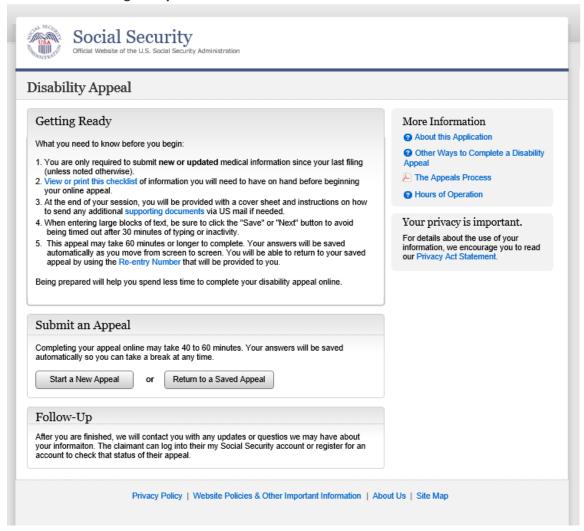
Abandoned iAppeals Application – Final Screens

December 21, 2018

A. Section: Entry, Restart, and Exit Pages

1. Wlcm001* - Getting Ready



^{*}This is the screen identifier from SSA's ApPages documentation for the existing iAppeals Revitalization/Attachment Utility application.

2. - Terms of Service



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 $\underline{\text{electronic}}$ 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 Submittab 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:
 - o I receive a Re-entry number;
 - o I do not submit my current appeal request; and
 - o My appeal period has not expired.
- · I cannot re-enter this application if:
 - o I do not receive a re-entry number;
 - o 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 <u>www.socialsecurity.gov/myaccount</u>, 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.

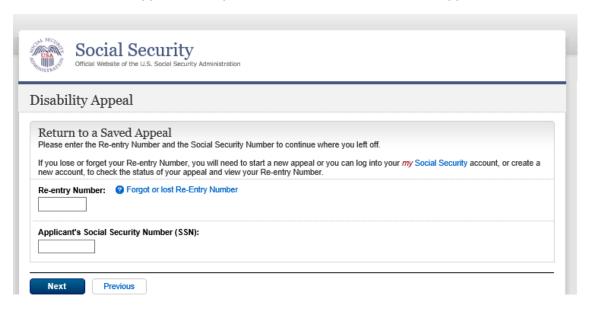
Privacy and Security OMB No. 0960-0622 Privacy Policy

Privacy Act Statement

Accessibility Help

□*I	agree	to the	Terms of	Servi
		6-16-1		

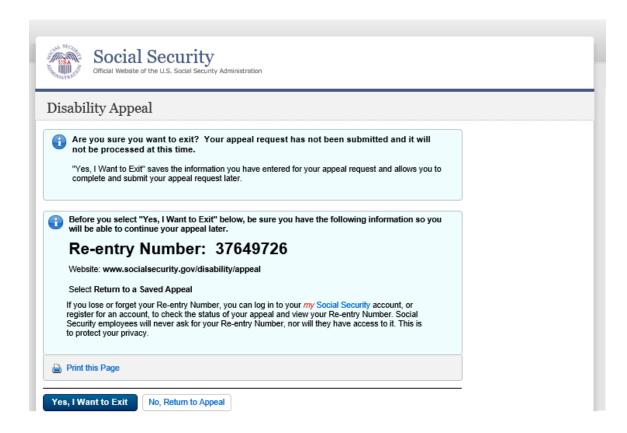
3. - Return to a Saved Appeal 1st Party (was Rtrn001 - Return to a Saved Appeal)



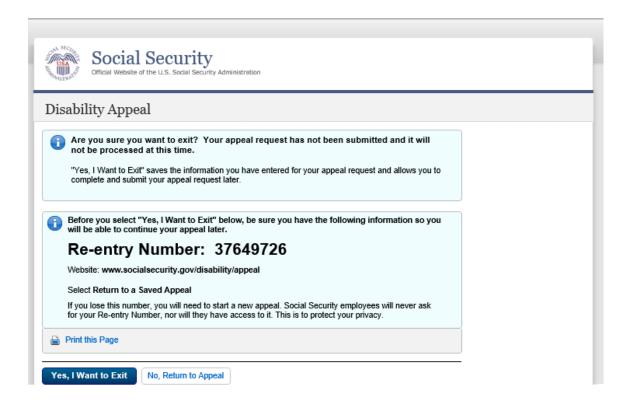
4. - Return to a Saved Appeal 3rd Party (was Rtrn001 - Return to a Saved Appeal)



5. - Save and Exit - 1st Party (was Exit 001 - Save and Exit)

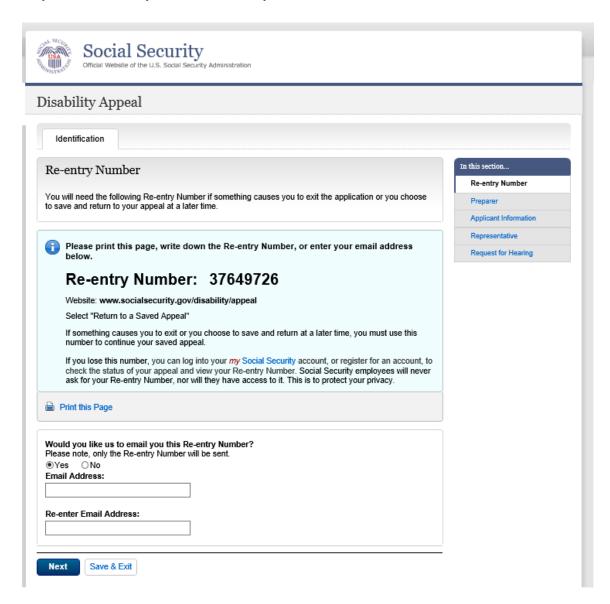


6. - Save and Exit - 3rd Party (was Exit 001 - Save and Exit)

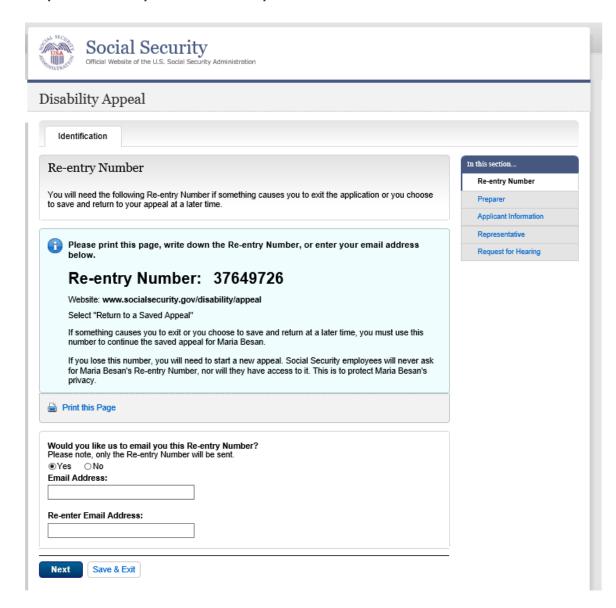


B. Section: Identification Pages

7. Rtry001-01 - Reentry Number - 1st Party



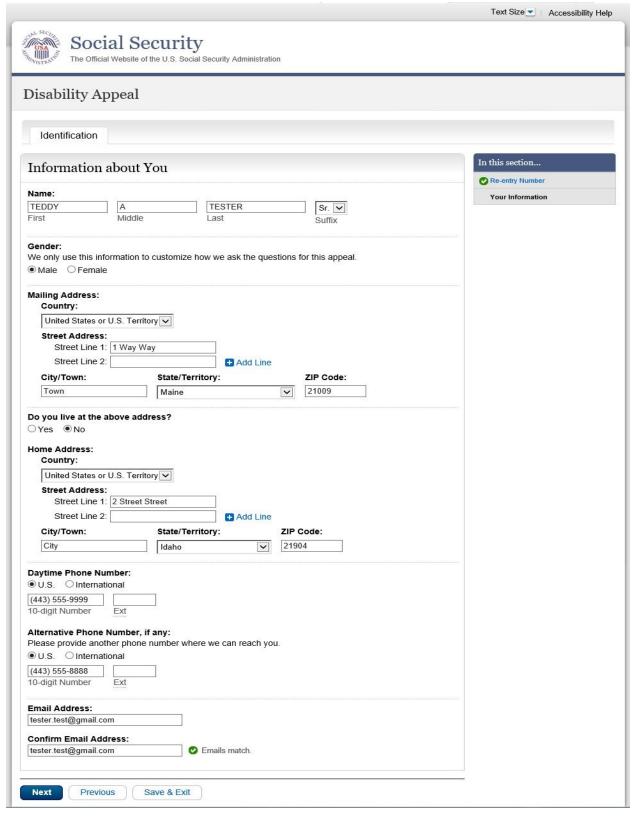
8. Rnty001-3 - Reentry Number - 3rd Party



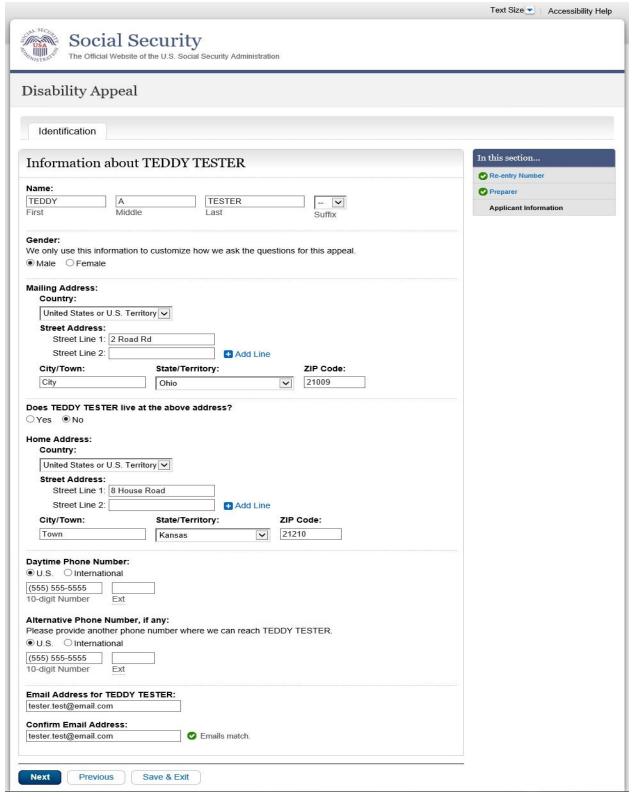
9. Frmc001 - Preparer, Identification 3rd Party: Form Completer: Preparer's Info



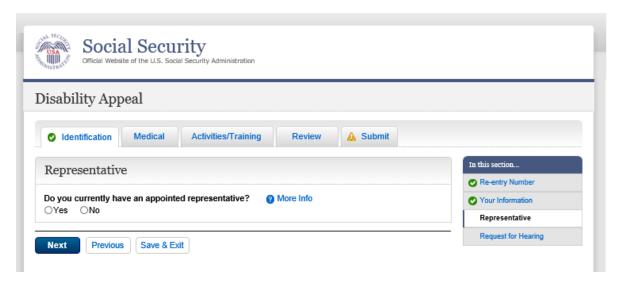
10. Appd001-1 - Your Information 1st Party: Applicant Information



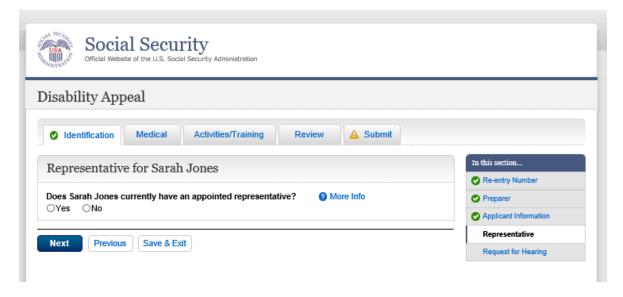
11. Appd001-3 - Applicant Information 3rd Party: Applicant Information



12. Rpnp001-1 - Representative - 1st Party



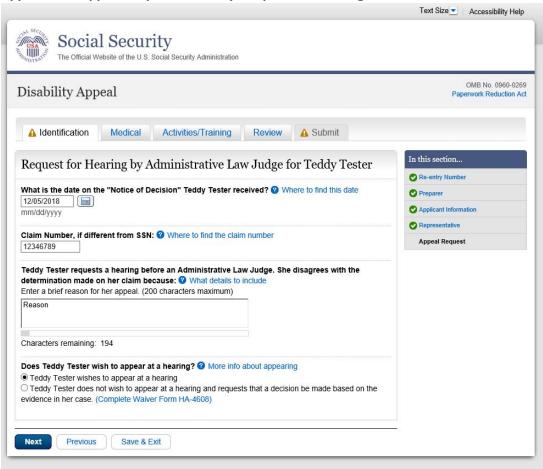
13. Rpnp001-3 - Representative - 3rd Party



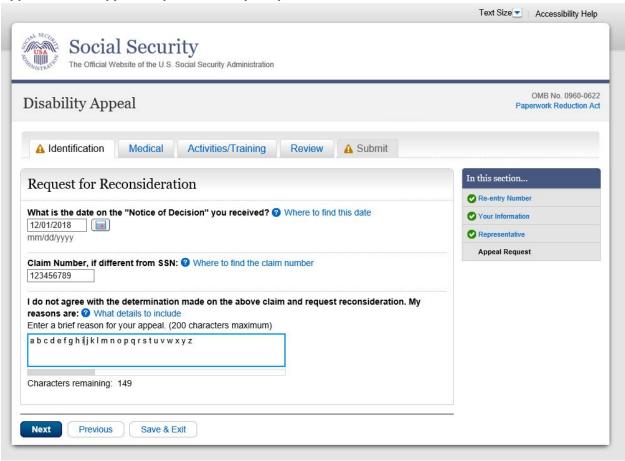
14. Appl001hr-1 Appeal Request 1st Party: Request for Hearing



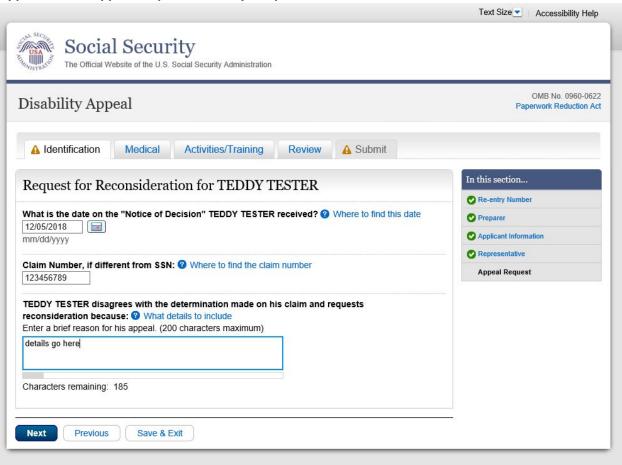
15. Appl001hr-3 Appeal Request 3rd Party: Request for Hearing



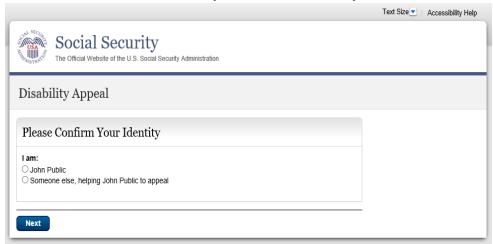
16. Appl001rec-1 - Appeal Request 1st Party: Request for Reconsideration



17. Appl001rec-3 - Appeal Request 3rd Party: Request for Reconsideration



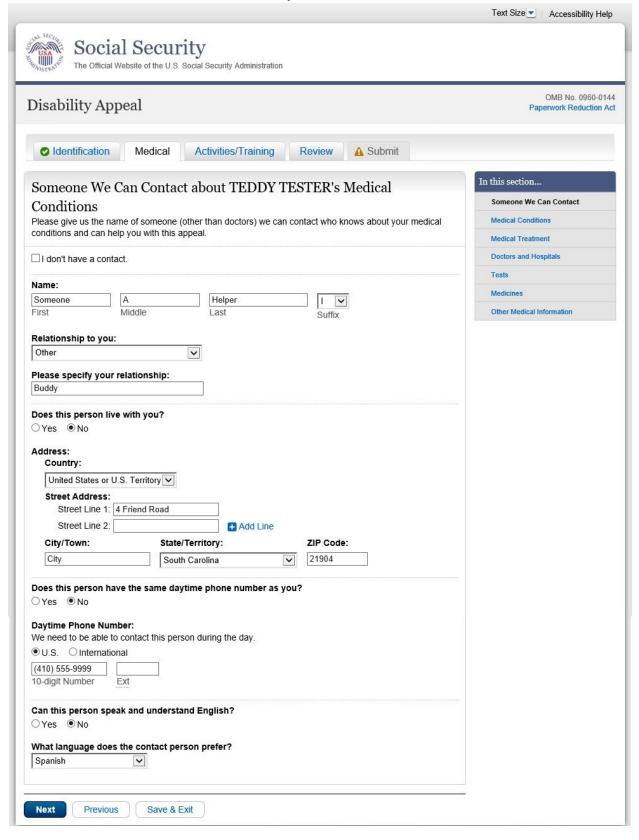
18. Cfid001-1 - Who Are You? 1st Party: Confirm Your Identity



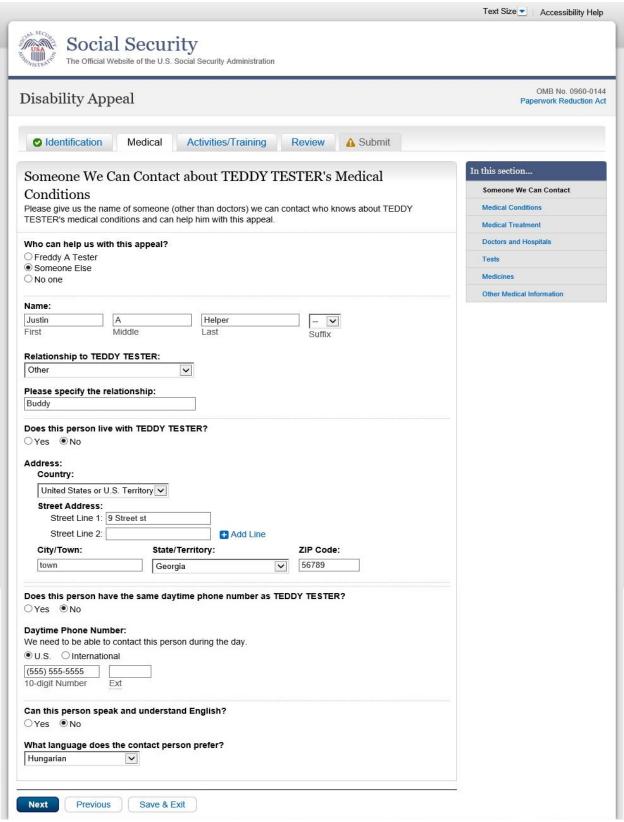
19. Cfid001-3 - Who Are You? 3rd Party: Confirm Your Identity



20. Cnti001-1 - Someone We Can Contact 1st Party: Contact Information

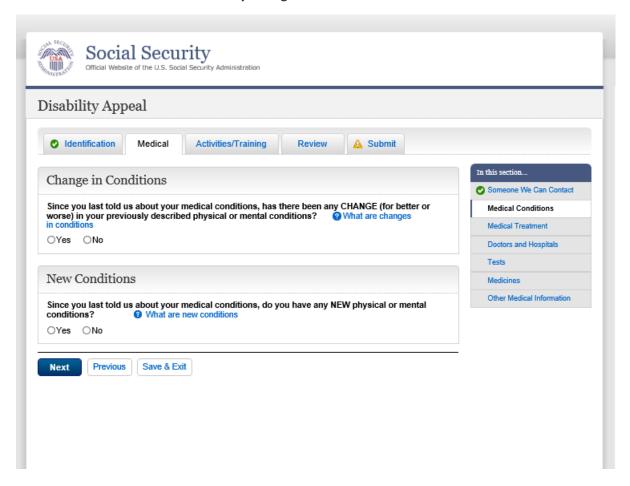


21. Cnti001-3 - Someone We Can Contact 3rd Party: Contact Information

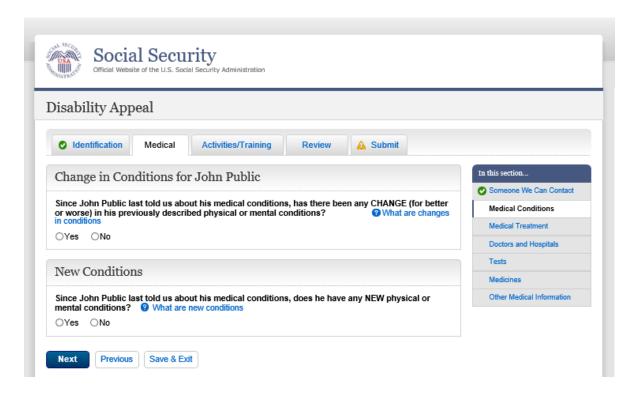


C. Section: Medical Pages

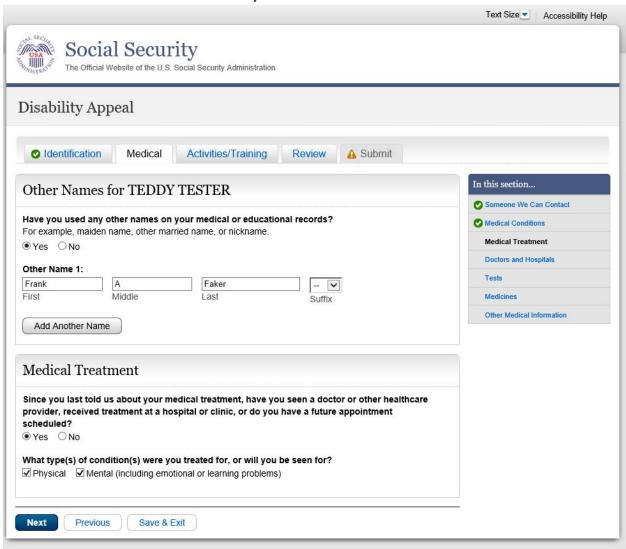
1. Cicd001-1 – Medical Conditions – 1st Party Change in Medical Conditions



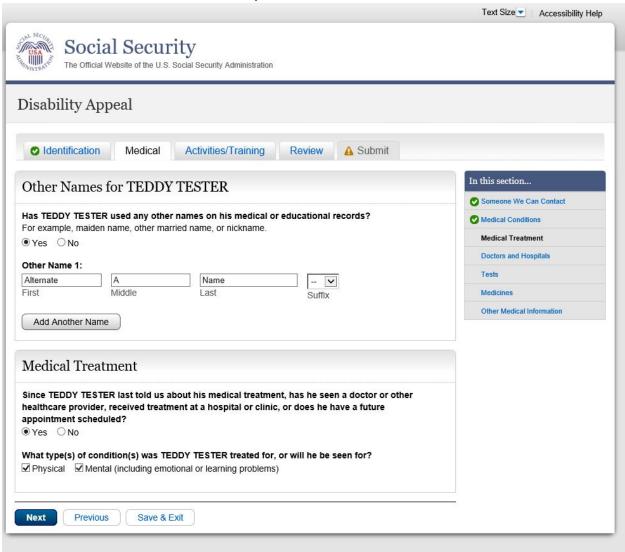
2. Cicd001-3 – Medical Conditions – 3rd Party Change in Medical Conditions



3. Nmed001-1 - Medical Treatment 1st Party: Medical Treatment



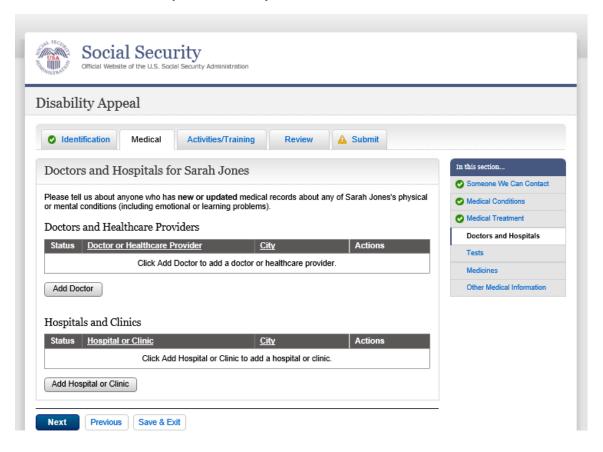
4. Nmed001-3 - Medical Treatment 3rd Party: Medical Treatment



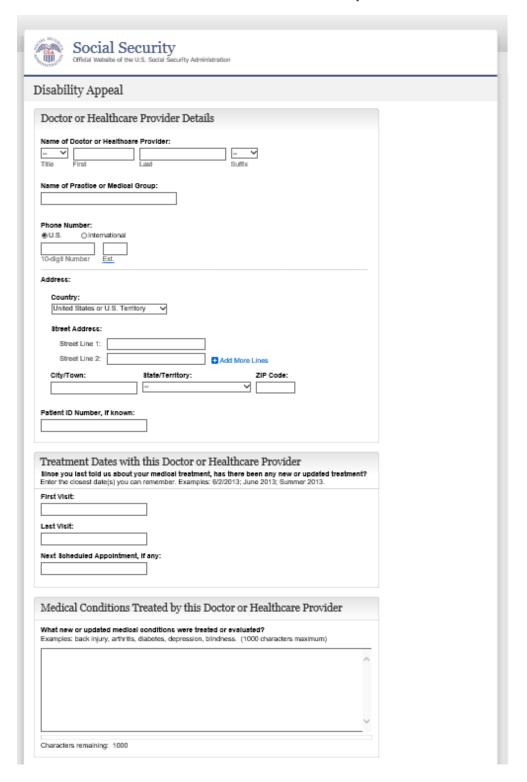
5. Doho001-1 - Doctors and Hospitals - 1st Party

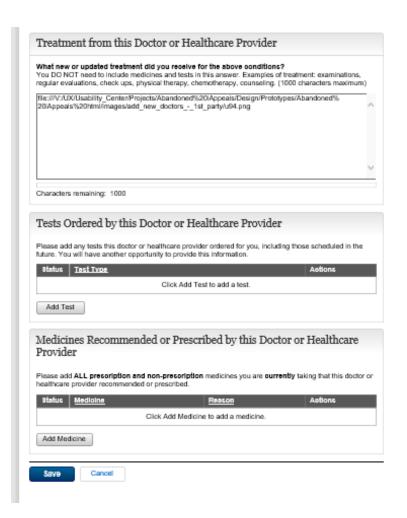


6. Doho001-3 – Doctors and Hospitals – 3rd Party

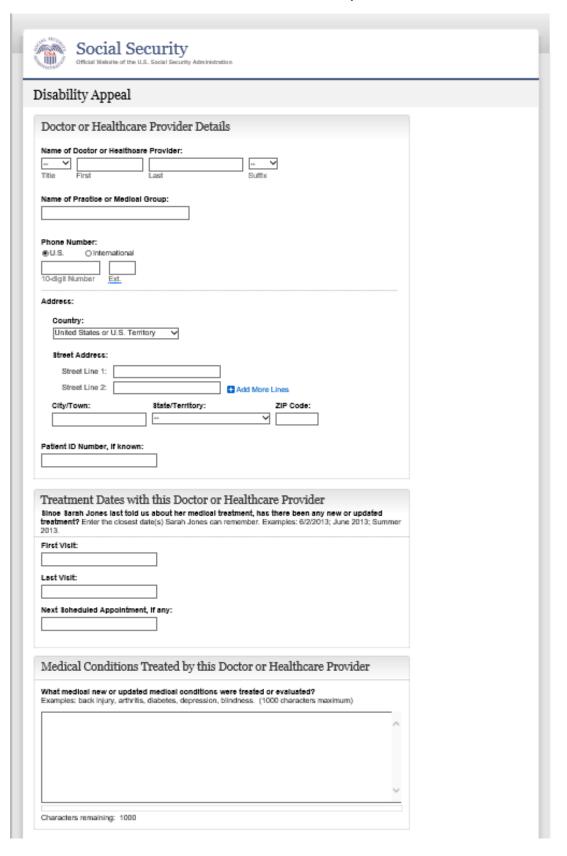


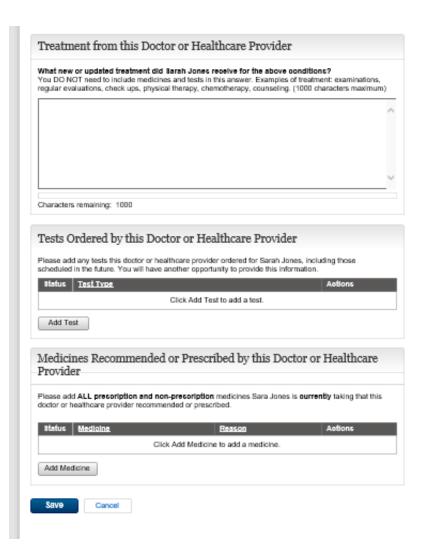
7. Doct002-1 - Doctor or Healthcare Provider Details - 1st Party



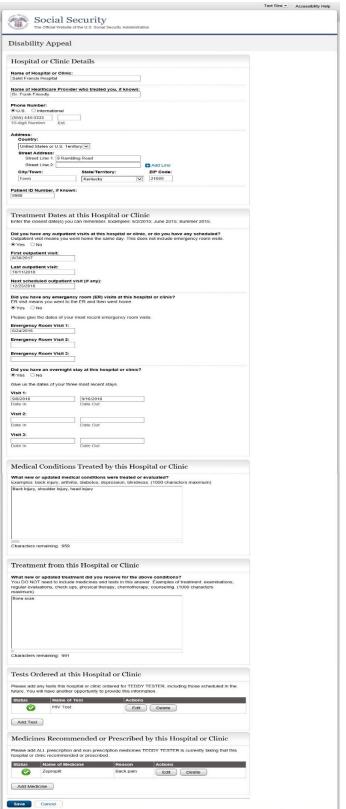


8. Doct002-3 – Doctor or Healthcare Provider Details – 3rd Party

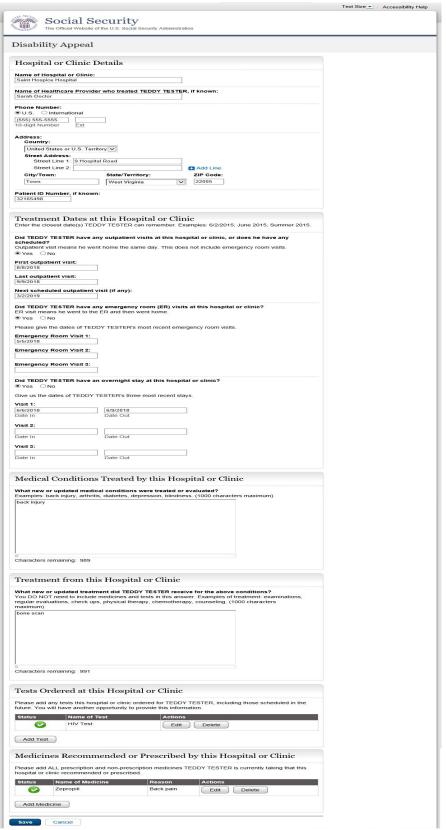




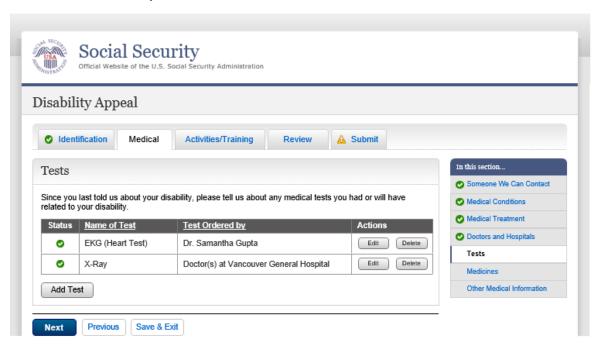
9. Hosp002-1 - Hospital or Clinic Details 1st Party: Specific Hospital Detailed Information



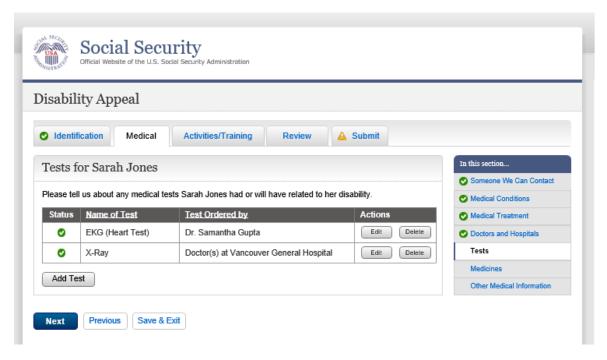
10. Hosp002-3 - Hospital or Clinic Details 3rd Party: Specific Hospital Detailed Information



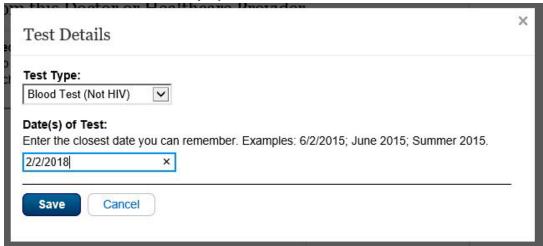
11. Test001-1 - Tests - 1st Party



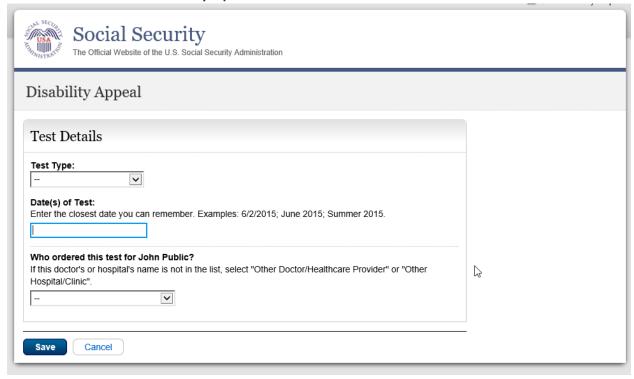
12. Test001-3 - Tests - 3rd Party



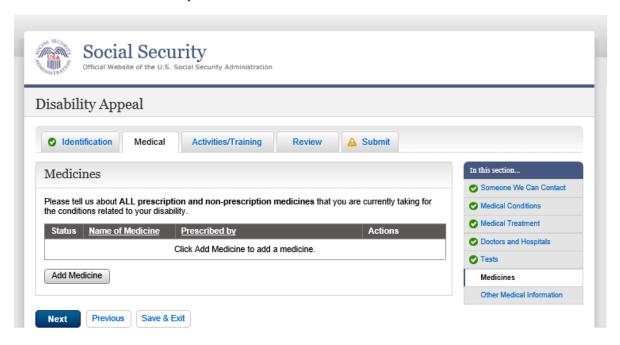
13. Test002-1 - Test Details 1st Party: Specific Test Detailed Information



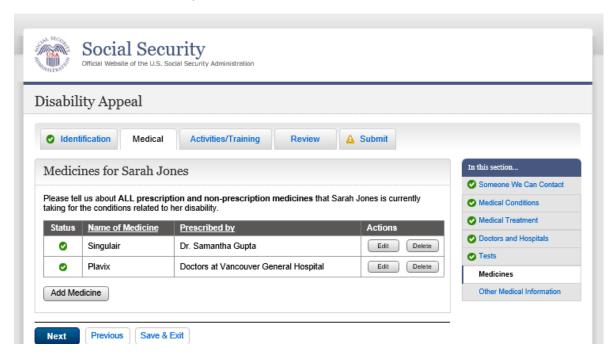
14. Test002-3 - Test Details 3rd Party: Specific Test Detailed Information



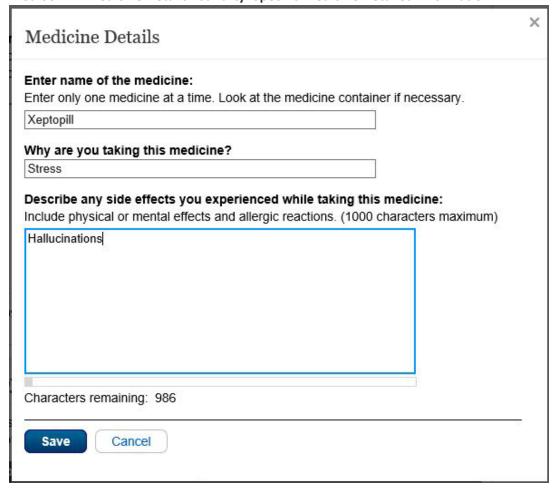
15. Medi001-1 - Medicines - 1st Party



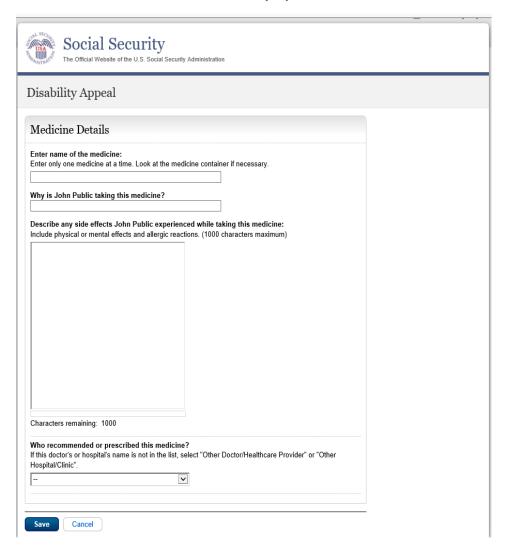
16. Medi001-3 - Medicines - 3rd Party



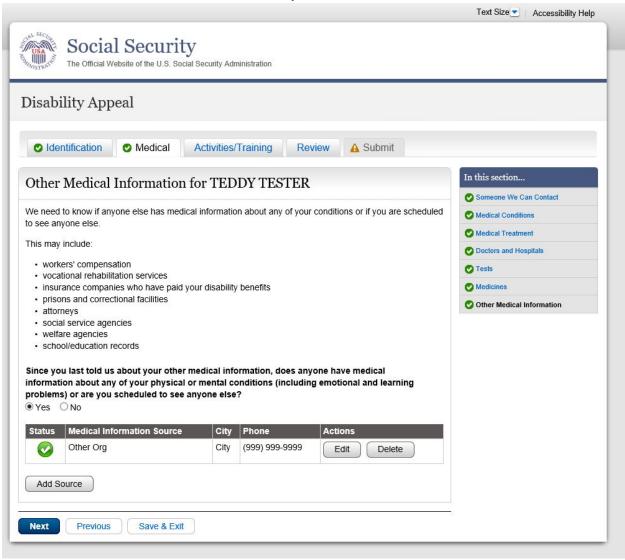
17. Medi002-1 - Medicine Details 1st Party: Specific Medicine Detailed Information



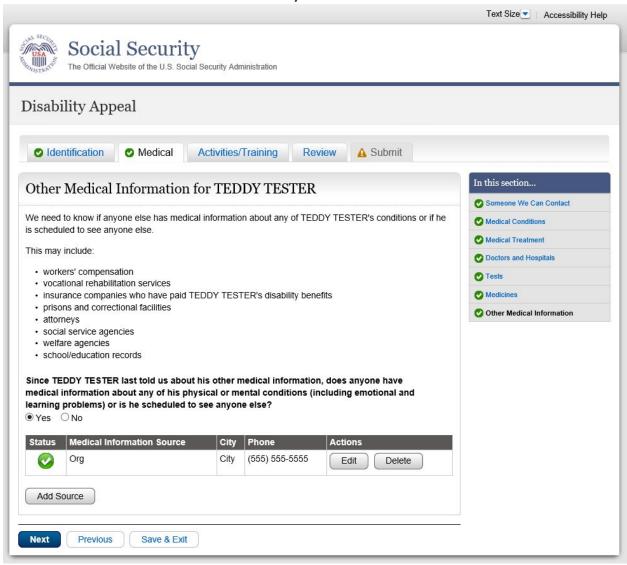
18. Medi002-3 Medicine Details 3rd Party: Specific Medicine Detailed Information



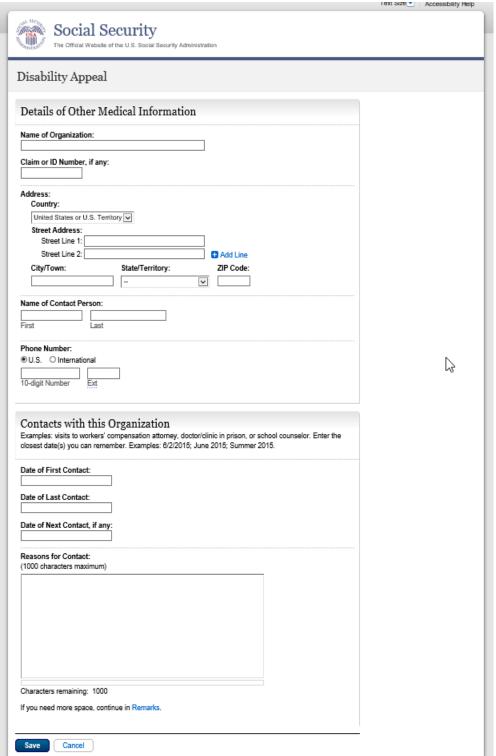
19. Othr001-1 - Other Medical Information 1st Party: Other Medical Records



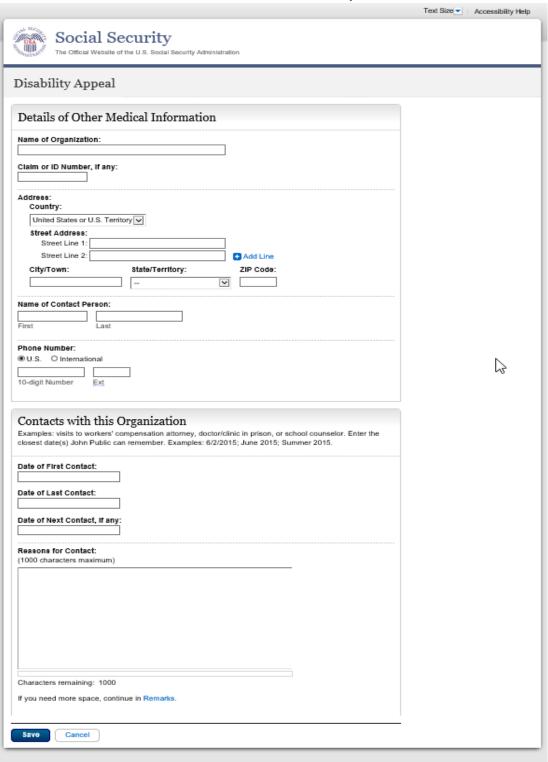
20. Othr001-3 - Other Medical Information 3rd Party: Other Medical Records



21. Othr002-1 - Details of Other Medical Information 1st Party: Details of Other Medical Information



22. Othr002-3 - Details of Other Medical Information 3rd Party: Details of Other Medical Information



D. Section: Activities/Training

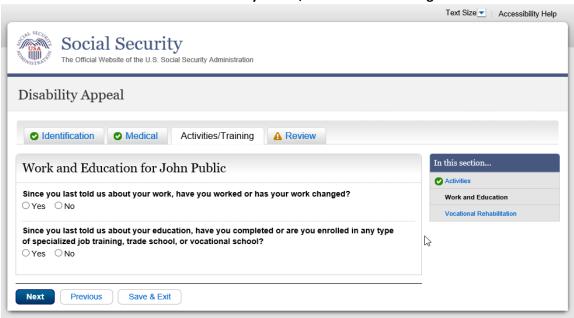
1. Actv001-1 - Activities 1st Party: Activities



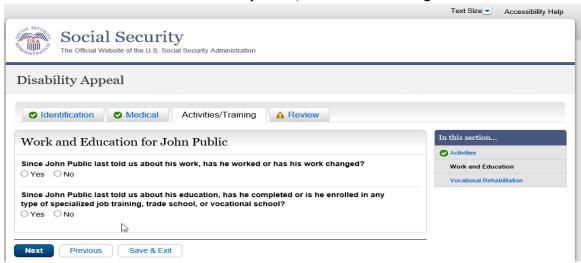
2. Actv001-3 - Activities 3rd Party: Activities



3. Wetr001-1 - Work and Education 1st Party: Work, Education & Training



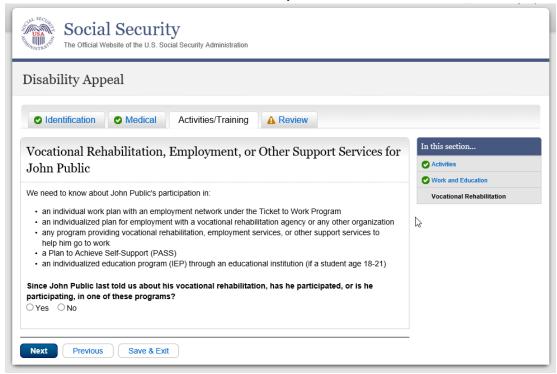
4. Wetr001-3 Work and Education 3rd Party: Work, Education & Training



5. Voct001-1 - Vocational Rehabilitation 1st Party: Vocational Rehabilitation

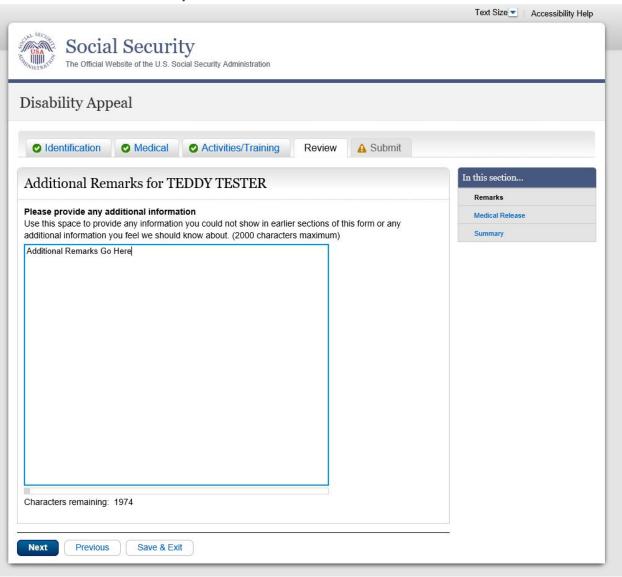


6. Voct001-3 - Vocational Rehabilitation 3rd Party: Vocational Rehabilitation

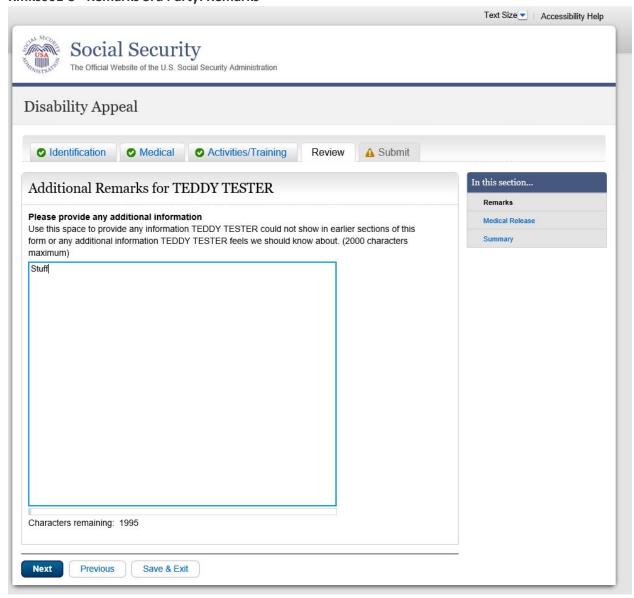


E. Section: Review and Submit Pages

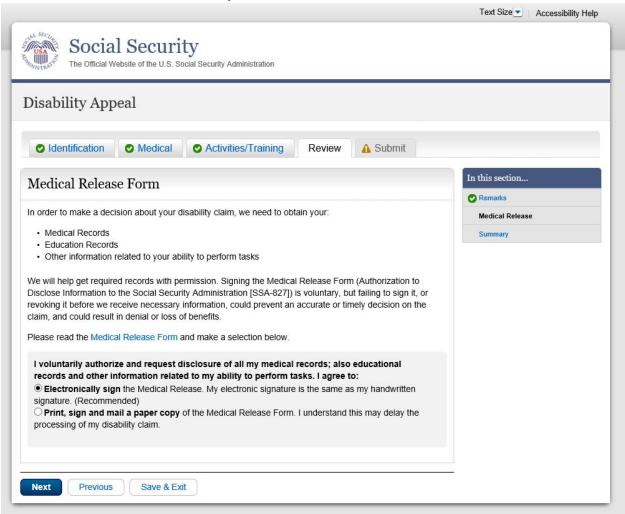
1. Rmks001-1 - Remarks 1st Party: Remarks



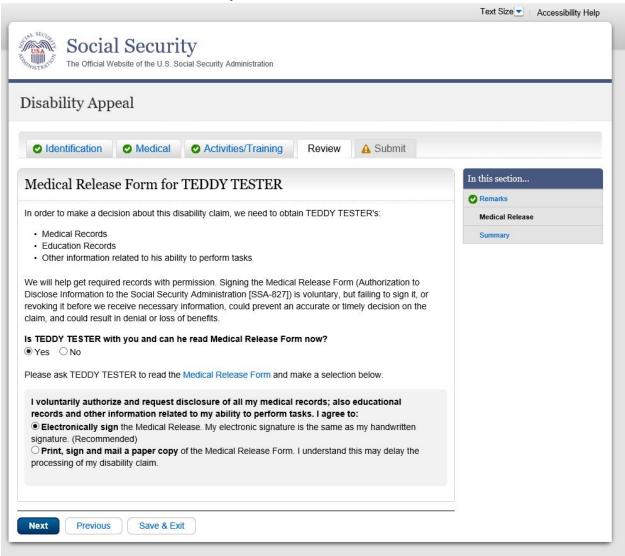
2. Rmks001-3 - Remarks 3rd Party: Remarks



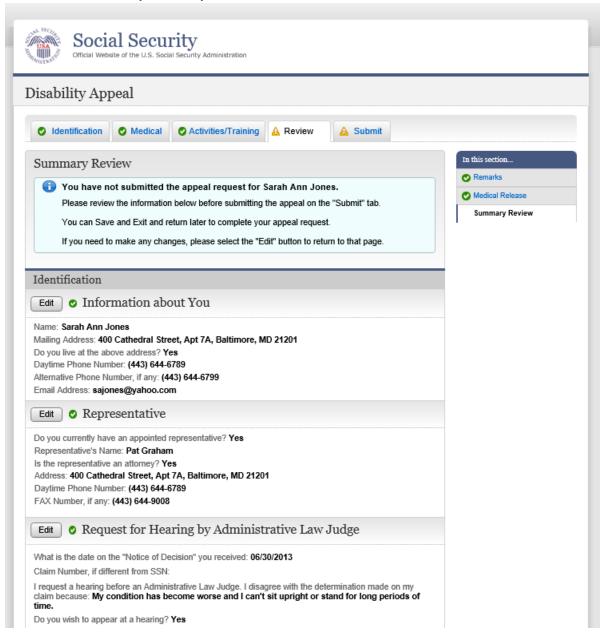
3. Mdrf001-1 - Medical Release 1st Party: Medical Release Form



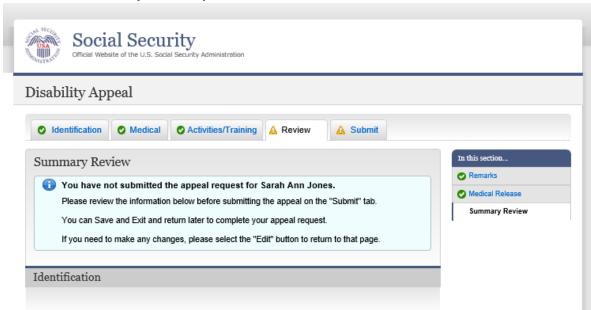
4. Mdrf001-3 - Medical Release 3rd Party: Medical Release Form



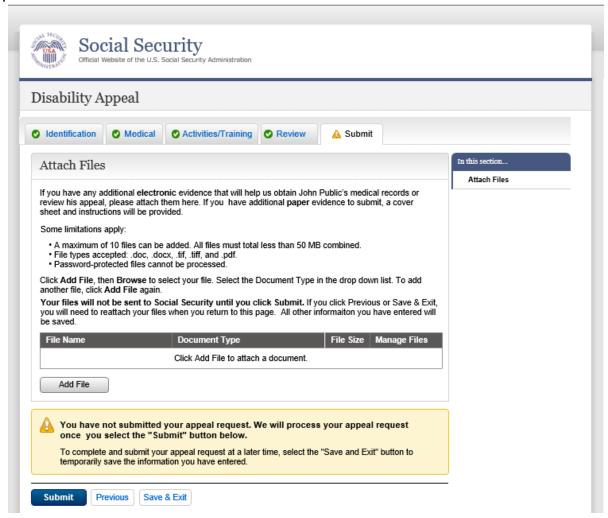
5. Revw001-1 - Summary - 1st Party



6. Revw001-3 – Summary – 3rd Party



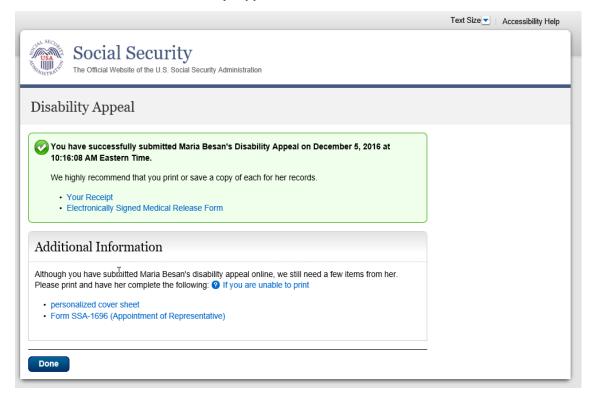
7. Flup001 – Attach Files



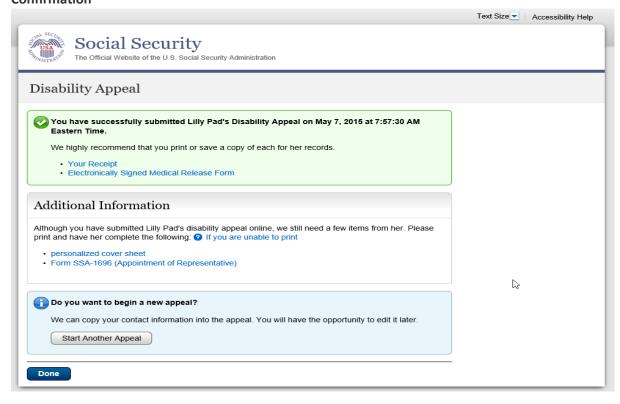
8. Conf001-1 - Confirmation 1st Party: Application Submission Confirmation



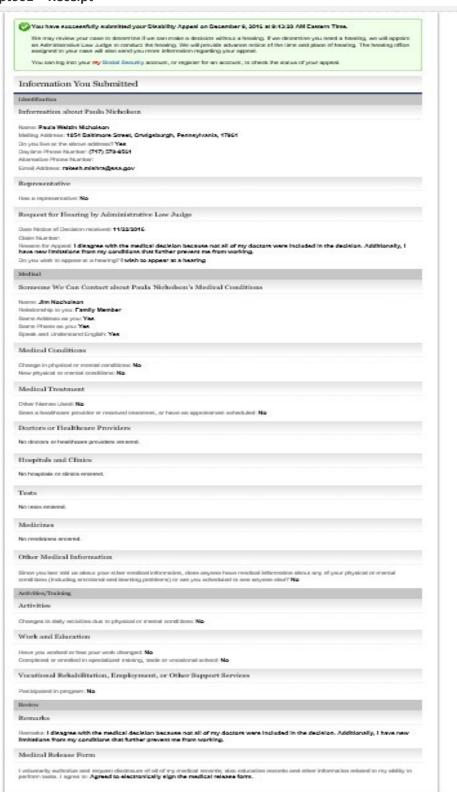
9. Conf001-3 - Confirmation 3rd Party: Application Submission Confirmation



10. Conf001-3-Rep Confirmation 3rd Party - Appointed Representative: Application Submission Confirmation



11. Rcpt001 - Receipt

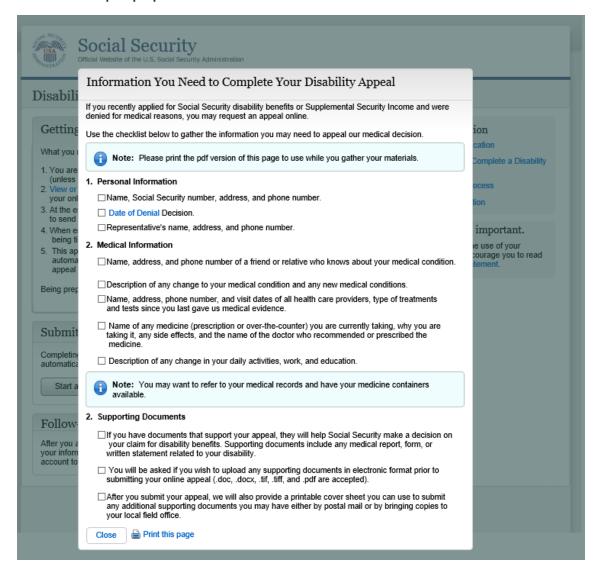


12. Covr001 - Cover Sheet Cover Sheet

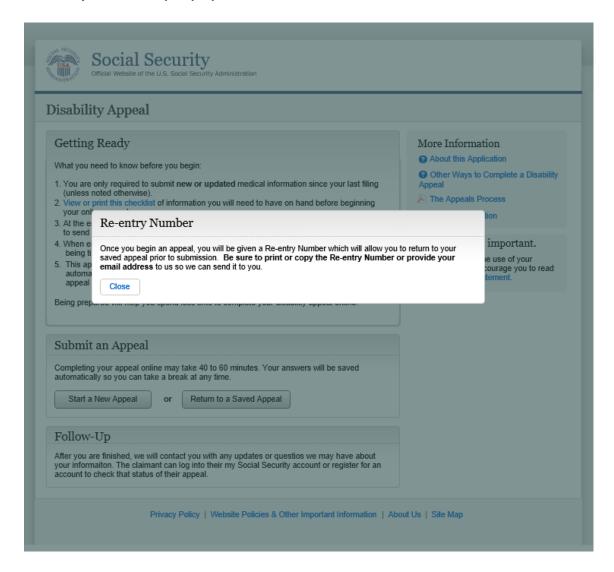
Print Now Save a Copy Can't print or save this document?		
	Cover Sheet for John Public I have completed the appeal for disability benefits online. I understand that the appeal I completed and sent to Social Security electronically will be used in making a decision on my claim for benefits. My address: 4500 Frederick Road Baltimore, MD 21228 My phone number: (410) 325-8779 Name and address of someone else Social Security can contact who knows about my condition:	
	I have attached the following items (check all that apply): Copies of Medical Records You Already Have Other (Please list below)	₽ - -
	Mail or bring to: SCCIAL SECURITY LAKESIDE BLDG, STE 110 8865 STANFORD BLVD COLUMBIA , MD 21045-5146	

Section: Lightboxes

1. - Checklist Help Pop-up



2. - Re-entry Number Help Pop-up



3. - Forgot or Lost Re-entry Number Help

Forgot or Lost Re-entry Number If you have lost or forgotten your Re-entry Number, you can retrieve it by creating or signing into your my Social Security account. Your Re-entry Number can be retrieved by clicking the "Get Re-entry Number" link found in the "Your Benefit Applications" table. Close