", and "No, no documents to submit.". At the bottom of the main content area are two buttons: "Next" (highlighted in blue) and "Previous". On the right side, there is a sidebar titled "In this section..." with two items: "Request for Review" (selected with a green checkmark) and "Attach Files".

### 9.6. Attach Files 3<sup>rd</sup> Party – If either “Yes, paper documents” OR “No, no documents to submit” is selected, File Details panel is not shown. User is taken to Summary.

This screenshot is similar to the one above, but with a different selection in the radio button options. The "Request for Review" item in the sidebar is still selected with a green checkmark. In the "Attach Files" section, the radio button for "Yes, paper documents." is now selected (indicated by a filled circle). The "Next" button remains highlighted in blue. The "File Details" panel is not visible, consistent with the description in the section header.



**9.7. Attach Files 3rd Party – If either “Yes, documents in electronic format” OR “Yes, both electronic and paper documents” is selected, show File Details panel.**



# Social Security

Official Website of the U.S. Social Security Administration

## Appeals Council Request for Review

[Identification](#) [Request](#) [Summary](#)

### Attach Files

**Does Jane Doe have supporting documents?**

Yes, documents in electronic format.  
 Yes, paper documents.  
 Yes, both electronic and paper documents.  
 No, no documents to submit.

**Important Information:**

If Jane Doe has originals, certified copies, or other paper documents to include, we will provide a cover letter for you to mail these documents after you submit this appeal.

If Jane Doe has any additional forms or electronic evidence that will help us 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.


[Attach Document](#)

[Next](#) [Previous](#)

In this section...

- [Request for Review](#)
- Attach Files**

## 9.8. Attach Files 3<sup>rd</sup> Party – File Added



# Social Security

Official Website of the U.S. Social Security Administration

---

## Appeals Council Request for Review

✔ Identification

Request

Summary

### Attach Files

**Does Jane Doe have supporting documents?**

Yes, documents in electronic format.

Yes, paper documents.

Yes, both electronic and paper documents.

No, no documents to submit.

**i Important Information:**

If Jane Doe has originals, certified copies, or other paper documents to include, we will provide a cover letter for you to mail these documents after you submit this appeal.

If Jane Doe has any additional forms or electronic evidence that will help us 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.

| File Name                              | Document Type      | File Size | Manage Files   |
|--|--------------------|-----------|----------------|
| Jane Doe Cash Value Statement 2017.pdf | Financial Document | 1098 KB   | Delete         |
| <b>Total Size of Attached File(s):</b> |                    |           | <b>1098 KB</b> |

In this section...

✔ Request for Review


**Attach Files**

Next

Previous

## 10. Summary

### 10.1. Summary 1<sup>st</sup> Party



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

---

### Appeals Council Request for Review

Identification    Request   Summary

#### Overall Summary for Jane Doe

If you need to make any changes, please select the Edit button to return to that page.

#### Identification

Information about Jane Doe

Name: **Jane Doe**  
Mailing Address: **000 Street Name, City, State, ZIP Code**  
Do you live at the above address? **Yes**  
Daytime Phone Number: **(000) 000-0000**  
Alternative Phone Number: **(000) 000-0000**  
Email Address: **jdoe@yahoo.com**

#### Representative Information

Representative Information

Do you have an appointed representative? **Yes**  
Representative's Name: **John Q. Public**  
Is the representative an attorney? **Yes**  
Address: **000 Street Name, City, State, ZIP Code**  
Daytime Phone Number: **(000) 000-0000**  
Fax Number: **(000) 000-0000**


#### Request

Request for Review


Notice Date: **May 15, 2017**  
SSA Program Title: **Supplemental Security Income (SSI)**  
Reason for Review: **My life insurance policy does not have the cash value that it used to. I am attaching proof of its current cash value.**  
Time Extension: **No**

#### Attached Files

| File Name                              | Document Type      | Size    |
|--|--------------------|---------|
| Jane Doe Cash Value Statement 2017.pdf | Financial Document | 1137 KB |

 **You will not be able to change your information once you submit the request.**  
When you select **Submit Request** below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct.

## 10.2. Summary 3<sup>rd</sup> Party


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

### Appeals Council Request for Review

Identification
 Request
Summary

**Overall Summary for Jane Doe**  
 If you need to make any changes, please select the Edit button to return to that page.

**Identification**

Edit
 Information about John Doe

Relationship: **Friend/Neighbor**  
 Mailing Address: **000 Street Name, City, State, ZIP Code**  
 Daytime Phone Number: **(000) 000-0000**

Edit
 Information about Jane Doe

Name: **Jane Doe**  
 Mailing Address: **000 Street Name, City, State, ZIP Code**  
 Does Jane Doe live at the above address? **Yes**  
 Daytime Phone Number: **(000) 000-0000**  
 Alternative Phone Number: **(000) 000-0000**  
 Email Address: **jdoe@yahoo.com**

Edit
 Representative Information

Does Jane Doe has a representative? **No**

**Request**

Edit
 Request for Review

Notice Date: **March 15, 2017**  
 SSA Program Title: **Supplemental Security Income (SSI)**  
 Reason for Appeal: **My life insurance policy does not have the cash value that it used to. I am attaching proof of its current cash value.**  
 Time Extension: **No**

Edit
 Attached Files


| File Name                              | Document Type      | Size    |
|--|--------------------|---------|
| Jane Doe Cash Value Statement 2017.pdf | Financial Document | 1137 KB |

**⚠ You will not be able to change your information once you submit the request.**  
 When you select **Submit Request** below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct.

Submit Request
Previous

## 11. Confirmation


### 11.1. Confirmation 1<sup>st</sup> Party



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

---

### Appeals Council Request for Review


 **You have successfully submitted your request on August 8, 2017 at 11:45 AM.**

You can expect an acknowledgment of the Request for Review within 15-20 days.


We highly recommend that you print or save a copy of the request for your records.

#### Do You Have Other Documents to Submit?

If you have have originals, certified copies, or other paper documents you would like to include, you can print this [personalized cover sheet](#).

 [If you are unable to print](#)


## 11.2. Confirmation 3<sup>rd</sup> Party – Preparer



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

---

### Appeals Council Request for Review


 **You have successfully submitted Jane Doe's request on August 8, 2017 at 11:45 AM.**

You can expect an acknowledgment of the Request for Review within 15-20 days.


We highly recommend that you print or save a copy of the request for your records.

#### Do You Have Other Documents to Submit?

If you have have originals, certified copies, or other paper documents you would like to include, you can print this [personalized cover sheet](#).

 [If you are unable to print](#)

### 11.3. Confirmation 3<sup>rd</sup> Party – Appointed Representative




## Social Security

Official Website of the U.S. Social Security Administration

---

### Appeals Council Request for Review

 **You have successfully submitted Jane Doe's request on August 8, 2017 at 11:45 AM.**


You can expect an acknowledgment of the Request for Review within 15-20 days.


We highly recommend that you print or save a copy of the request for your records.

[Print or Save](#)

#### Do You Have Other Documents to Submit?

If you have have originals, certified copies, or other paper documents you would like to include, you can print this [personalized cover sheet](#).

 [If you are unable to print](#)

 **Do you want to begin a new request for review?**

We will copy your contact information into the appeal. You will have the opportunity to edit it later.


[Start Another Request](#)

[Done](#)

## 12. Receipt

### 12.1. Receipt 1<sup>st</sup> Party

[Print Now](#)[Save a Copy](#)

 **You have successfully submitted your request on August 8, 2017 at 11:45 AM.** You can expect an acknowledgment of the Request for Review within 15-20 days.

#### Information You Submitted

---

##### Identification

##### Information about Jane Doe

Name: **Jane Doe**  
Mailing Address: **000 Street Name, City, State, ZIP Code**  
Do you live at the above address? **Yes**  
Daytime Phone Number: **(000) 000-0000**  
Alternative Phone Number: **(000) 000-0000**  
Email Address: **jdoe@yahoo.com**

##### Representative Information

Do you have an appointed representative? **Yes**  
Representative's Name: **John Q. Public**  
Is the representative an attorney? **Yes**  
Address: **000 Street Name, City, State, ZIP Code**  
Daytime Phone Number: **(000) 000-0000**  
Fax Number: **(000) 000-0000**

##### Request

##### Request for Review

Notice Date: **March 15, 2017**  
SSA Program Title: **Supplemental Security Income (SSI)**  
Reason for Appeal: **My life insurance policy does not have the cash value that it used to. I am attaching proof of its current cash value.**  
Time Extension: **No**

##### Attached Files

| File Name                              | Document Type      | Size    |
|--|--------------------|---------|
| Jane Doe Cash Value Statement 2017.pdf | Financial Document | 1098 KB |



## 12.2. Receipt 3rd Party

[Print Now](#)
[Save a Copy](#)

**You have successfully submitted your request on August 8, 2017 at 11:45 AM.** You can expect an acknowledgment of the Request for Review within 15-20 days.

### Information You Submitted for Jane Doe

---

#### Identification

#### Information about John Doe

Relationship: **Friend/Neighbor**  
 Mailing Address: **000 Street Name, City, State, ZIP Code**  
 Daytime Phone Number: **(000) 000-0000**

---

#### Information about Jane Doe

Name: **Jane Doe**  
 Mailing Address: **000 Street Name, City, State, ZIP Code**  
 Do you live at the above address? **Yes**  
 Daytime Phone Number: **(000) 000-0000**  
 Alternative Phone Number: **(000) 000-0000**  
 Email Address: **jdoe@yahoo.com**

---

#### Representative Information

Does Jane Doe has a representative? **No**

---

#### Request

#### Request for Review

Notice Date: **March 15, 2017**  
 SSA Program Title: **Supplemental Security Income (SSI)**  
 Reason for Appeal: **My life insurance policy does not have the cash value that it used to. I am attaching proof of its current cash value.**  
 Time Extension: **No**

---

#### Attached Files

| File Name                              | Document Type      | Size    |
|--|--------------------|---------|
| Jane Doe Cash Value Statement 2017.pdf | Financial Document | 1098 KB |

## 13. Cover Sheet

### 13.1. Cover Sheet 1<sup>st</sup> Party

[Print Now](#)

[Save a Copy](#)

[Can't print or save this document?](#)



## Cover Sheet for Jane Doe

I have completed the appeal for benefits online. I understand that the appeal I completed and sent to Social Security electronically will be used in making a decision on my claim for benefits.

**My address:**

000 Street Name  
City, State ZIP Code

**My phone number:**

(000) 000-0000

**My Social Security Number:**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**I enclose the following documents that were NOT submitted with my online appeal:**

Please list additional documents you want to provide.

---

---

---

---

**Mail to:**

APPEALS COUNCIL OFFICE OF DISABILITY ADJUDICATION AND REVIEW, SSA  
5107 Leesburg Pike  
FALLS CHURCH, VA 22041 - 3255

### 13.2. Cover Sheet Popup 3<sup>rd</sup> Party

**Print Now**

Save a Copy

[Can't print or save this document?](#)



## Cover Sheet for Jane Doe

I have completed the appeal for benefits online. I understand that the appeal I completed and sent to Social Security electronically will be used in making a decision on Jane Doe's claim for benefits.

**Jane Doe's address:**

000 Street Name  
City, State ZIP Code

**Jane Doe's phone number:**

(000) 000-0000

**Jane Doe's Social Security Number:**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**I enclose the following documents that were NOT submitted with my online appeal:**

Please list additional documents you want to provide.

---

---

---

---

**Name of the person completing this application:**

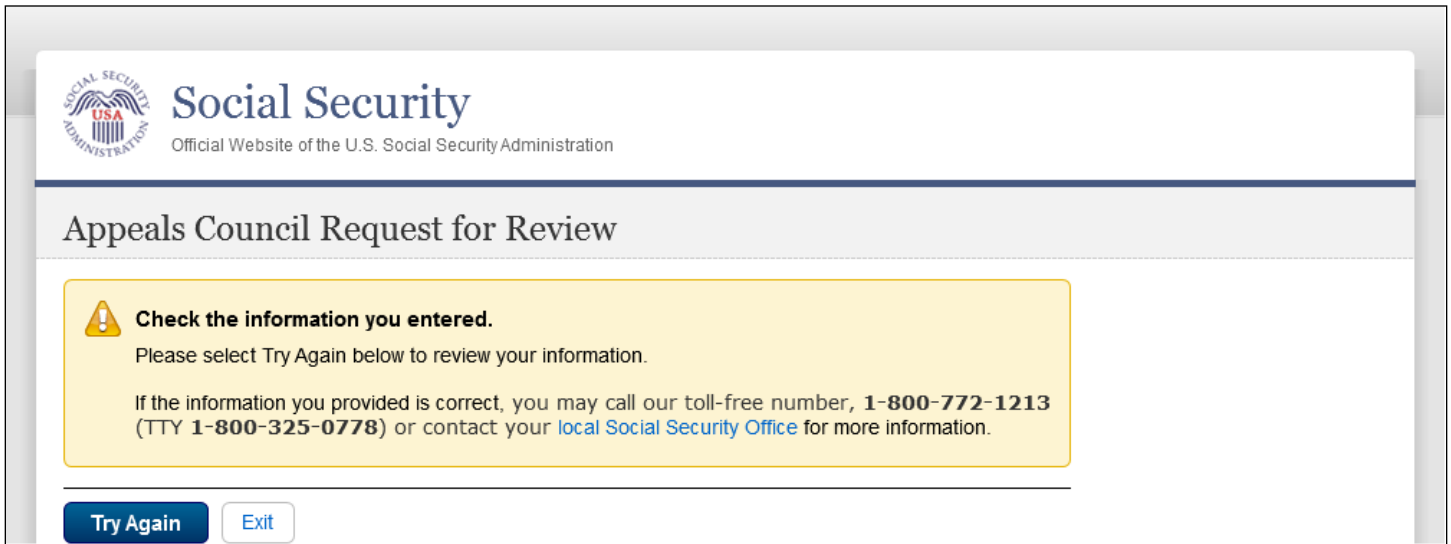
John Q. Public

**Mail to:**

APPEALS COUNCIL OFFICE OF DISABILITY ADJUDICATION AND REVIEW, SSA  
5107 Leesburg Pike  
FALLS CHURCH, VA 22041 - 3255

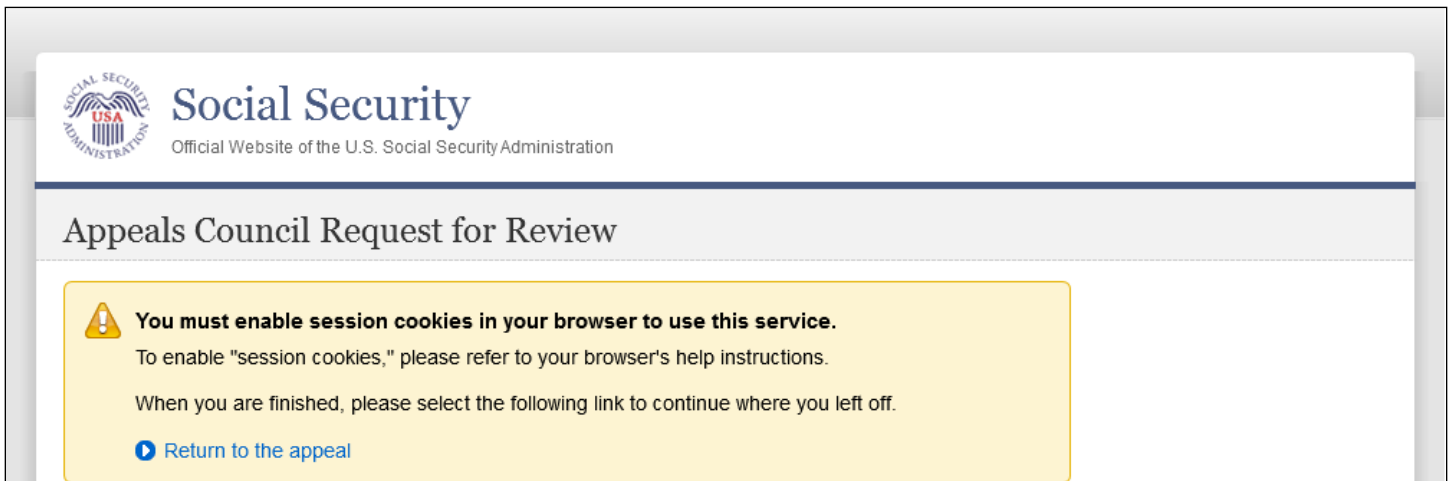
## 14. Message Pages

### 14.1. Message 010 - Authorization Failure



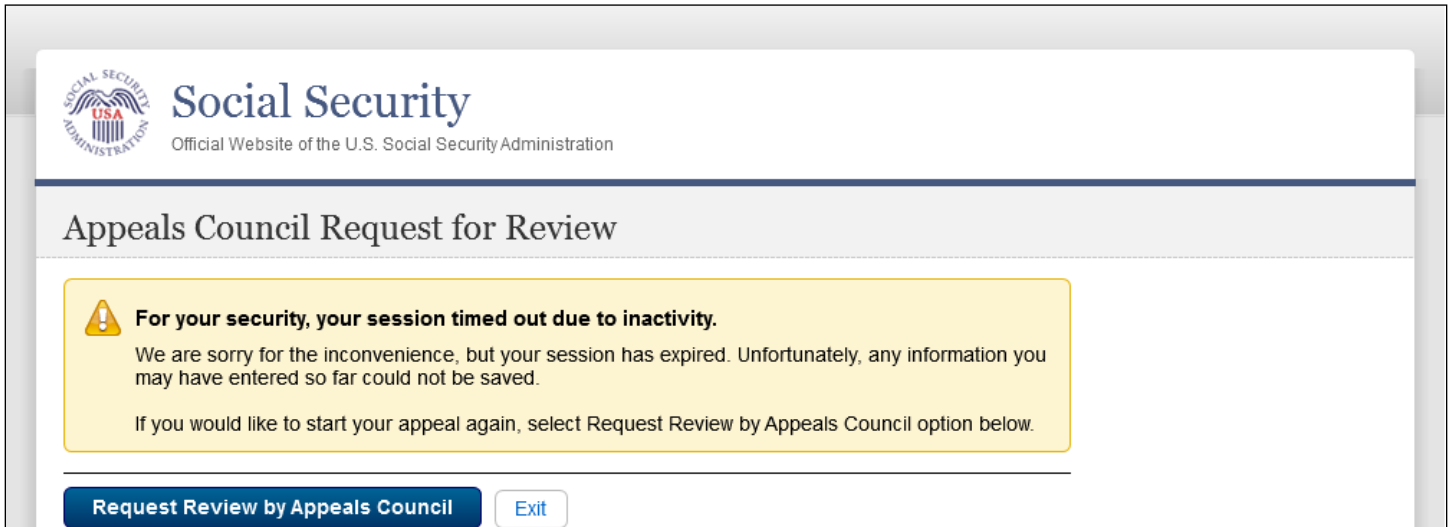
The screenshot shows the Social Security Administration's official website. At the top left is the SSA logo. To its right, the text reads "Social Security" in a large blue font, followed by "Official Website of the U.S. Social Security Administration" in a smaller black font. Below this is a horizontal line. Underneath the line, the page title "Appeals Council Request for Review" is displayed. A yellow warning box contains the following text: "Check the information you entered." followed by "Please select Try Again below to review your information." Below that, it says "If the information you provided is correct, you may call our toll-free number, 1-800-772-1213 (TTY 1-800-325-0778) or contact your local Social Security Office for more information." At the bottom of the page, there are two buttons: a dark blue "Try Again" button and a white "Exit" button with a blue border.

### 14.2. Message 024 - Cookies Disabled



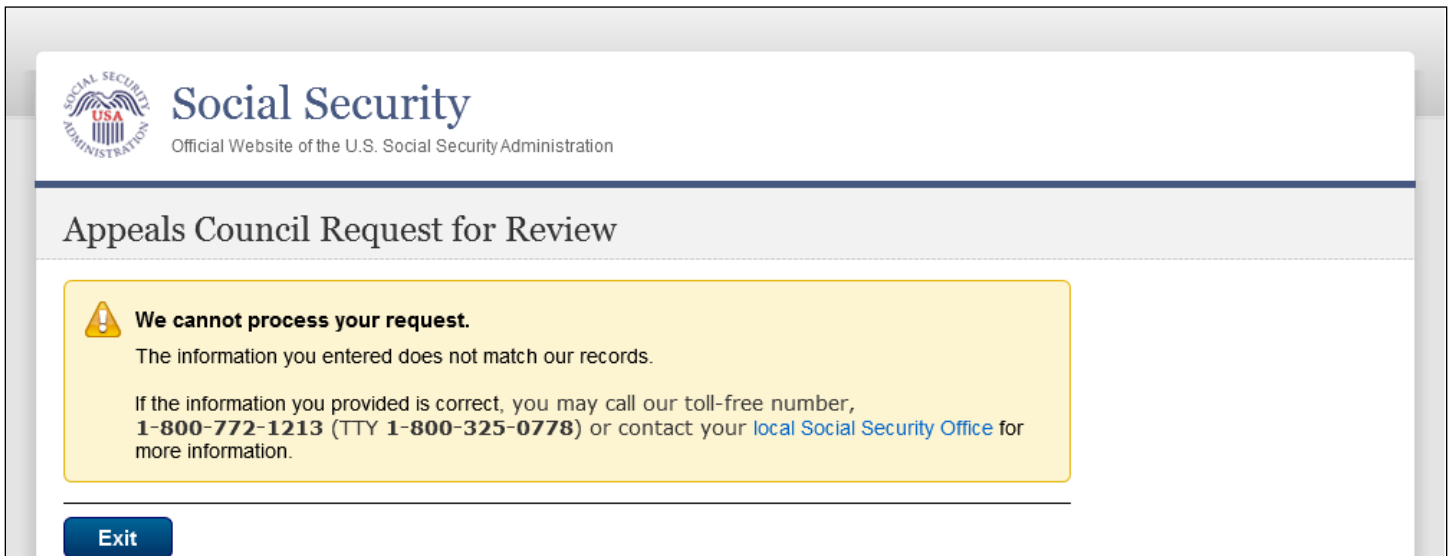
The screenshot shows the Social Security Administration's official website. At the top left is the SSA logo. To its right, the text reads "Social Security" in a large blue font, followed by "Official Website of the U.S. Social Security Administration" in a smaller black font. Below this is a horizontal line. Underneath the line, the page title "Appeals Council Request for Review" is displayed. A yellow warning box contains the following text: "You must enable session cookies in your browser to use this service." followed by "To enable 'session cookies,' please refer to your browser's help instructions." Below that, it says "When you are finished, please select the following link to continue where you left off." At the bottom of the warning box, there is a blue circular icon with a white arrow pointing right, followed by the text "Return to the appeal".

### 14.3. Message 025 - Session Timeout




The screenshot shows the Social Security Administration's official website. At the top left is the SSA logo. To its right, the text reads "Social Security" in a large blue font, with "Official Website of the U.S. Social Security Administration" in a smaller font below it. A horizontal blue line separates the header from the main content area. The main content area has a light gray background and features the title "Appeals Council Request for Review" in a dark blue font. Below this title is a yellow warning box with a black border. Inside the box, a yellow warning icon (a triangle with an exclamation mark) is followed by the text: "For your security, your session timed out due to inactivity." Below this, a paragraph states: "We are sorry for the inconvenience, but your session has expired. Unfortunately, any information you may have entered so far could not be saved." A second paragraph says: "If you would like to start your appeal again, select Request Review by Appeals Council option below." At the bottom of the page, there are two buttons: a dark blue button with white text that says "Request Review by Appeals Council" and a light blue button with dark blue text that says "Exit".

#### 14.3.1. Message 026 - We cannot process your request



The screenshot shows the Social Security Administration's official website. At the top left is the SSA logo. To its right, the text reads "Social Security" in a large blue font, with "Official Website of the U.S. Social Security Administration" in a smaller font below it. A horizontal blue line separates the header from the main content area. The main content area has a light gray background and features the title "Appeals Council Request for Review" in a dark blue font. Below this title is a yellow warning box with a black border. Inside the box, a yellow warning icon (a triangle with an exclamation mark) is followed by the text: "We cannot process your request." Below this, a paragraph states: "The information you entered does not match our records." A second paragraph says: "If the information you provided is correct, you may call our toll-free number, 1-800-772-1213 (TTY 1-800-325-0778) or contact your local Social Security Office for more information." At the bottom of the page, there is a dark blue button with white text that says "Exit".

### 14.4. Message 027 - We are processing your request




## Social Security

Official Website of the U.S. Social Security Administration

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### Appeals Council Request for Review




**We cannot process your request at this time. Please try again later.**

If you need help, you may call our toll-free number, **1-800-772-1213** (TTY **1-800-325-0778**) or contact your [local Social Security Office](#)

---

[Exit](#)

### 14.5. Message 028 - This service is not available at this time




## Social Security

Official Website of the U.S. Social Security Administration

---

### Appeals Council Request for Review



**This service is not available at this time.**


Please try again during our regular service hours (Eastern Time):

| Day             | Service Hours          |
|-----------------|------------------------|
| Monday - Friday | 5:00 a.m. - 1:00 a.m.  |
| Saturday        | 5:00 a.m. - 11:00 p.m. |
| Sunday          | 8:00 a.m. - 11:30 p.m. |

---

[Exit](#)


### 14.6. Message 030 - We are processing your request



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

---

#### Appeals Council Request for Review

 **We are processing your request.**  
Please wait a moment before selecting the Next button.

**Next**

### 14.7. Message 045 - Service Hours


#### Service Hours

This application is available during our regular service hours (Eastern Time):

| Day             | Service Hours          |
|-----------------|------------------------|
| Monday - Friday | 5:00 a.m. - 1:00 a.m.  |
| Saturday        | 5:00 a.m. - 11:00 p.m. |
| Sunday          | 8:00 a.m. - 11:30 p.m. |

[Close](#)


## 14.8. Message 052 - SSN Blocked



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

---

### Appeals Council Request for Review



**You cannot submit your appeal online.**


You do not meet one or more of the qualifications to file your request for appeal using the Internet. To request an appeal, you should contact Social Security immediately as explained below and tell them that you received this message.

For more information, you may call our toll-free number, **1-800-772-1213** (TTY **1-800-325-0778**) or contact your [local Social Security Office](#).

---

[Exit](#)


## 14.9. Message 113 - Number of Attempts Limit



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

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### Appeals Council Request for Review



**For security reasons, you have reached the limit on the number of attempts to start an appeal online.**


We cannot continue because we cannot match the information you provided with our records. If the information you provided is correct, you may call our toll-free number, **1-800-772-1213** (TTY **1-800-325-0778**) or contact your [local Social Security Office](#) for more information.

---

[Exit](#)




## 14.10. Message 151 – Unable to Verify ZIP



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

---

### Appeals Council Request for Review



**We're sorry, we are unable to verify your ZIP code.**

If the information you provided is correct, you may call our toll-free number, **1-800-772-1213** (TTY **1-800-325-0778**) or contact your [local Social Security Office](#) for more information.

---

[Exit](#)