

Upload Documents (eSubmit)

**Individual Representative Payee**  
CI Initiated Submissions

**MVP SCREEN PACKAGE**

November 17, 2025

## Link to Upload Documents on SSA.gov webpage

The screenshot shows the SSA.gov homepage. At the top, there is a dark blue header with the text "Becoming an adult" on the left and "Communication preferences" on the right. Below the header, the "Services" section is displayed. It features six buttons in a 2x3 grid: "Check benefit eligibility →", "Make an appointment →", "Find an office →", "Continue an application →", "Appeal a decision →", and "Protect yourself from scams →". Below these buttons, there are four columns of links. The first column, titled "Documents", includes "Get benefit verification letter", "Get tax form (1099/1042S)", and "Upload documents". The second column, titled "Payment", includes "Update direct deposit", "Resolve an overpayment", "Request to withhold taxes", and "View benefit payment schedule". The third column, titled "Number & card", includes "Replace card", "Request a number for the first time", and "Report a stolen number". The fourth column, titled "Record", includes "Change name", "Update contact information", "Update citizenship or immigration status", and "Report a death". A vertical "Feedback" button is located on the right side of the page.

https://www.ssa.gov

Becoming an adult Communication preferences

### Services

[Check benefit eligibility →](#) [Make an appointment →](#) [Find an office →](#)

[Continue an application →](#) [Appeal a decision →](#) [Protect yourself from scams →](#)

**Documents**

- [Get benefit verification letter](#)
- [Get tax form \(1099/1042S\)](#)
- [Upload documents](#)

**Payment**

- [Update direct deposit](#)
- [Resolve an overpayment](#)
- [Request to withhold taxes](#)
- [View benefit payment schedule](#)

**Number & card**


- [Replace card](#)
- [Request a number for the first time](#)
- [Report a stolen number](#)

**Record**

- [Change name](#)
- [Update contact information](#)
- [Update citizenship or immigration status](#)
- [Report a death](#)

Feedback

## ROME authentication page

 Social Security

Sign In

Accounts created **before** September 18, 2021 should enter a Username and Password.

**Username**

[Forgot Username?](#)

**Password**

[Forgot Password?](#)

[Sign in](#)

[Sign in with !\[\]\(a0eef730b3b4a22497288ba41caafa68\_img.jpg\) LOGIN.GOV](#)

[Sign in with !\[\]\(3cfe8cf8af4b11d09edd36ec455dd31f\_img.jpg\) ID.me](#)

[Learn more](#)

[Create an account](#)

[Use an activation code](#)

Are you now, or have you ever been a victim of domestic violence? Identity theft? Do you have other concerns?

You can [contact us](#) to block electronic access to your information at any time, for any reason.

Privacy and Security

[OMB No. 0960-0789](#) [Privacy Policy](#) [Privacy Act Statement](#) [Accessibility Help](#)



## General Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that the unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
  - Give false or misleading statements to obtain information in Social Security records;
  - Give false or misleading information to obtain or alter Social Security benefits; or
  - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.


Next


Exit

[Privacy and Security](#)

[OMB No. 0960-0789](#) [Privacy Policy](#) [Privacy Act Statement](#) [Accessibility Help](#)

## MySSA Services Page

 An official website of the United States government [Here's how you know](#) ▼

 **my Social Security**

John D. ▼ | [Sign out](#)

### Service Options

You last signed in on **May 1, 2023 at 9:12 AM ET.**

**Select one of the options below:**

☐ **my Social Security**  
Estimate your future benefits, view and/or manage your Social Security information.


☐ **Representative Payee Services**  
View or update benefit information for beneficiaries you represent.


[Go](#)

[Privacy Policy](#) | [Accessibility Help](#)

## MySSA – Representative Payee Services Page (Beneficiary Accounts)

### Multiple Beneficiaries

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John D. ▼ | [Sign out](#)

## Representative Payee Services

### Beneficiary Accounts

#### Select Beneficiary

Select a beneficiary below to review or update benefit and payment information, and complete online reporting for beneficiaries you represent.

If you are the representative payee for a beneficiary not listed below, [contact us](#).

<b>KATHERINE GIROUX</b>	<b>HUNTER GIROUX</b>
<b>Social Security Number</b> ***-**-0902	<b>Social Security Number</b> ***-**-0111
<b>Date of Birth</b> 06/22/1986	<b>Date of Birth</b> 06/22/1986
<b>Benefits</b> Social Security (Retirement), SSI (Disability), Medicare	<b>Benefits</b> Social Security (Retirement), SSI (Disability), Medicare
<a href="#">Select Beneficiary</a>	<a href="#">Select Beneficiary</a>

#### Quick Links


**Select Beneficiary**


- [Tax Form SSA-1099/SSA-1042S](#)
- [Report Wages](#)
- [Benefit Verification Letter](#)
- [Medicare Replacement Card](#)
- [Upload Documents](#)

[Privacy Policy](#) | [Accessibility Help](#)

“Select Beneficiary” Btn clicked

## MySSA – Representative Payee Services Page (Beneficiary’s Details Page)

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 my Social Security John D. ▼ | [Sign out](#)

### Representative Payee Services

#### Beneficiary Overview

##### Beneficiary Information

Name	Social Security Number	Date of Birth
HUNTER GIROUX	***-**-8909	09/18/1969

##### Benefits & Payments

Receiving:	<b>Social Security (Disability), Medicare</b>
Next payment is:	<b>\$1,516.00 on May 21, 2025</b>

[Get a Benefit Verification Letter](#)  
Need proof that this beneficiary receives Social Security benefits? Here's your official letter.

##### Representative Payee Annual Accounting

Your Annual Accounting reports are up-to-date. You will be notified when they are due.

As a Representative Payee, you can:

- Submit annual accounting reports online or by mail
- View previous reports submitted by you online or by mail

[View Previously Submitted Reports](#)

##### Upload Documents

Search and submit forms online or upload documents.

[Upload Documents](#)

##### Quick Links

###### Beneficiary Accounts

Hunter Giroux ^


**Overview**  
[Representative Payee Annual Accounting](#)  
[Benefit Verification Letter](#)  
[Representative Payee Contact Information](#)  
[Upload Documents](#)

KATHERINE GIROUX

[Privacy Policy](#) [Accessibility Help](#)

“Upload Documents” link clicked.

## Upload documents (UD) - PRA

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my Social Security

John D. ▼


Sign out

Representative Payee for Hunter G.

### Upload Documents

#### Privacy Act Statement


##### Collection and Use of Personal Information


 Section 205(a) of the Social Security Act, as amended, and Executive Order 14058, allow us to collect this information, which we will use to process the forms and/or evidence submitted. Providing this information is voluntary, but not providing all or part of the information may prevent us from assisting you with the request. As law permits, we may use and share the information you submit including with other Federal agencies, our contractors, and others, as outlined in the routine uses within System of Records Notices 60-0089, 60-0320, and 60-0373, available at [www.ssa.gov/privacy](http://www.ssa.gov/privacy). The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

Next



## Identity Proofing Page

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 my Social Security

John D. ▾ | [Sign out](#)  
Representative Payee for Hunter G.

### Upload Documents

#### Identity-Proofing and Authentication

The information shown below cannot be changed here. If changes are needed, you must [contact us](#).

**First Name**  
JOHN

**Last Name**  
DOE

**Date of Birth**  
05/22/1965

**Social Security Number (SSN)**  
\*\*\*-\*\*-9999

**Mailing Address**  
626 HICKORY DRIVE  
BALTIMORE, MD 21211

**Email Address**  
jdoe1965@email.com

**Phone Number**  
410-332-0041


Subject for removal - decision is pending.


Next

Previous

## UD – Landing Page

When there are no open requests this page will be the landing page.

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 **my Social Security**

John D. ▼ | [Sign out](#)  
Representative Payee for Hunter G.

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## Upload Documents

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[Open Requests](#) [Past Activity](#) [Search Forms](#) [Upload Your Documents](#)

### Upload Your Documents

**Document Type**  
All information is required, unless noted optional.  
**What would you like to upload?**  


☐ SSA Form


☐ Other Document  
Proof of Employment, W-2, 1099-MISC, Bank statement, Tax Return, etc.

[? Other Document Examples](#)

[Next](#)

## Other Document Selected

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 **my Social Security**

John D. ▼ | [Sign out](#)  
Representative Payee for Hunter G.

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## Upload Documents

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[Open Requests](#) [Past Activity](#) [Search Forms](#) [Upload Your Documents](#)

### Upload Your Documents

**Other Document**  
All information is required, unless noted optional.  
**Is the document related to a disability benefit or disability claim?**  

☐ Yes

☐ No

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

## Disability claims related? - Yes

**Other Document**

All information is required, unless noted optional.

Is the document related to a disability benefit or disability claim?

☒ Yes

☐ No

Document Category

--

## Document Category - Disability

**Other Document**

All information is required, unless noted optional.

Is the document related to a disability benefit or disability claim?

☒ Yes

☐ No

Document Category

Disability

Which document are you uploading?

--

## Document uploading - Hospital Records

**Other Document**

All information is required, unless noted optional.

Is the document related to a disability benefit or disability claim?

☒ Yes

☐ No

Document Category

Disability

Which document are you uploading?

Hospital Records


Next

Previous

## UD – Prepare and Upload step

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Here's how you know

 my Social Security

John D. ▾ | Sign out

Representative Payee for Hunter G.

✔ Select Document Type

**Prepare and Upload**

Review and Submit

Confirmation

#### Hospital Records

\* Indicates required information

**1. Prepare**

Gather the relevant document(s) and save it to your device.

**\* 2. Upload**

Choose and upload the document(s).



Drag file(s) here or [choose file\(s\)](#)

Next

Previous

Back to Upload Your Documents

## Document Attached

✔ Select Document Type

**Prepare and Upload**

Review and Submit

Confirmation

#### Hospital Records

\* Indicates required information


**1. Prepare**


Gather the relevant document(s) and save it to your device.

**\* 2. Upload**

Choose and upload the document(s).

Drag file(s) here or [choose file\(s\)](#)

 JHH records.jpg  
6.625 KB

✔ 

1 file(s) selected

Next

Previous

Back to Upload Your Documents

## Review and Submit Step (No Signature required)

### Upload Documents

✓ Select Document Type

✓ Prepare and Upload

**Review and Submit**

Confirmation

#### Review and Submit

Please review the information, including document file name(s), to verify you have uploaded the correct document(s) before submitting.

##### Hospital Records

###### Document(s) Uploaded

[Edit](#)

Document Name	Document Preview
JHH records.pdf	

###### Document Type

[Edit](#)

Document Type: **Other Document**  
Disability benefit or disability claim: **Yes**  
Document Category: **Disability**  
Document: **Hospital Records**

[Submit](#)

[Previous](#)

[Back to Upload Your Documents](#)

## UD – Confirmation Page

*Document has been submitted.*

### Upload Documents

#### ✓ A document has been successfully submitted.

Document(s) submitted for the Disability - Hospital Records:

 [JHH records.pdf](#)

- Save the information on this page for your records. The document(s) will not be available after you navigate away from this page.
- All submitted documents are converted to a PDF file format.
- We will contact you if additional information is needed.
- You will receive a confirmation receipt in your [Message Center](#) inbox. Message delivery timeframe may vary.





 [Print this page](#)

[Back to Upload Your Documents](#)

## UD – Past Activity Page

### Upload Documents

[Open Requests](#) [Past Activity](#) [Search Forms](#) [Upload Your Documents](#)

Submission	Request Date	Submission Date and Time	Submission Status *	Submission Details
Disability - Hospital Records	09/09/2025	09/09/2025 09:10 PM EST	✓ Completed	
SSA-3369 Work History Report	07/24/2025	07/24/2025 10:40 AM EST	✓ Completed	
SSA-44 Medicare Income-Related Monthly Adjustment Amount - Life-Changing Event	07/24/2025	07/24/2025 09:10 AM EST	✓ Completed	
SSA-8240 Authorization for the Social Security Administration to Obtain Wage and Employment Information from Payroll Data Providers	07/24/2025	07/24/2025 11:41 AM EST	✓ Completed	


 [\\*Status Definitions](#)

### Submission Details (Dialog)

#### Supporting Documents

Activity Search Forms Upload Your Documents

Submission Details

You can print or save the details below for your records. 

Disability - Hospital Records

Document(s) Submitted

Document Name

JHH\_records.pdf

Document Type

Document Type: **Other Document**  
Disability benefit or disability claim: **Yes**  
Document Category: **Disability**  
Document: **Hospital Records**

Other Details

Beneficiary: **Hunter Giroux**  
Submitted by: **John Alen Doe Jr. (Representative Payee)**  
Method Submitted: **Electronic**  
Submission Initiated by: **Self**

Date


Date/Time Submitted: **09/09/2025 09:10 PM EST**


Close

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## UD – Open Requests page

No open requests shown if this scenario if page selected from top navigation.


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 my Social Security


John D. ▼ | [Sign out](#)  
Representative Payee for Hunter G.






## Upload Documents

[Open Requests](#) [Past Activity](#) [Search Forms](#) [Upload Your Documents](#)

 You have no requests at this time or your requests have expired. You can view your submissions under [Past Activity](#). Please [contact us](#) with any questions.

OMB No. 0960-0830 [FAQ](#)

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## UD – MySSA navigation dropdown

“Other Services” → **MySSA Services Page**

“Change Beneficiary” → **UD Beneficiary page** (see second screenshot below)

*This option will be available if RapPayee represents more than one Beneficiary.*

This screenshot shows the 'my Social Security' account page. The header includes the government logo, the text 'An official website of the United States government', and a link 'Here's how you know'. The user's name 'John D.' and role 'Representative Payee for Hunter G.' are displayed, along with a 'Sign out' button. The main heading is 'Upload Documents'. Below it are tabs for 'Open Requests', 'Past Activity', 'Search Forms', and 'Upload Your Documents'. A message box states: 'You have no requests at this time or your requests have expired. You can view your s... Please [contact us](#) with any questions.' A dropdown menu is open, listing: 'Account Home', 'Messages 1', 'Update Banking Details', 'My Contact Information', 'Notification Preferences', 'Security Settings', 'Other Services', and 'Change Beneficiary'.

## Beneficiary page

This screenshot shows the 'Beneficiary' selection page. The header is identical to the previous screenshot. The main heading is 'Upload Documents'. Below it is a form titled 'Beneficiary' with the question 'Which beneficiary do you want to submit document(s) for?'. There are two radio button options: 'Hunter Giroux' and 'Katherine Giroux'. A blue 'Next' button is located below the form.