SCREEN PACKAGE DOCUMENT (SCREENSHOTS ONLY)

OAO IAPPEALS NON-MEDICAL:

INTERNET VERSION 1.1

Table of Contents

1. Design Screen Package Document Version Information

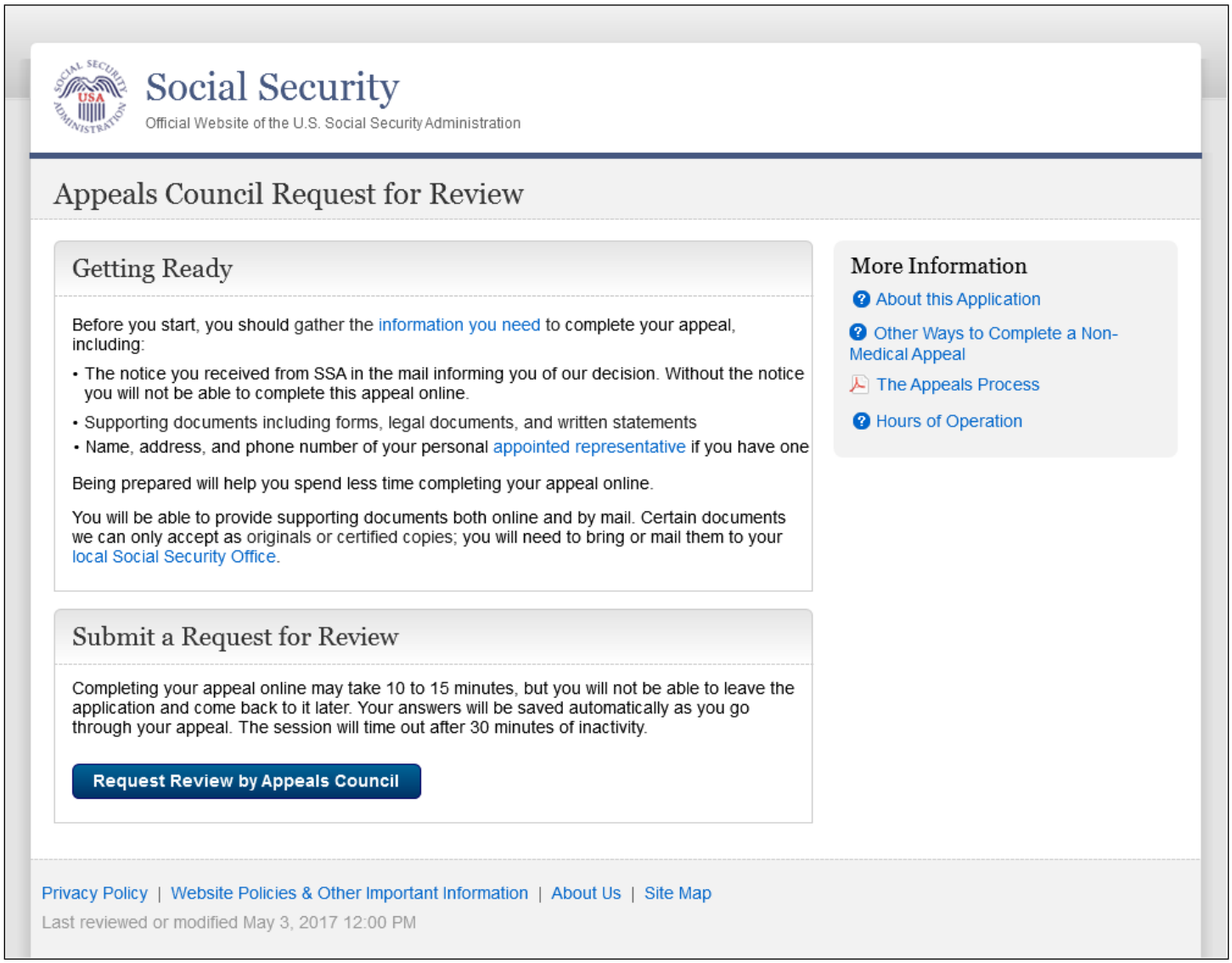
The first release of this design **Screen Package document** as a project deliverable is numbered 1.0.

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

Version Number	*Date*	*Content Revisions*	*Page Number*	*Revised by*
1.0 (First Release)	08/16/2017	Primary Author and Contact: Michelle Moses-Yearwood 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. Updated wording on “Notice of Decision” page. Updated the “SSA Program Title” drop list. Replaced screenshot for “Attach Files 1st Party” Updated the “Document Type” drop down list. Moved Help popup messages closer to their parent pages. Added screens for error messages	6 9, 10 25 28 30 6, 7, 25, 26 44-49	ES
1.2 (Second Revision)				
1.3 (Third Revision)				

2. Initial Screen

2.1. Getting Ready



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:

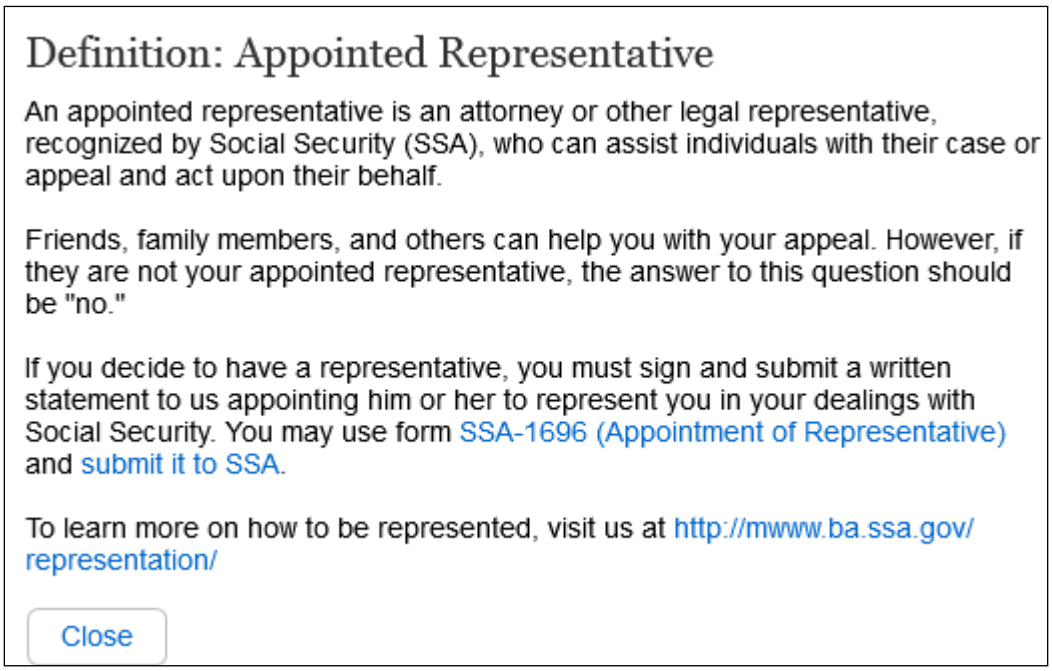
- Birth certificate, naturalization certificate, passport, marriage certificate, divorce decree

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.

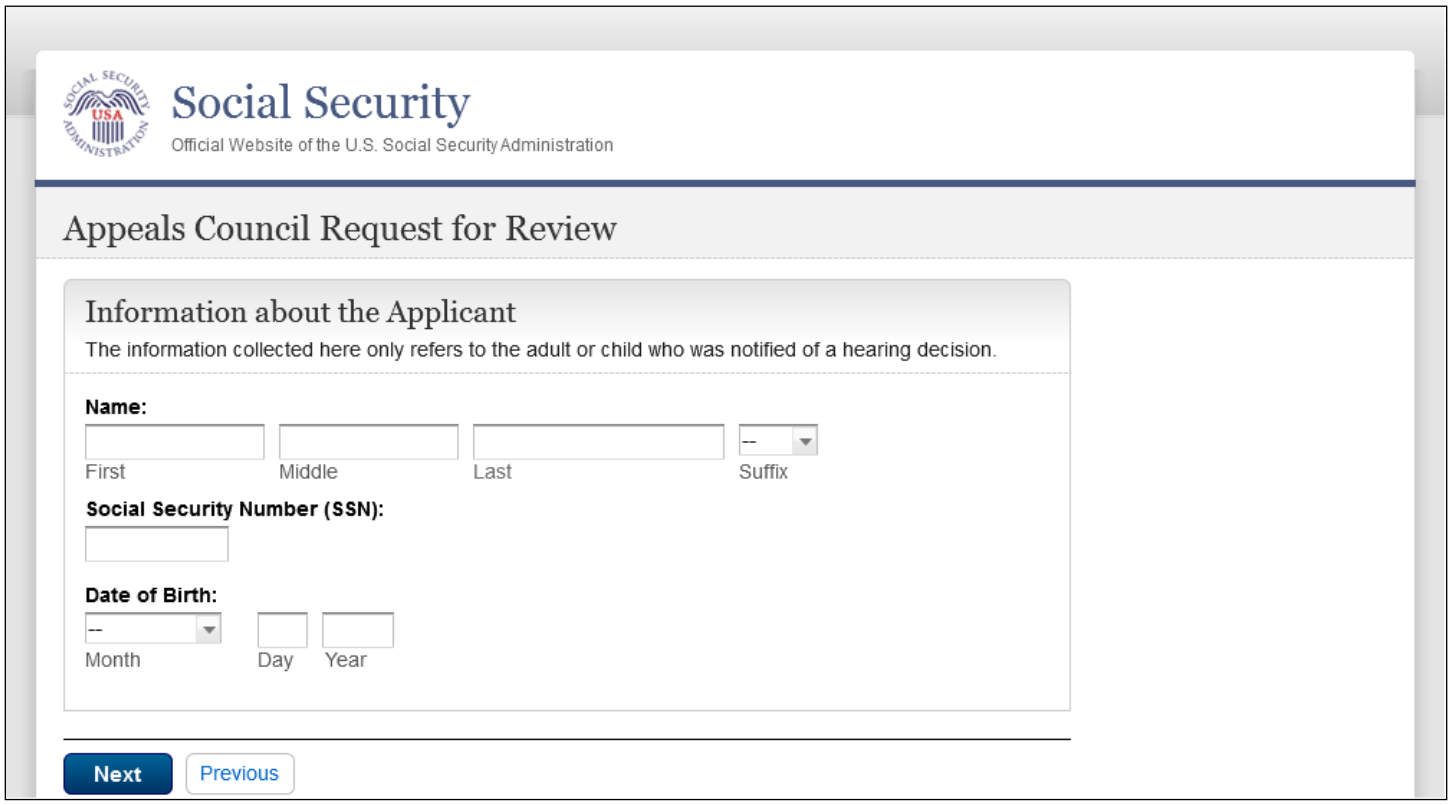
After you submit your appeal, we will provide a cover sheet you can use to submit with any documents you want us to include with your request.

Close

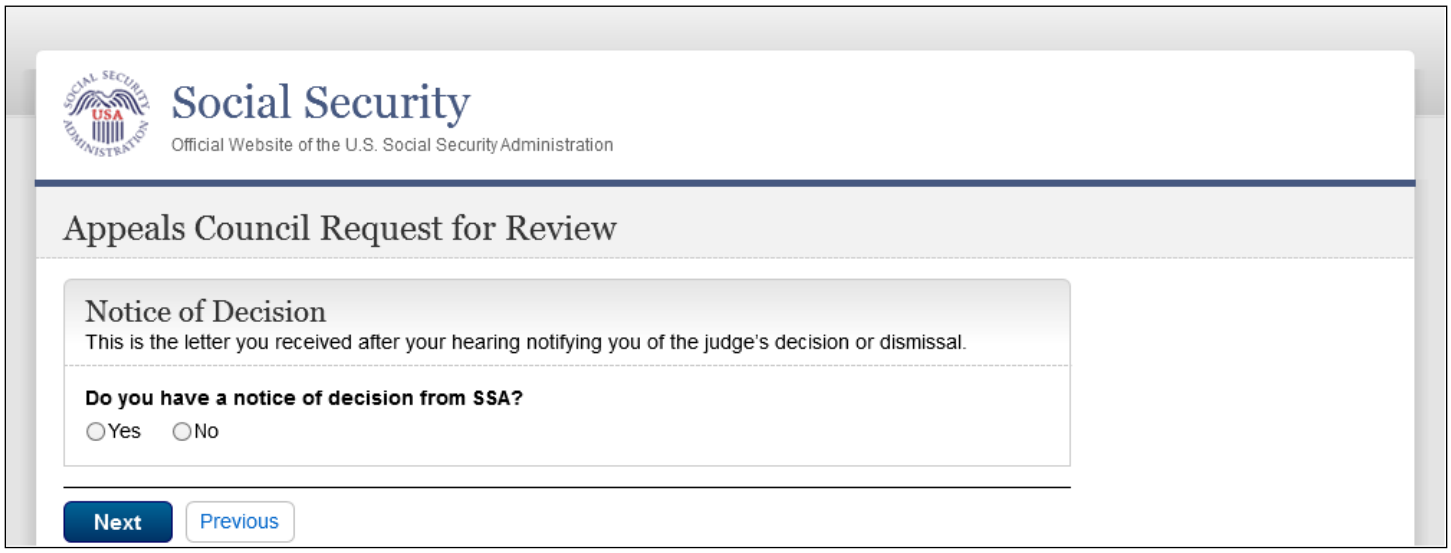
2.1.2. Appointed Representative



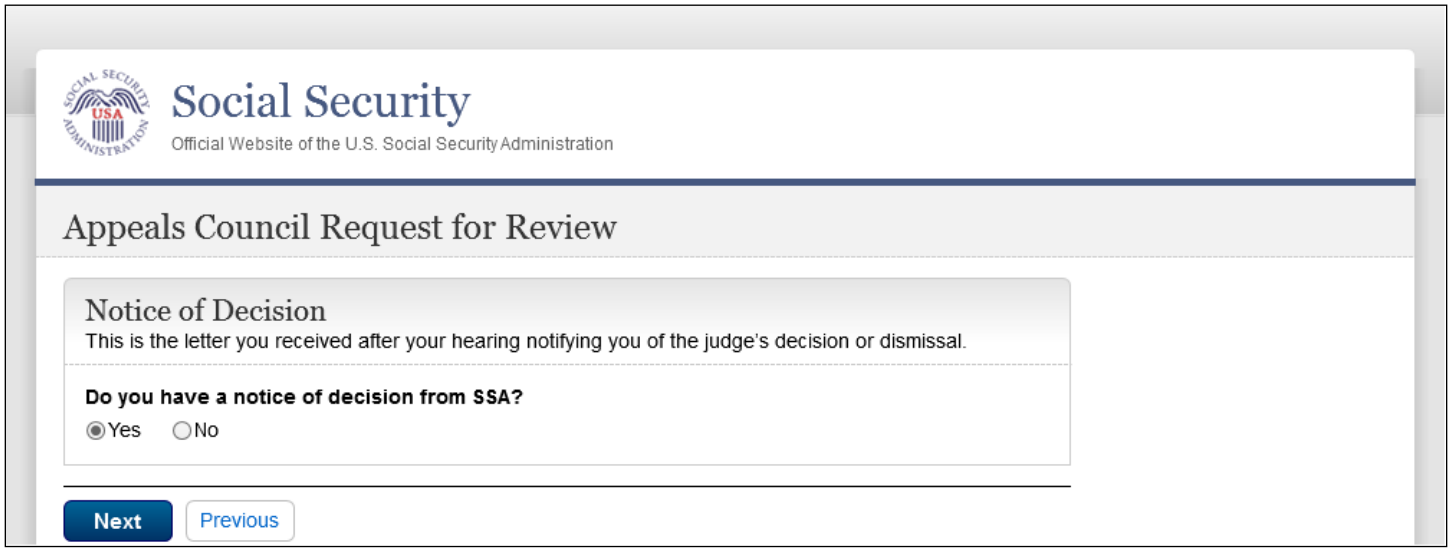
3. Screening


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:
First
Middle
Last
Suffix
Social Security Number (SSN):
Date of Birth:
Month
Day
Year
Next
Previous

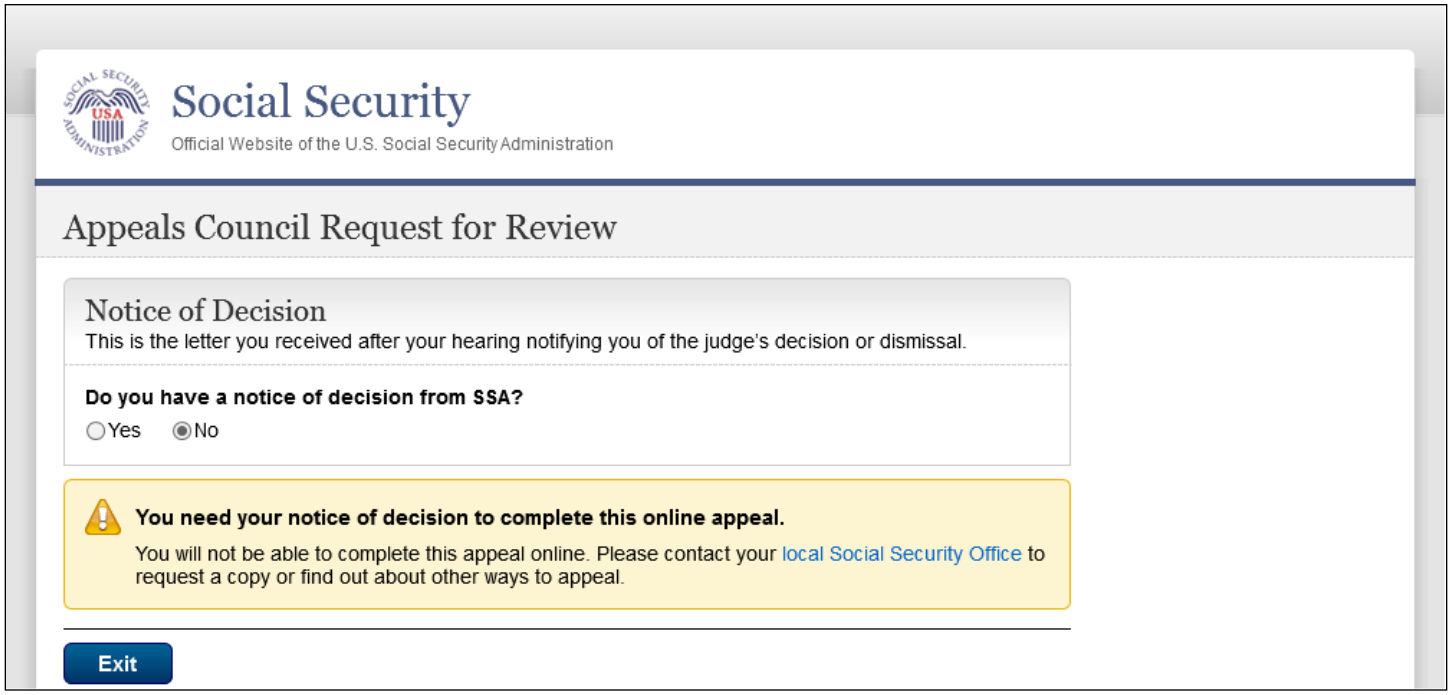
4. Notice of Decision



4.1. Notice of Decision - Yes



4.2. Notice of Decision - No

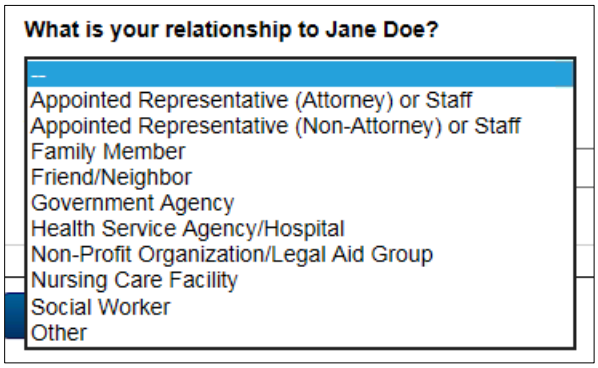


5. Who is Entering Appeal

5.1. Who is Entering Appeal 1st Party

5.2. Who is Entering Appeal 3rd Party

5.2.1. Drop Down List "What is your relationship to Jane Doe?"



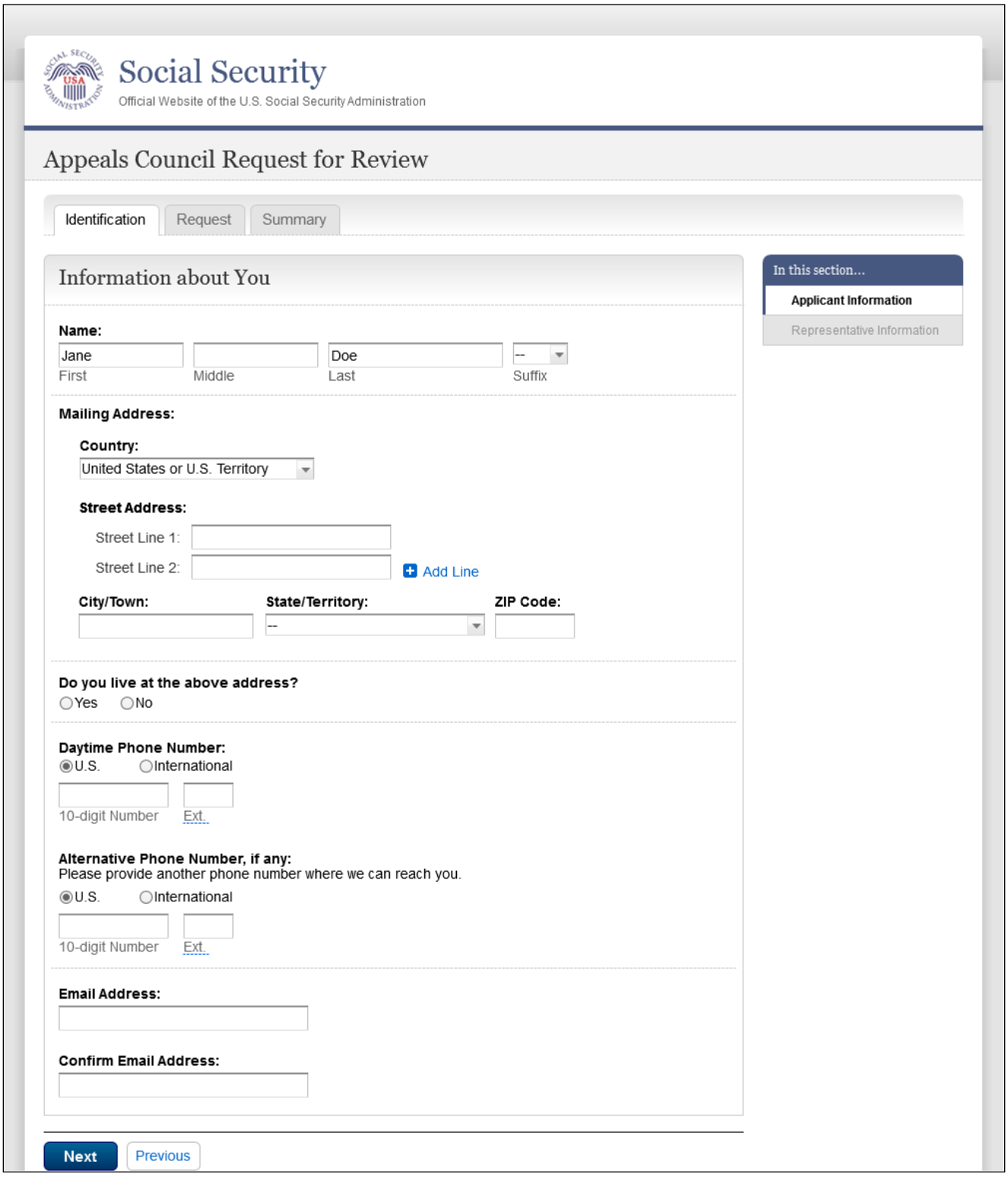
5.3. Who is Entering Appeal 3rd Party – Appointed Representative

5.4. Who is Entering Appeal 3rd Party – Preparer, Other than Appointed Representative

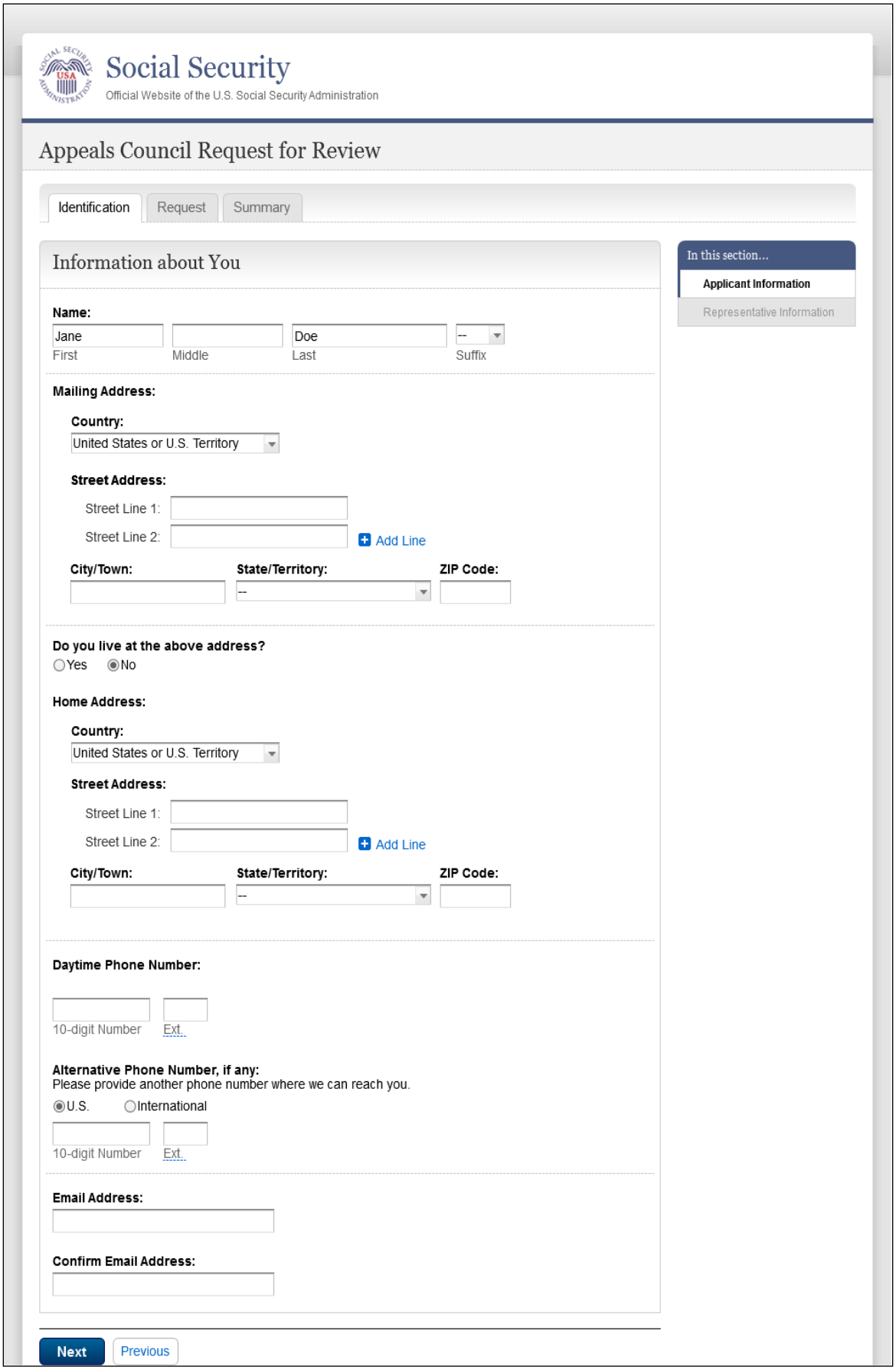
5.5. Who is Entering Appeal 3rd Party – Other Preparer

6. Applicant Information

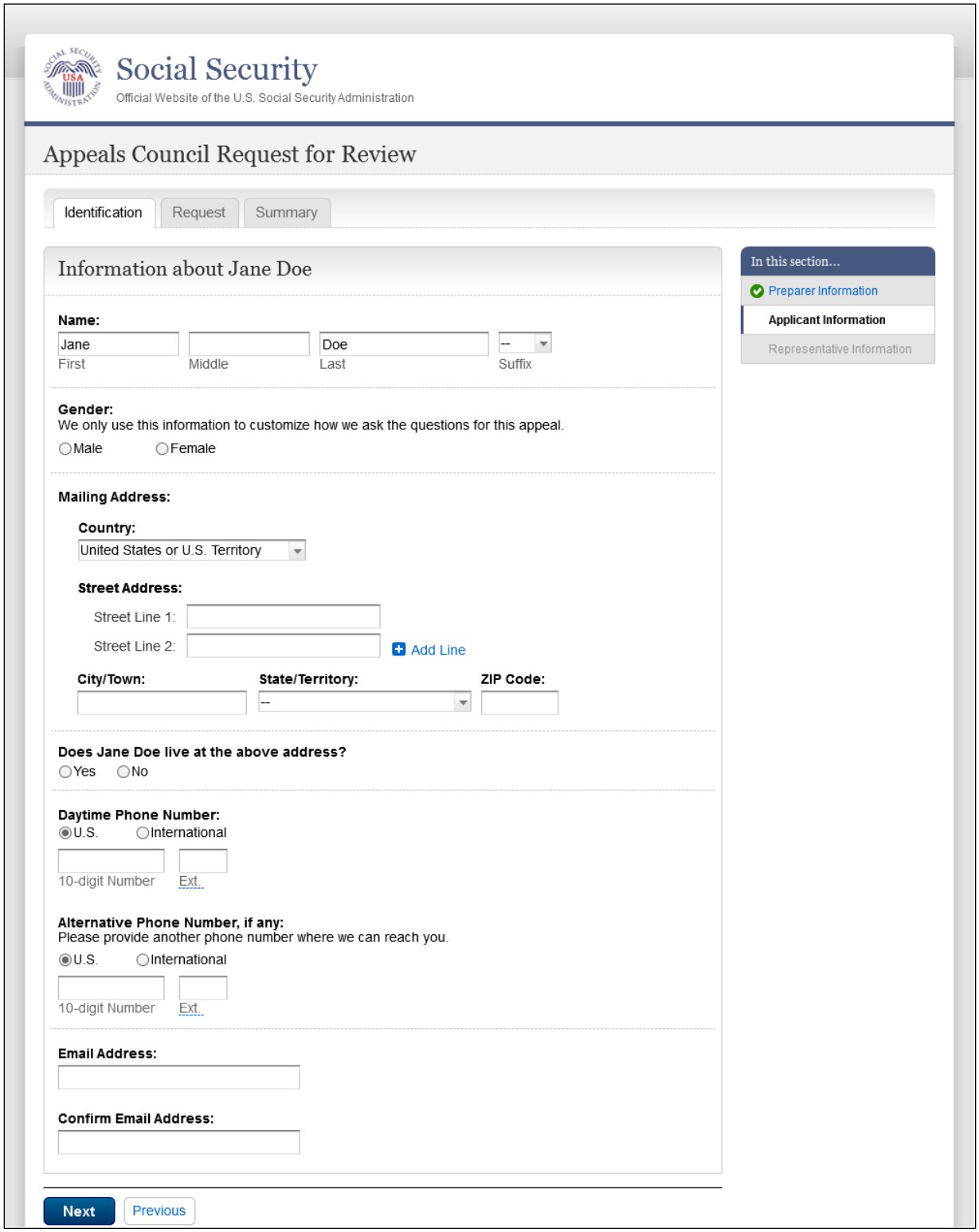
6.1. Applicant Information 1st Party



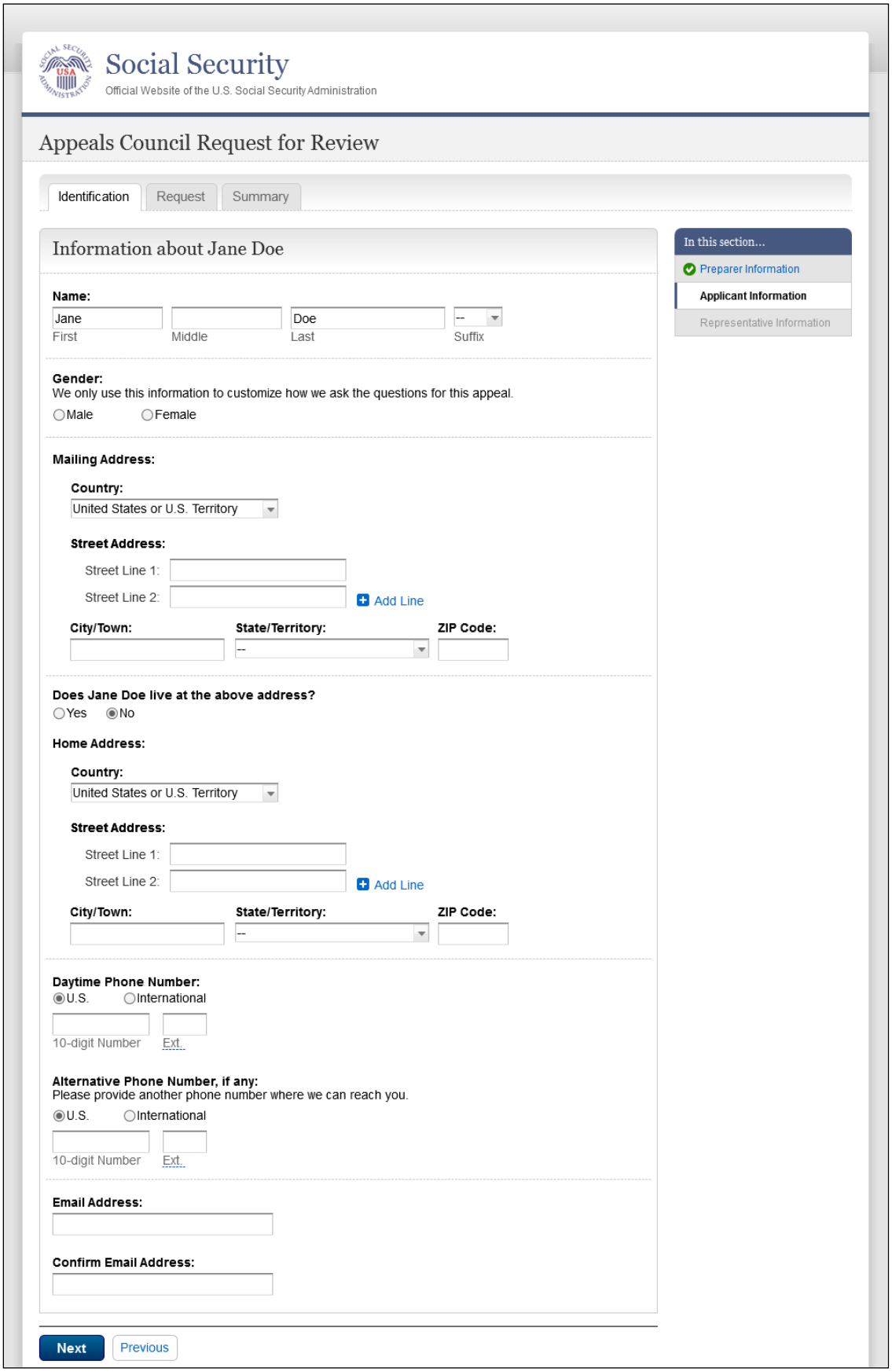
6.2. Applicant Information 1st Party – Home Address is different from Mailing Address



6.3. Applicant Information 3rd Party

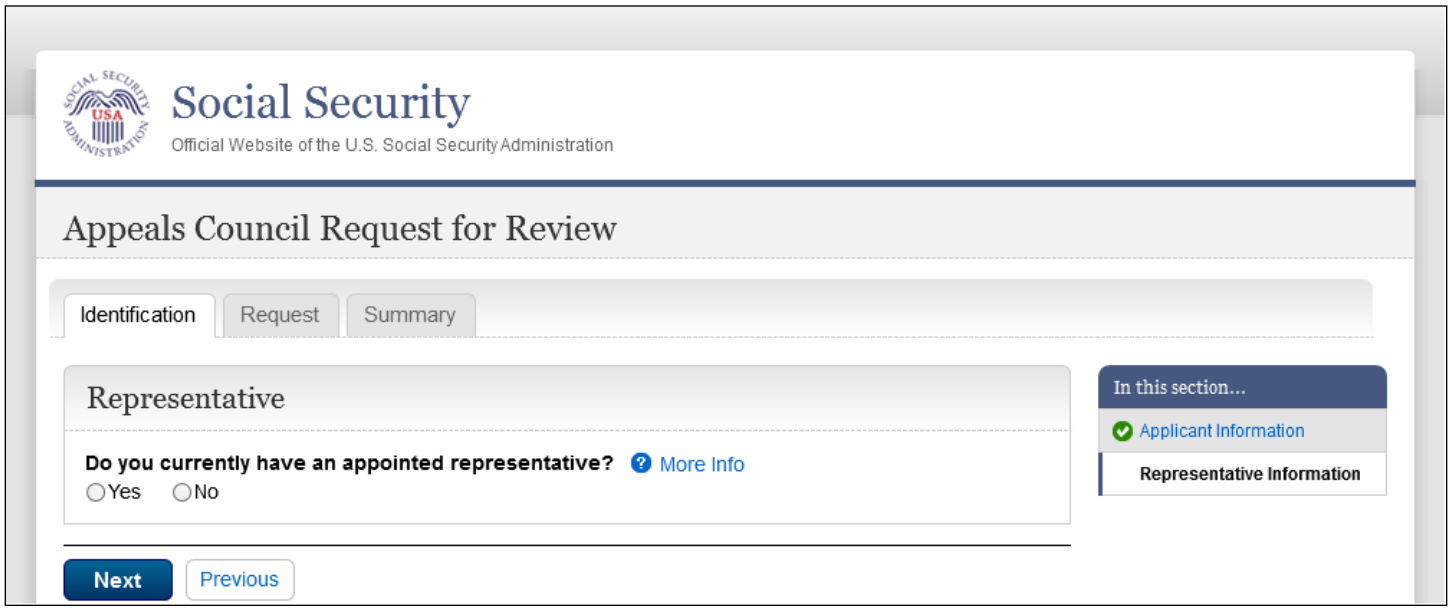


6.4. Applicant Information 3rd Party – Home Address is different from Mailing Address

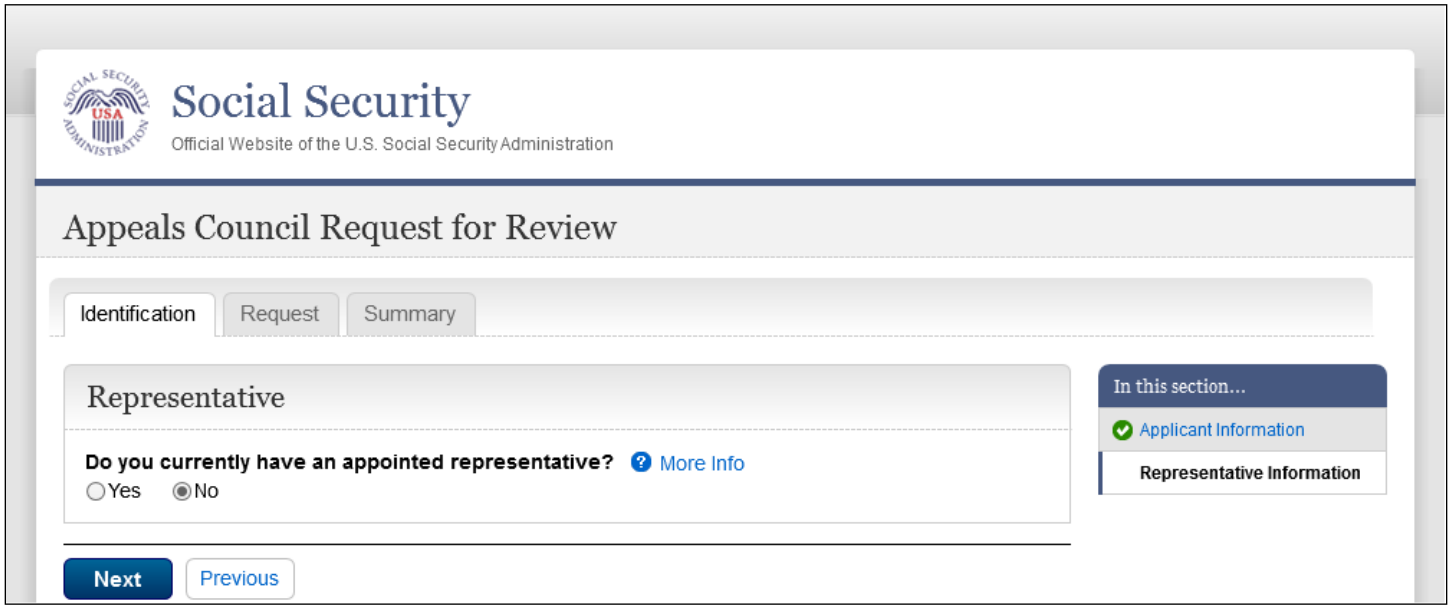


7. Representative Information

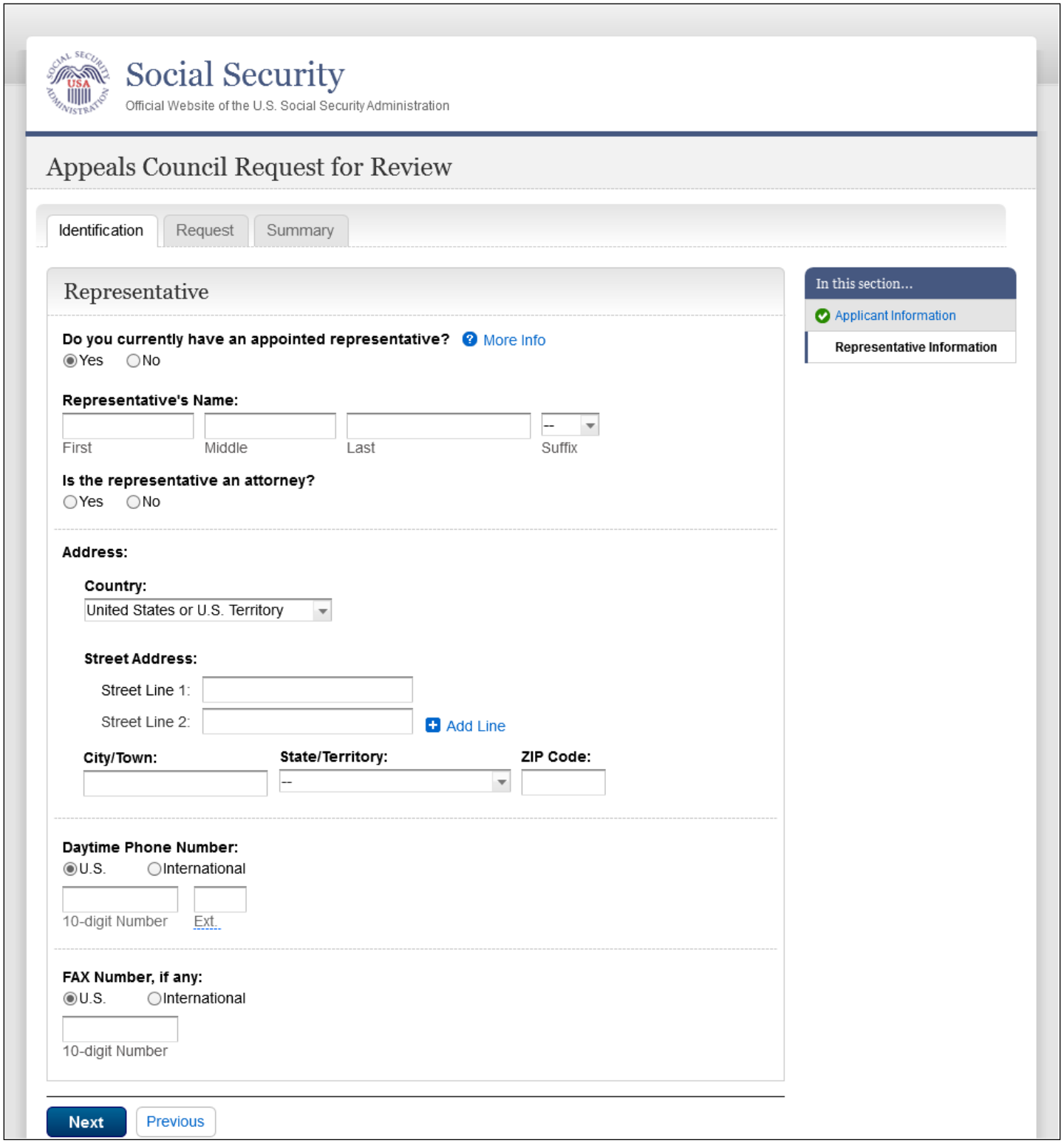
7.1. Representative Information 1st Party



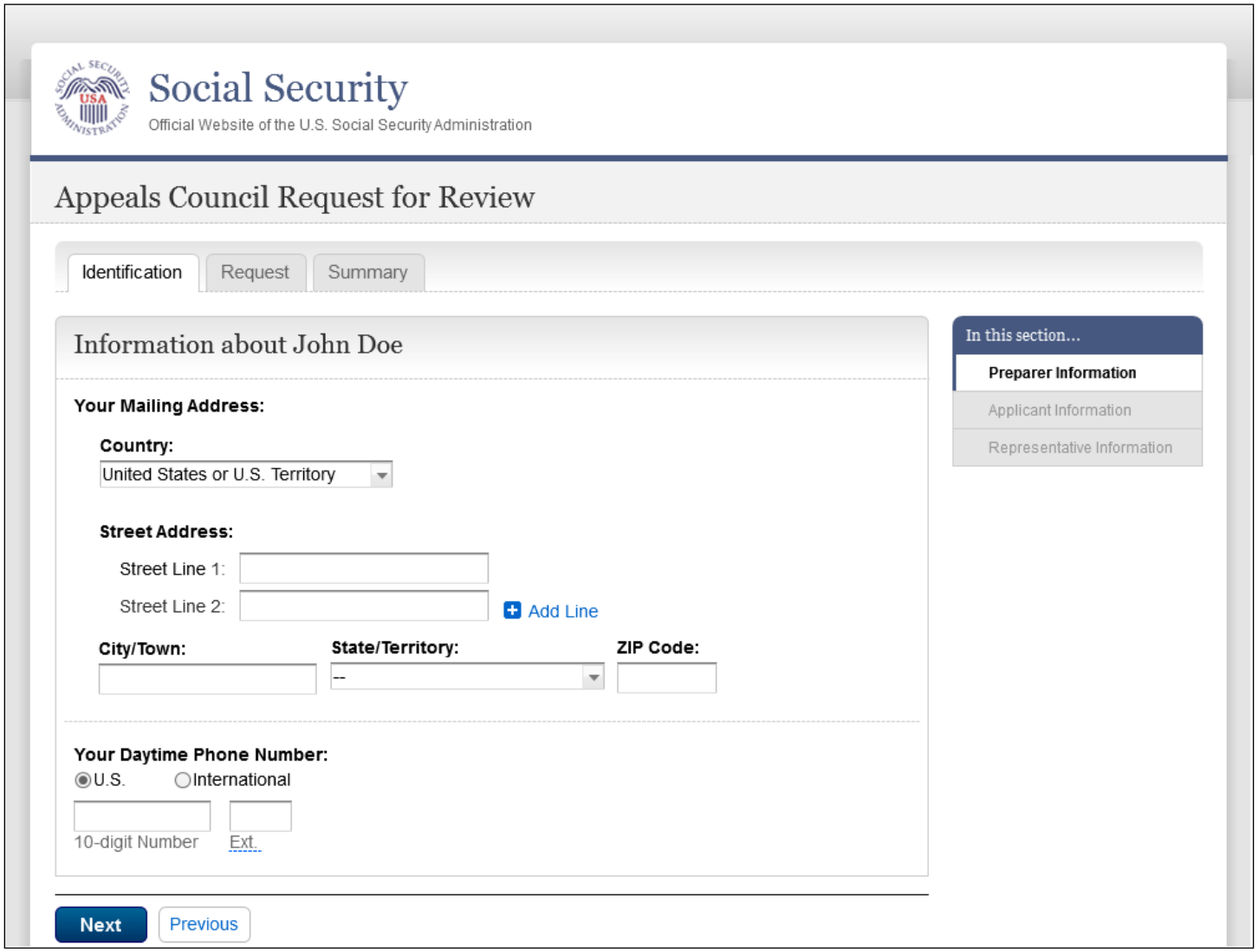
7.1.1. Representative Information 1st Party – No



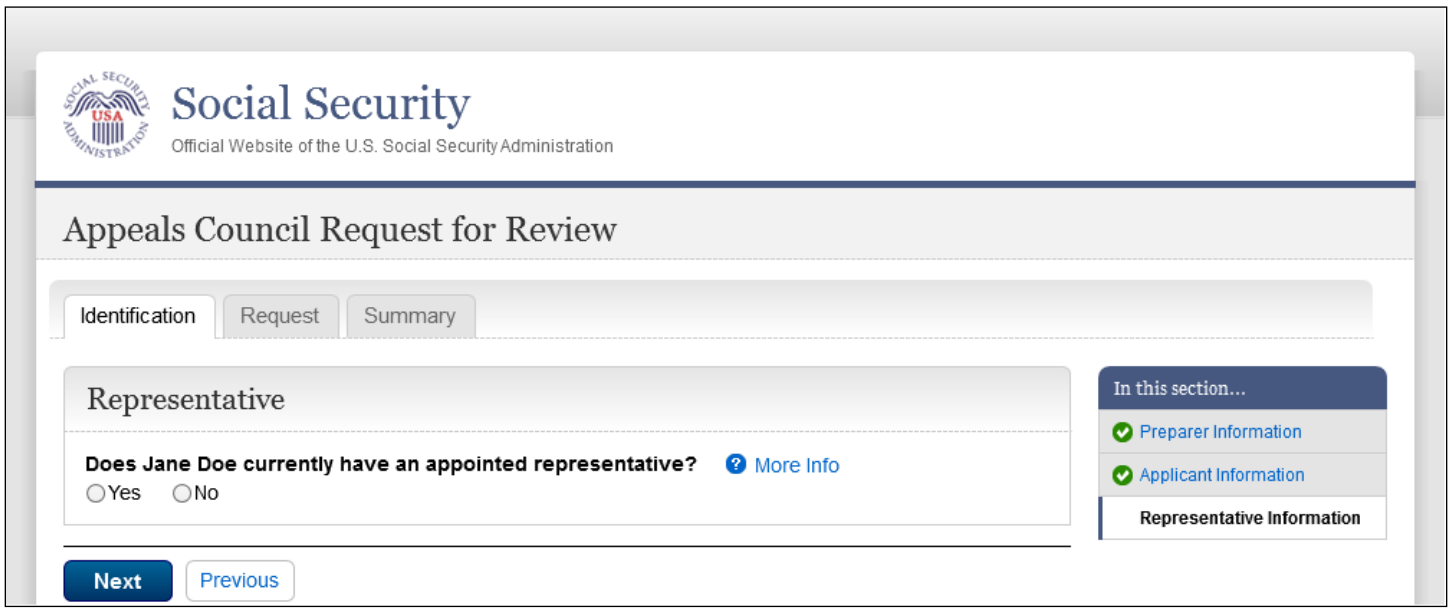
7.1.2. Representative Information 1st Party – Yes, There Is a Representative



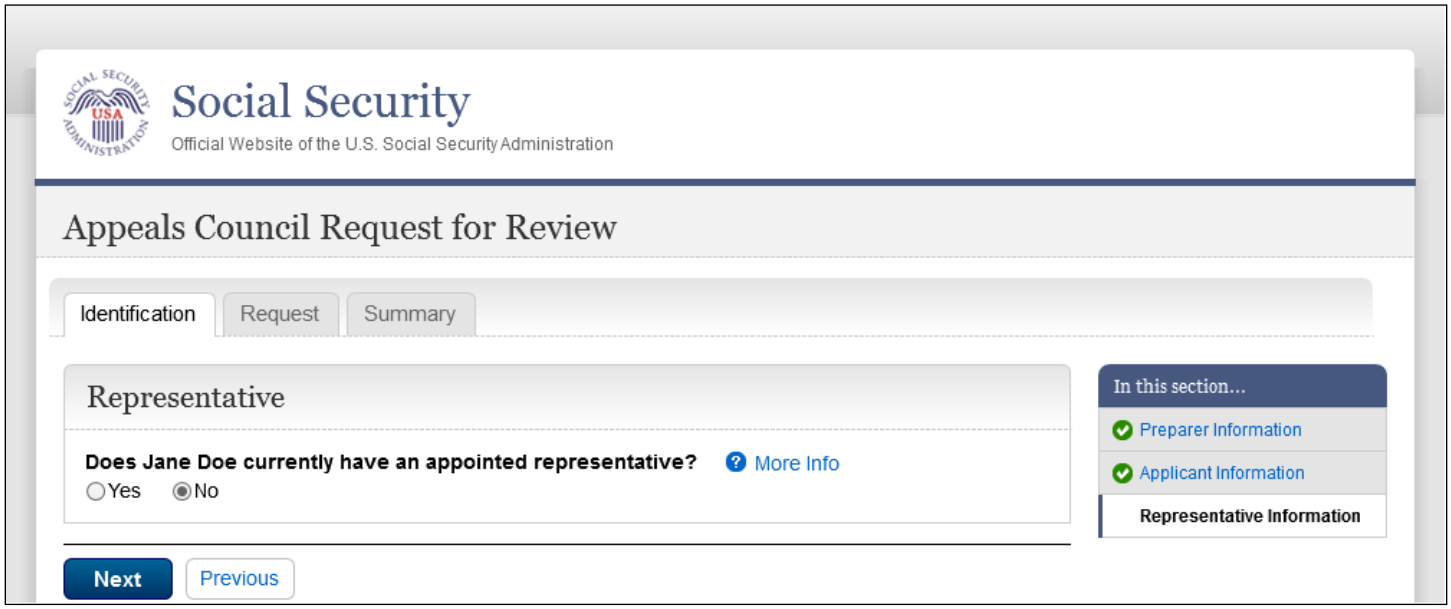
7.2. Preparer Information 3rd Party



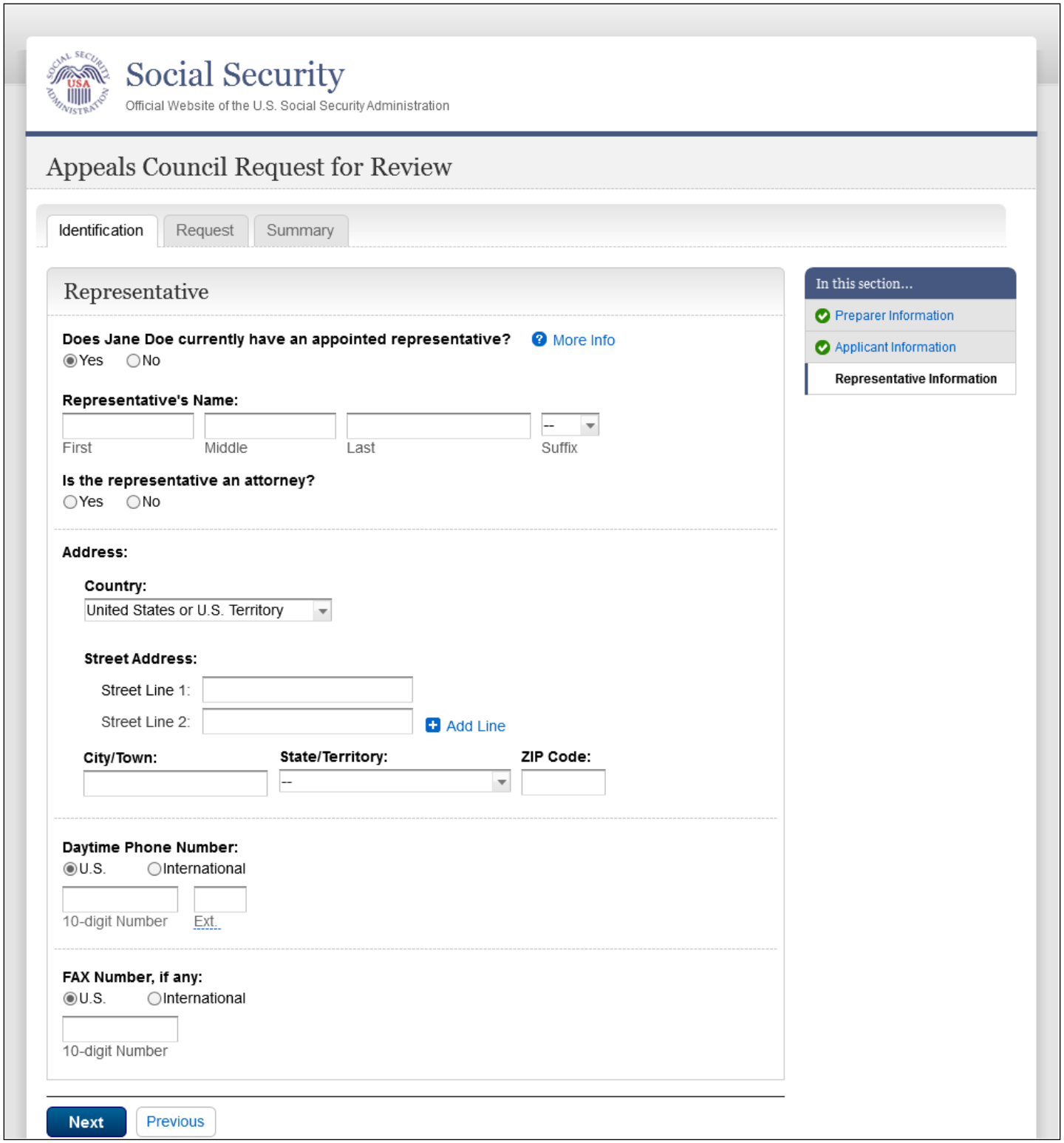
7.3. Representative Information 3rd Party



7.3.1. Representative Information 3rd Party – No

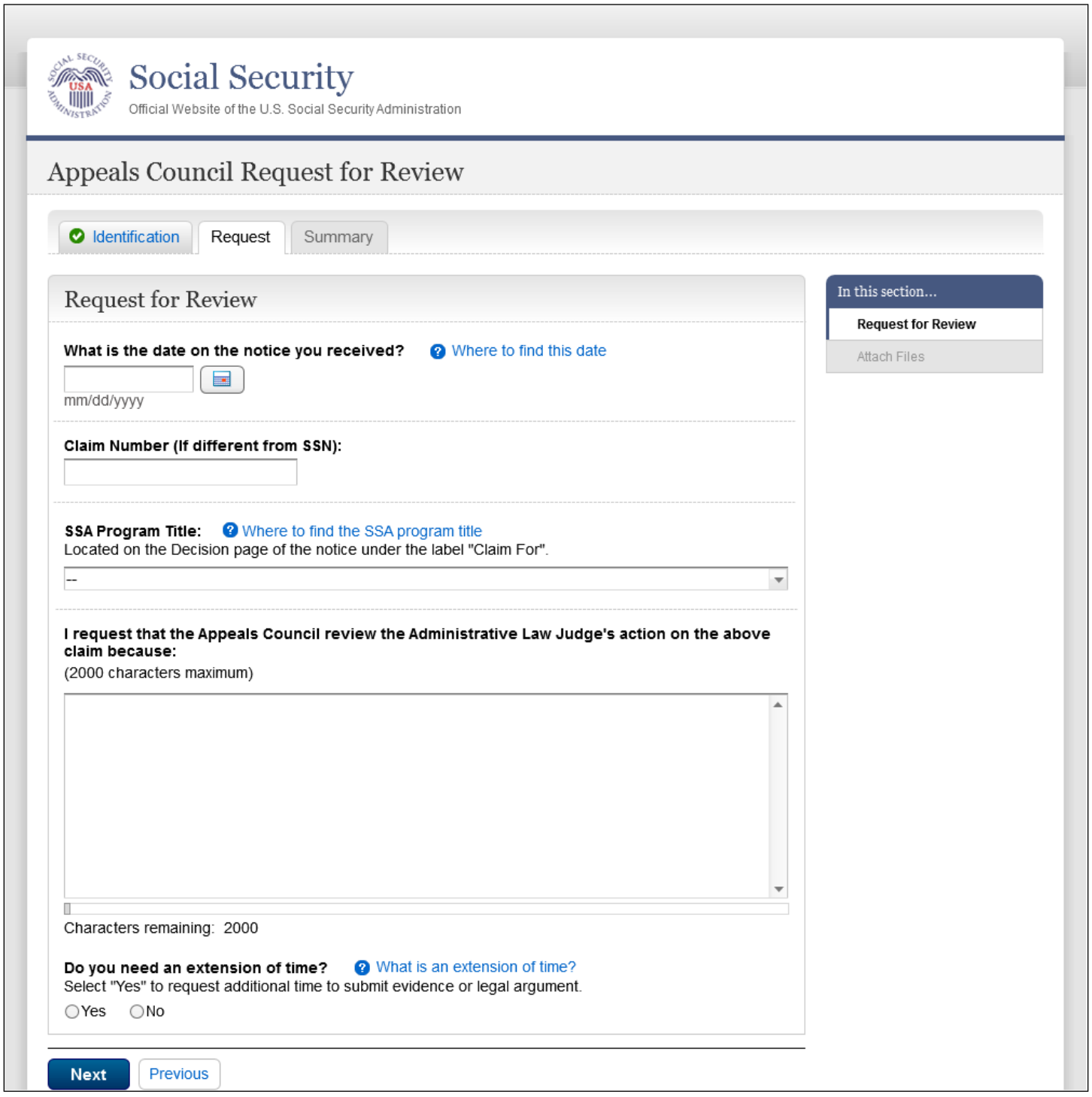


7.3.2. Representative Information 3rd Party – Yes, There Is a Representative



8. Request for Review

8.1. Request for Review 1st Party

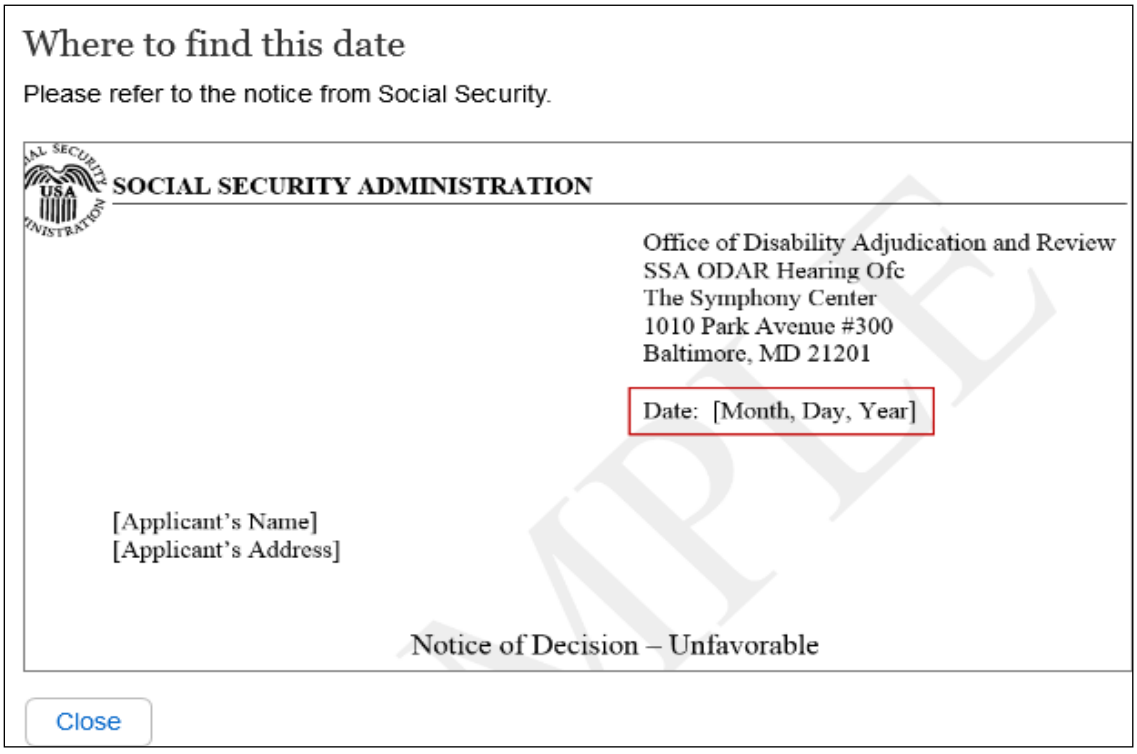


8.1.1. Drop Down List "SSA Program Title"

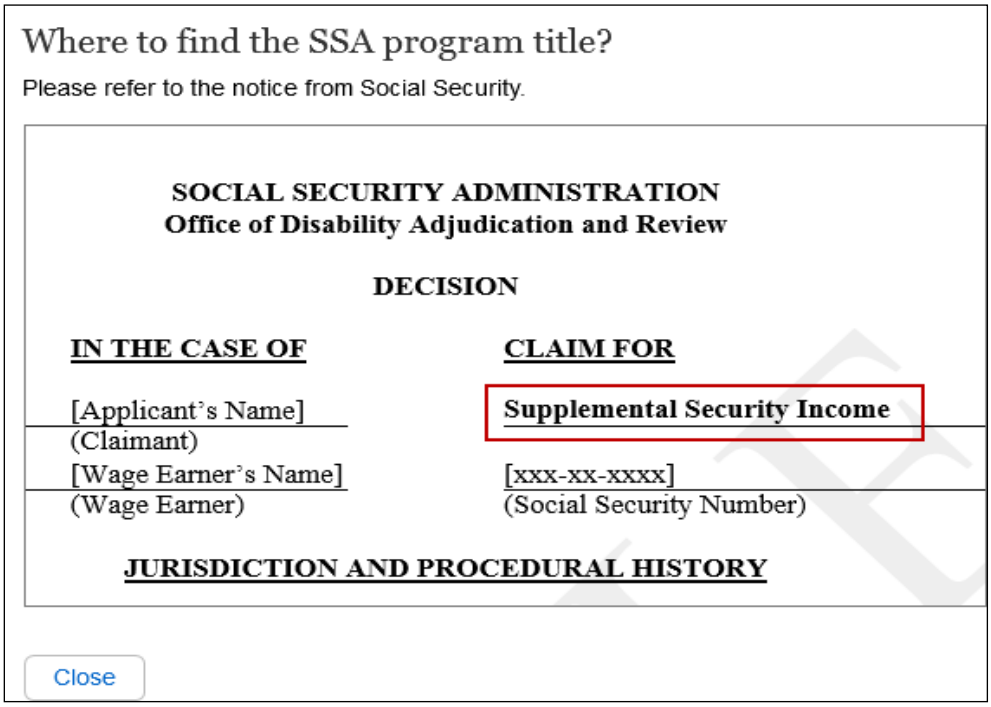
SSA Program Title: Where to find the SSA program title
Located on the Decision page of the notice under the label "Claim For".

--
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

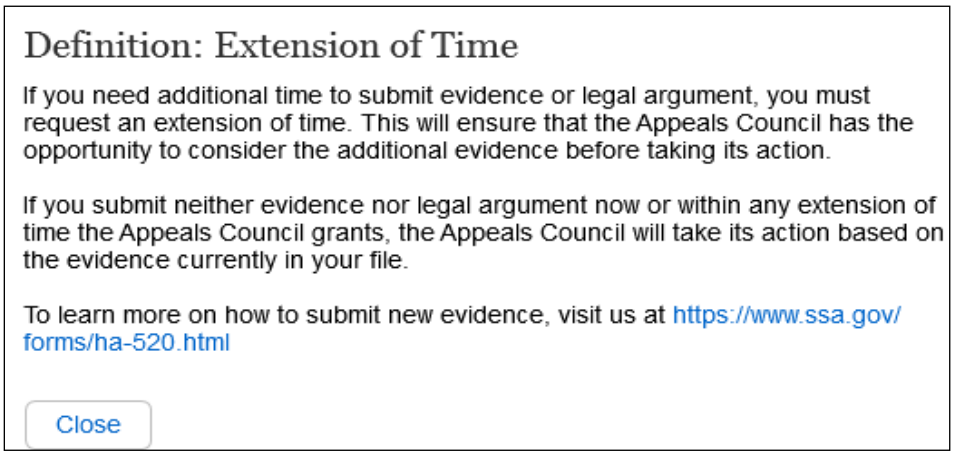
8.1.2. Where to find this date



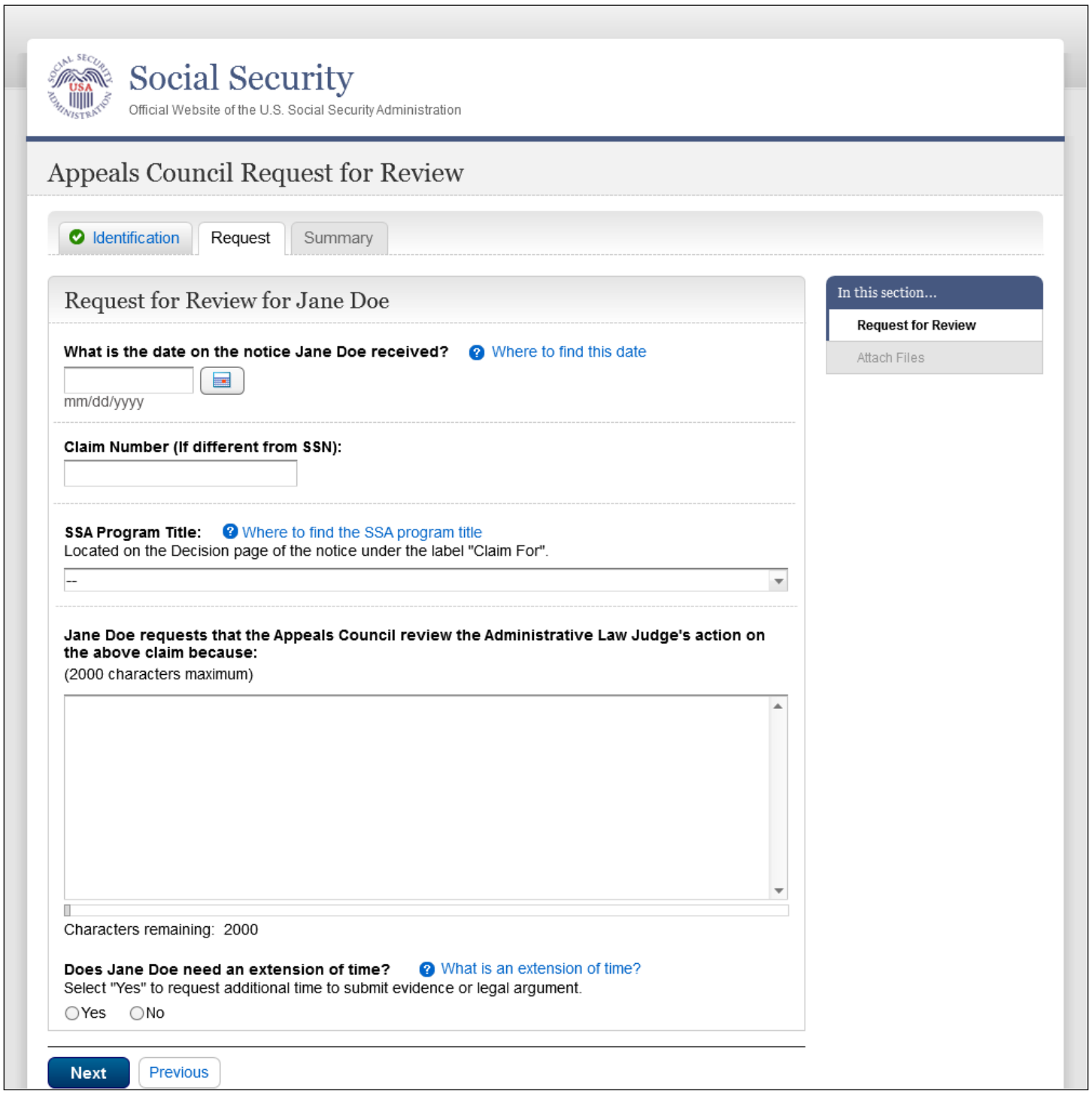
8.1.3. Where to find the SSA program title



8.1.4. Extension of Time

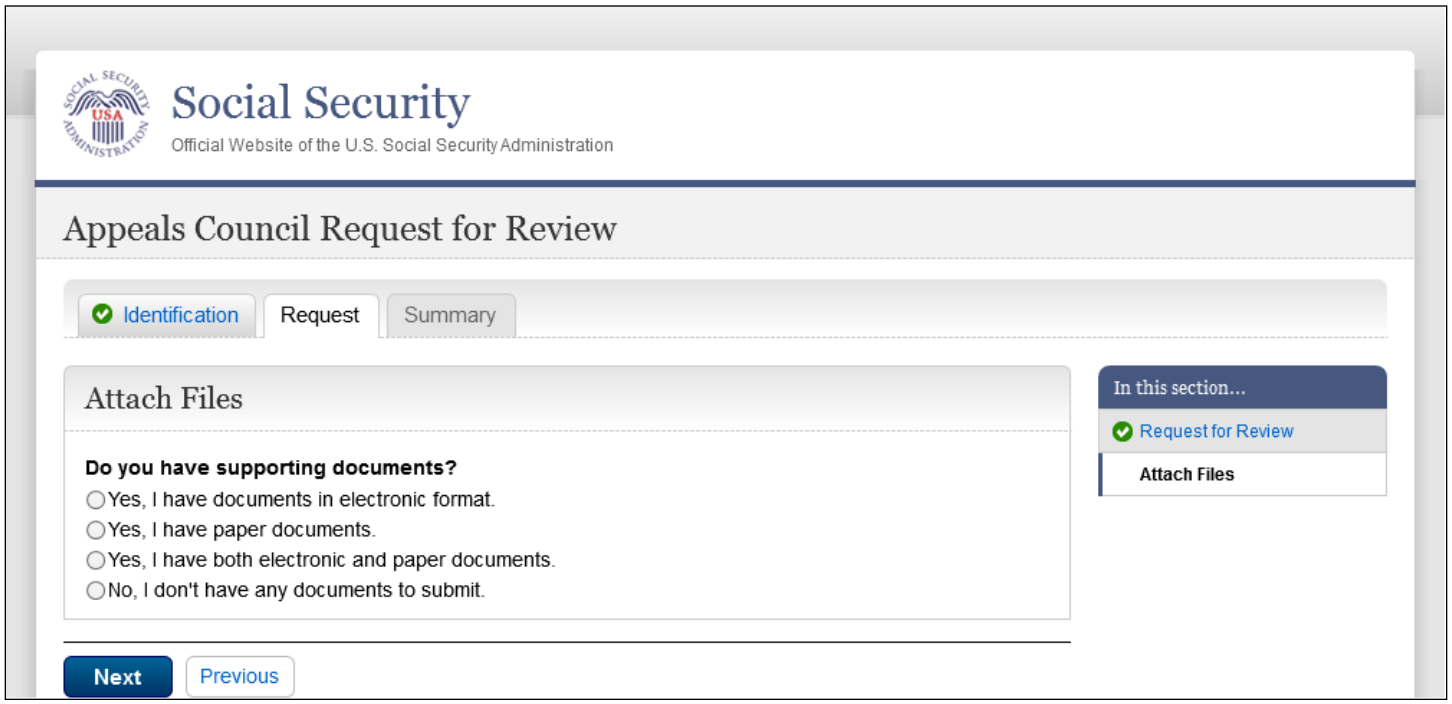


8.2. Request for Review 3rd Party

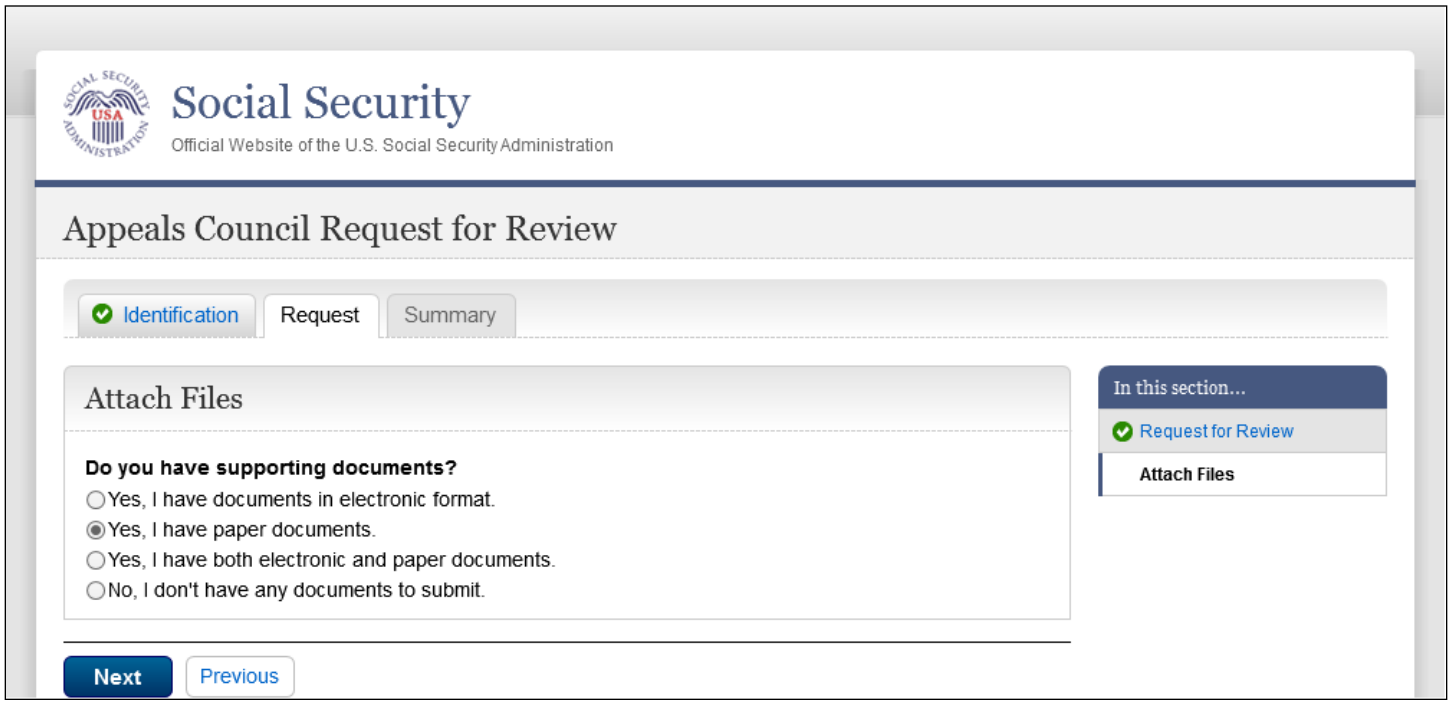


9. Attach Files

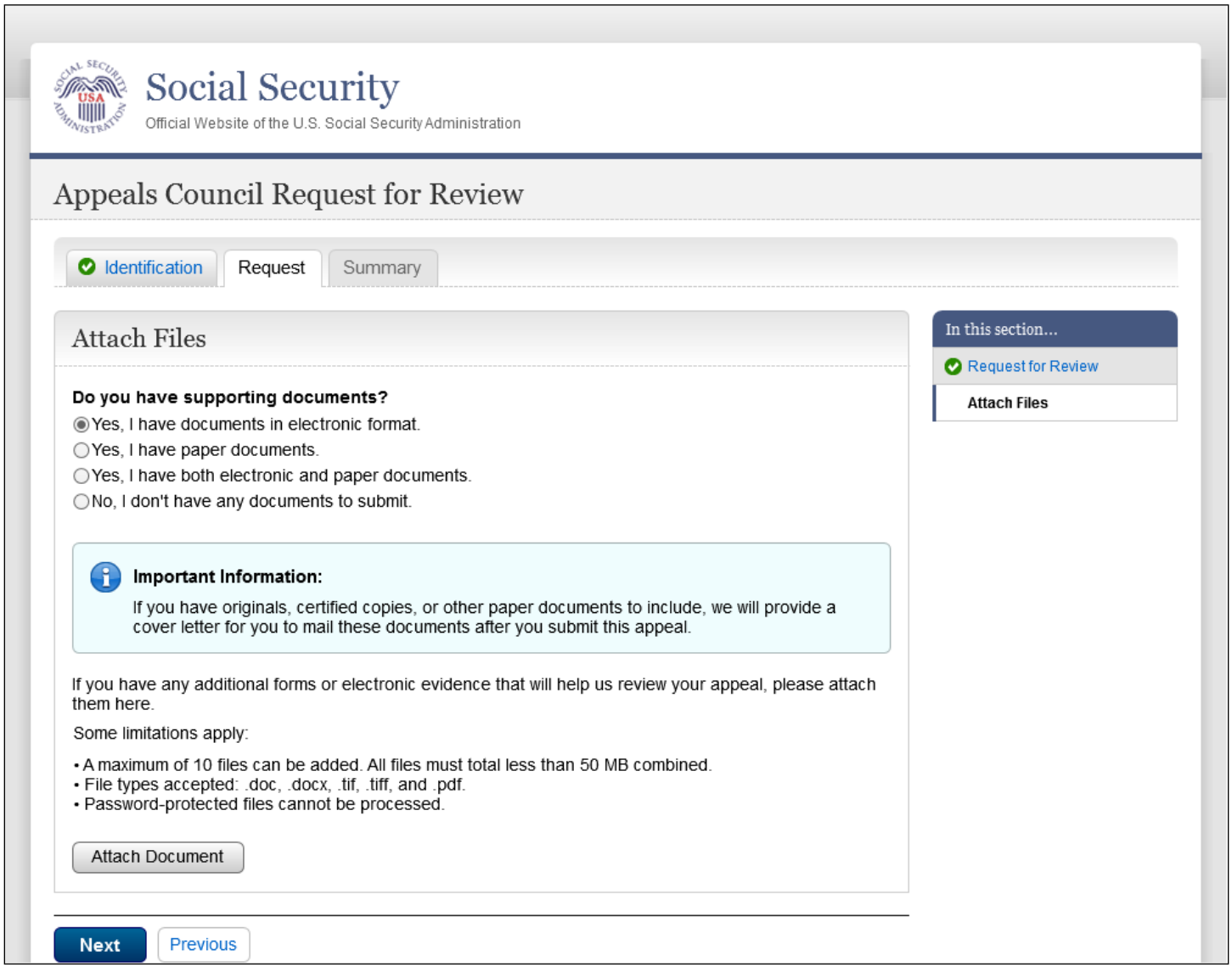
9.1. Attach Files 1st Party



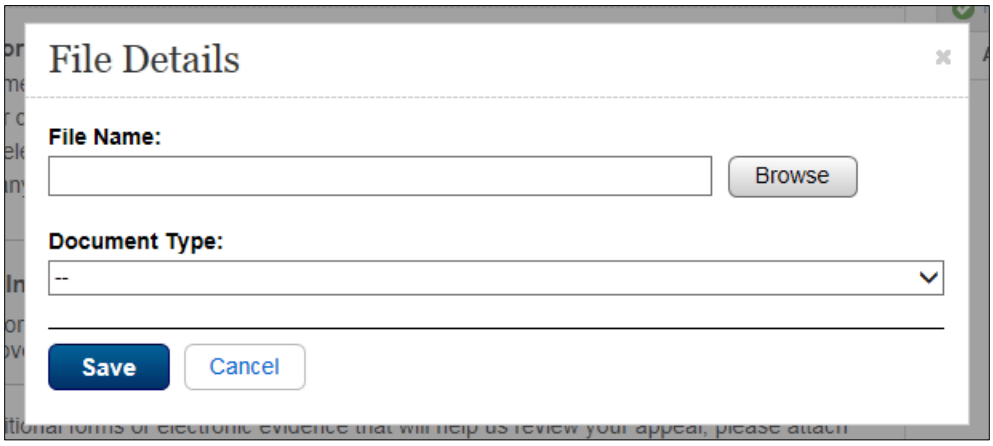
9.2. Attach Files 1st Party – If either "Yes, I have paper documents" OR "No, I don't have any documents to submit" is selected, File Details panel is not shown. User is taken to Summary.



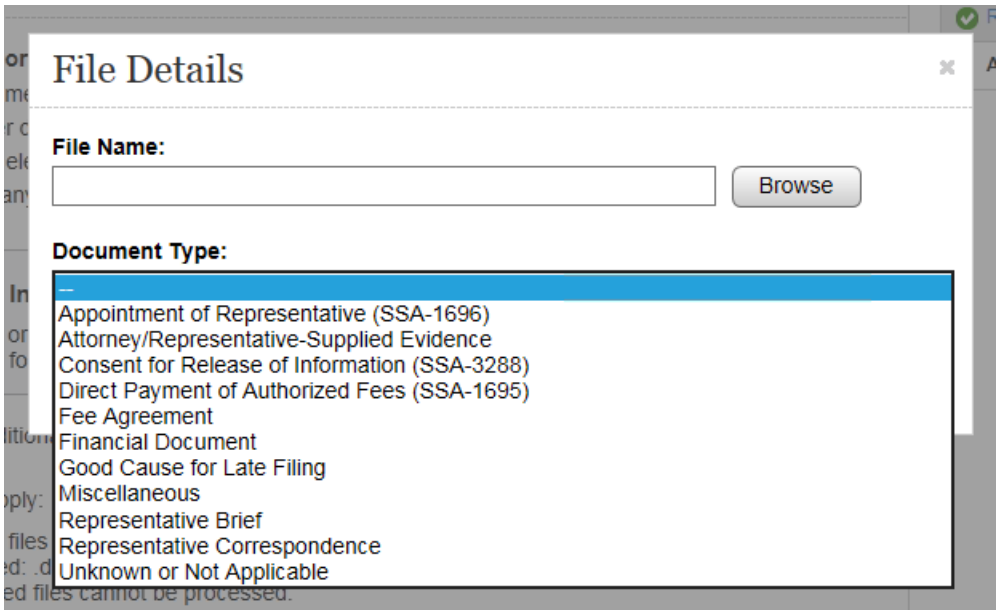
9.3. Attach Files 1st Party – If either "Yes, I have documents in electronic format" OR "Yes, I have both electronic and paper documents" is selected, show File Details panel.



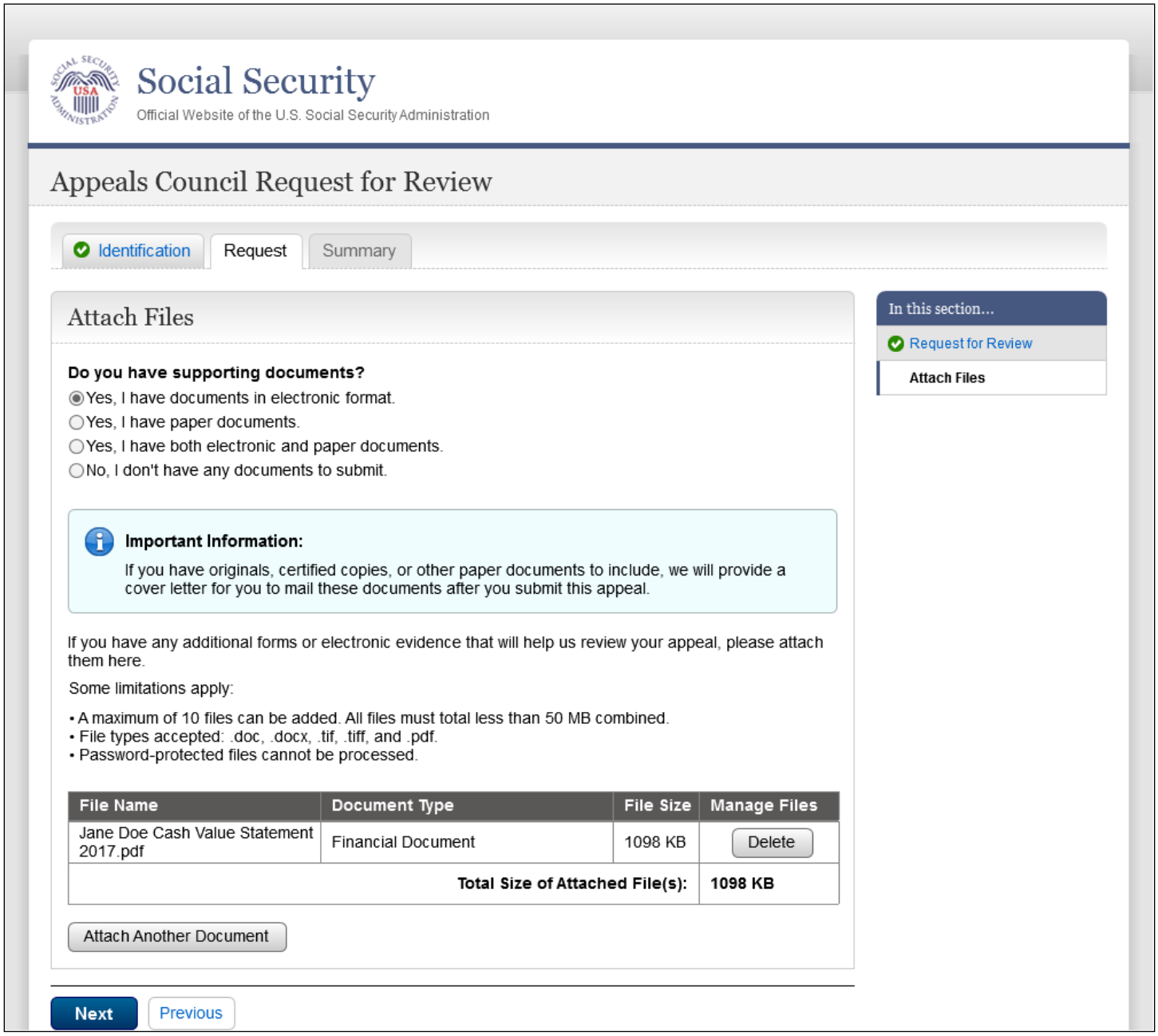
9.3.1. Attach Document – File Details



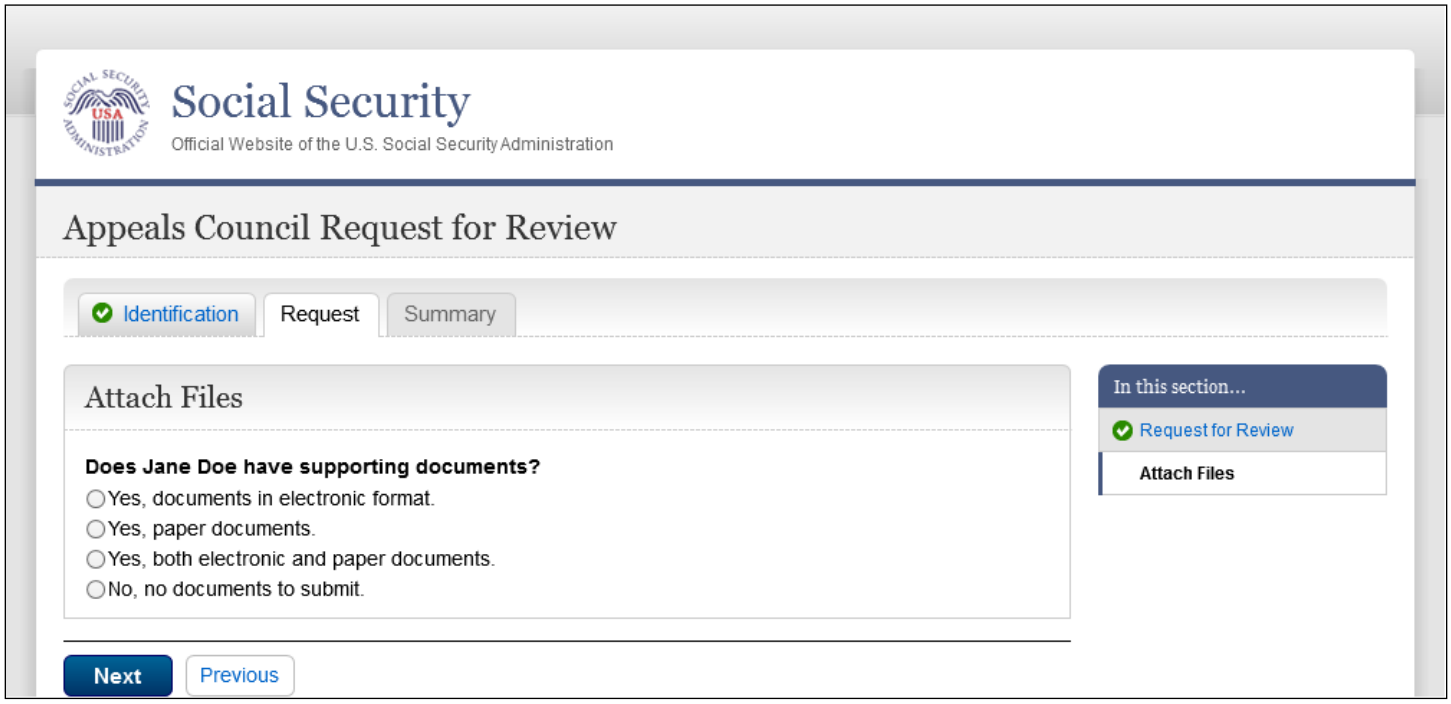
9.3.2. Drop Down List "Document Type"



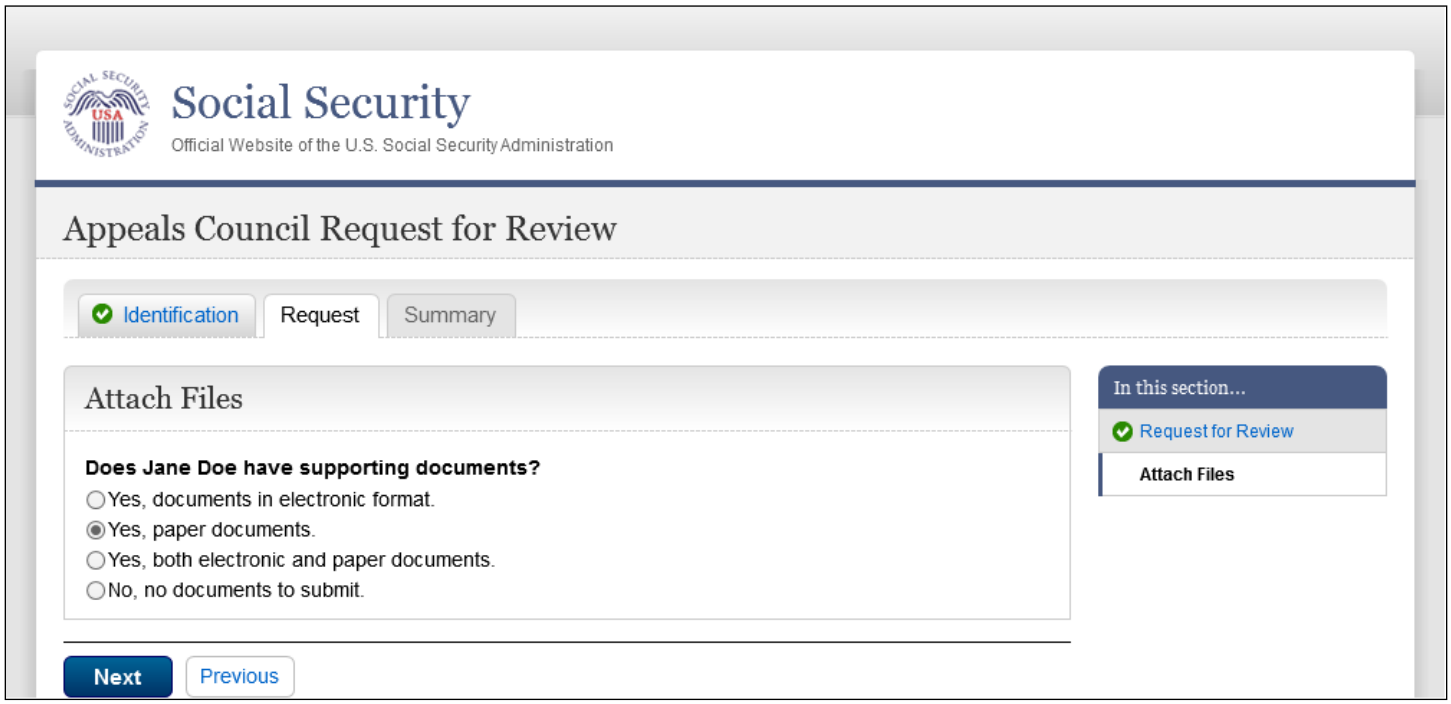
9.4. Attach Files 1st Party – File Added



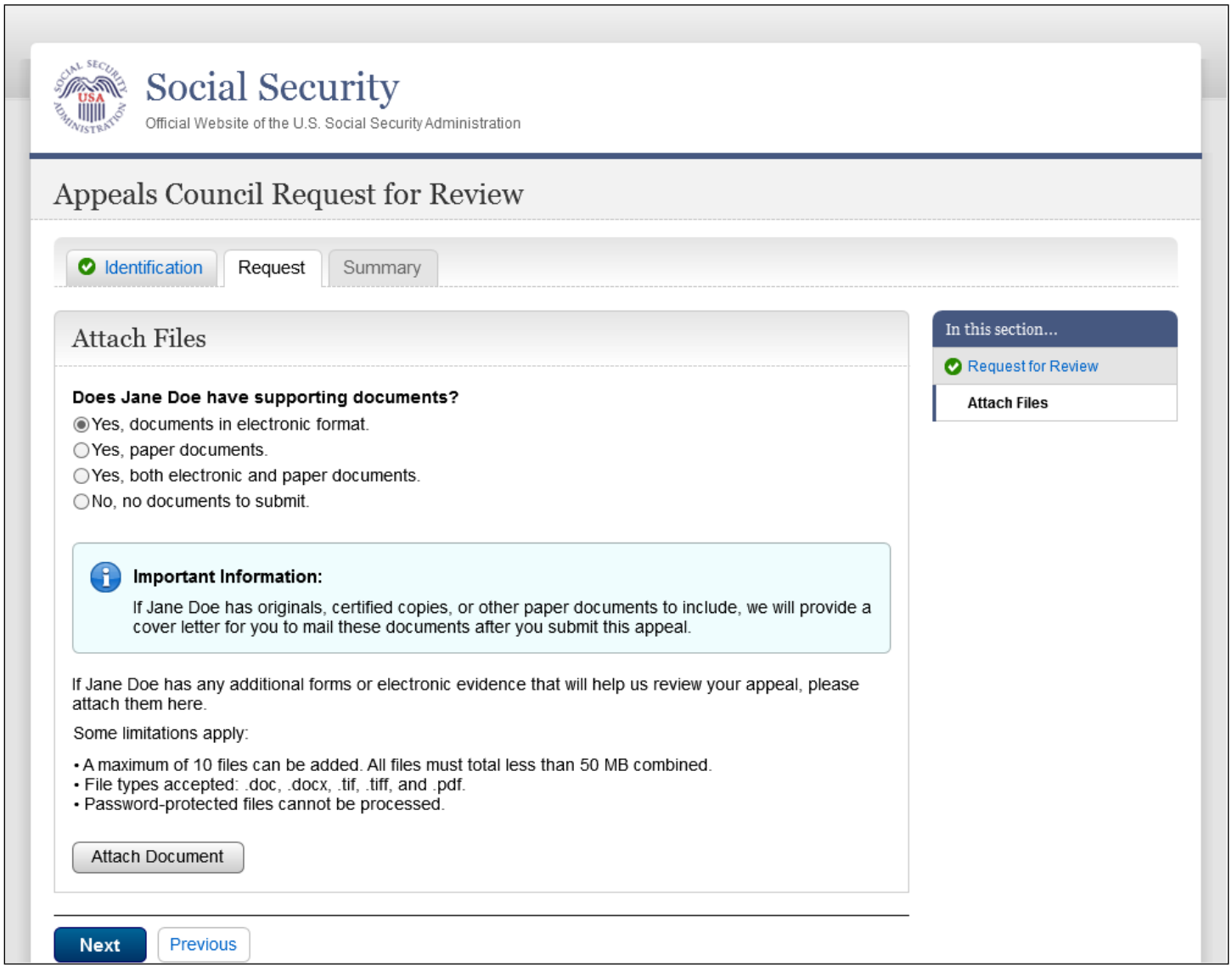
9.5. Attach Files 3rd Party



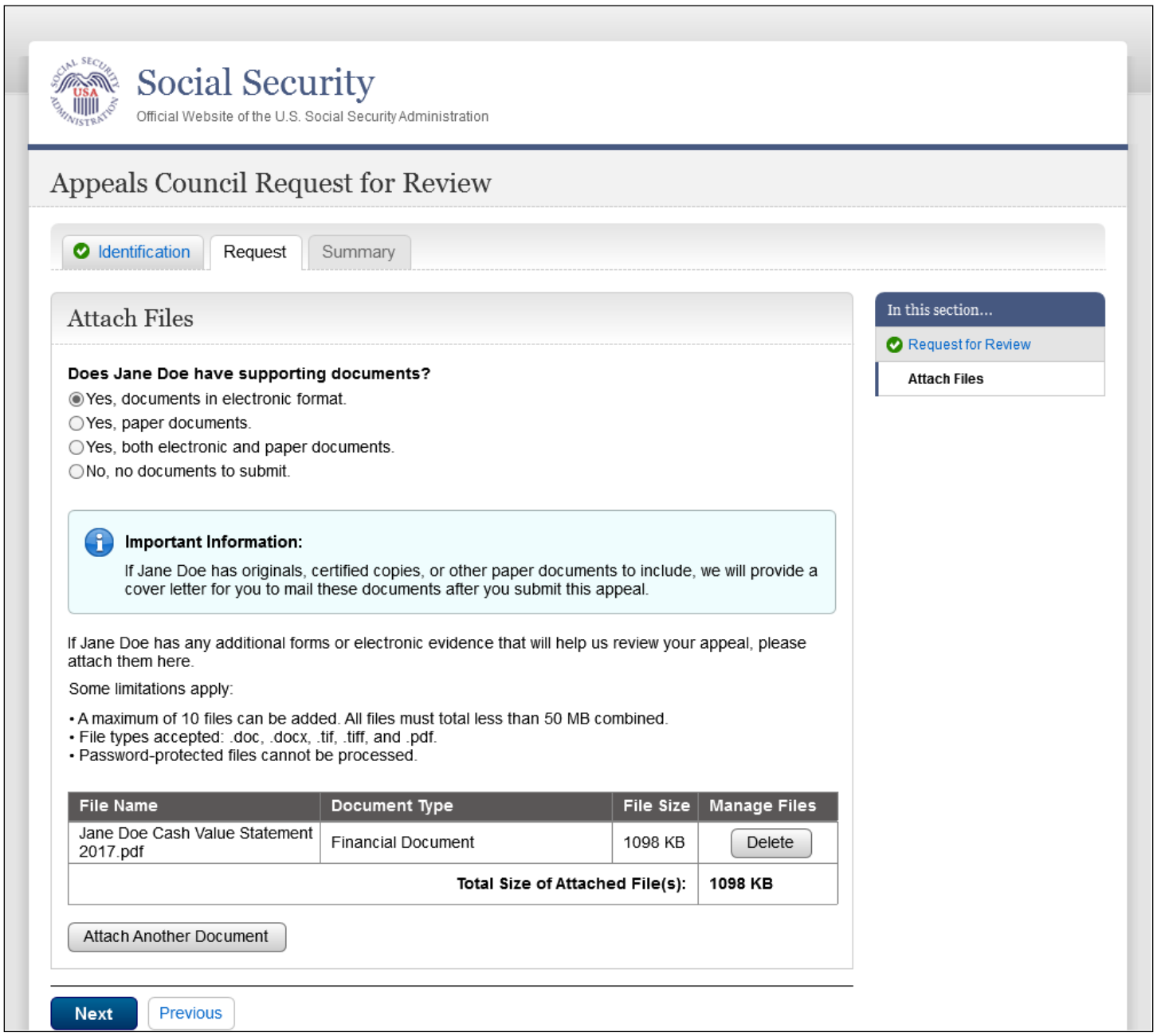
9.6. Attach Files 3rd Party – If either "Yes, paper documents" OR "No, no documents to submit" is selected, File Details panel is not shown. User is taken to Summary.



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.

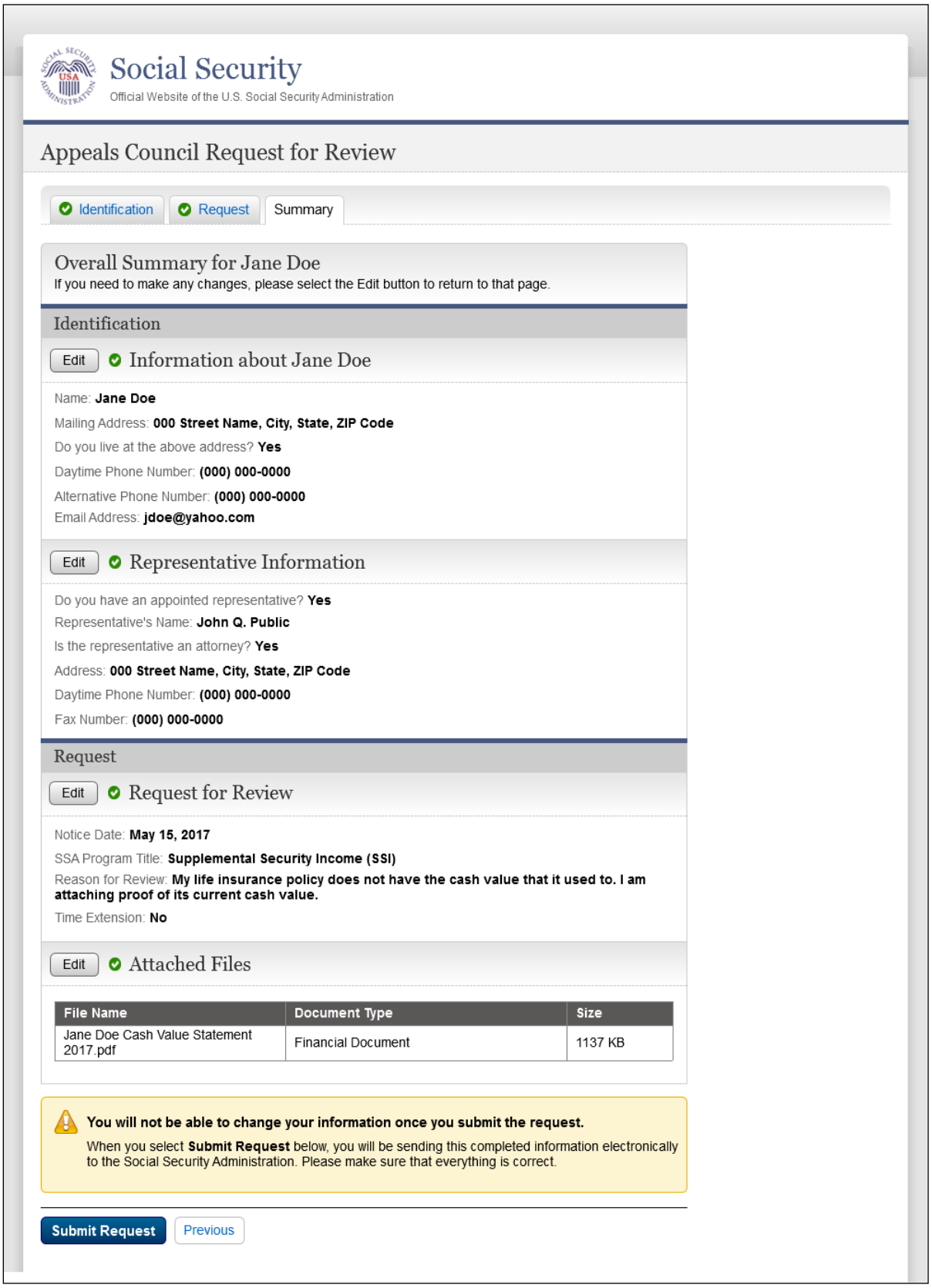


9.8. Attach Files 3rd Party – File Added

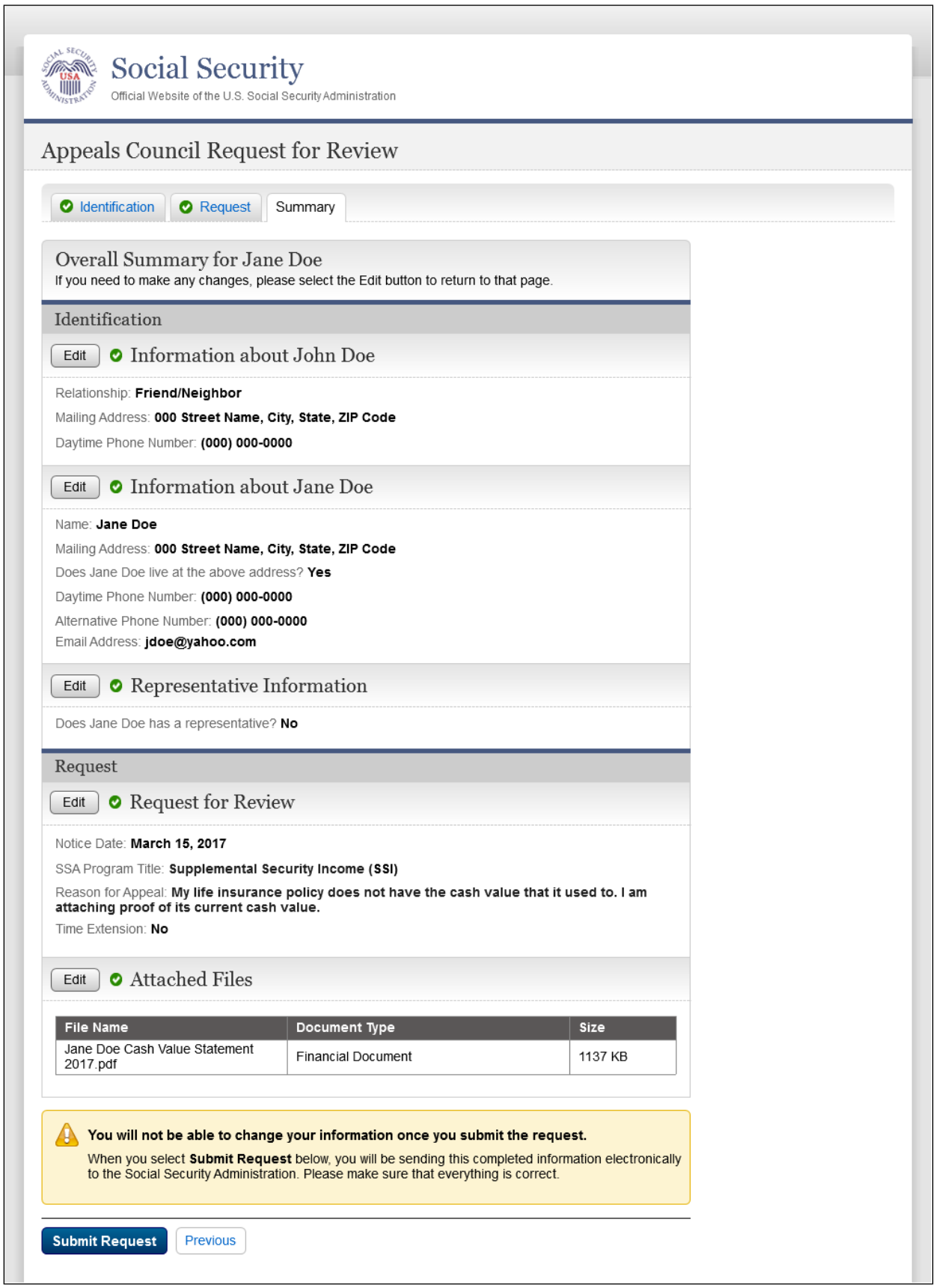


10. Summary

10.1. Summary 1st Party

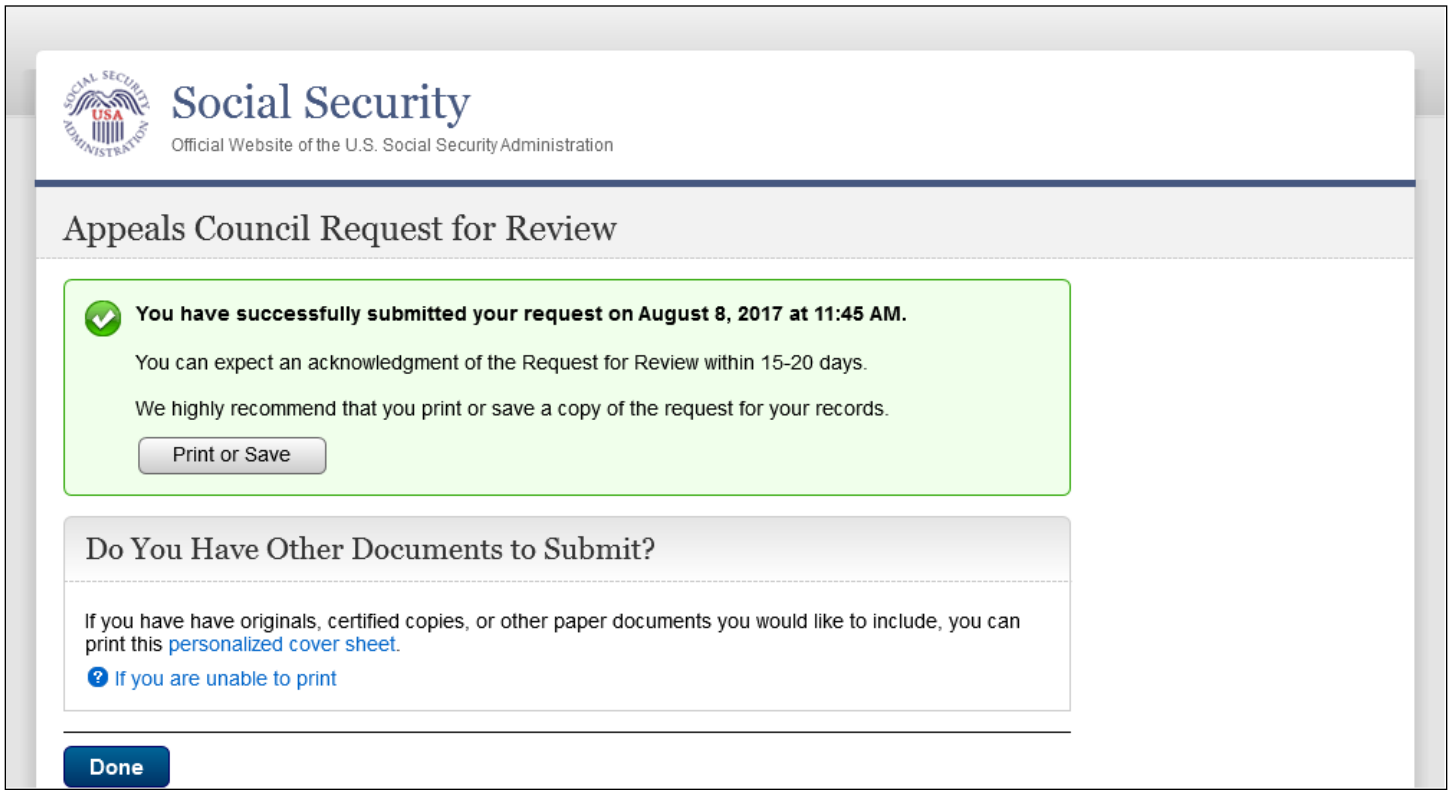


10.2. Summary 3rd Party

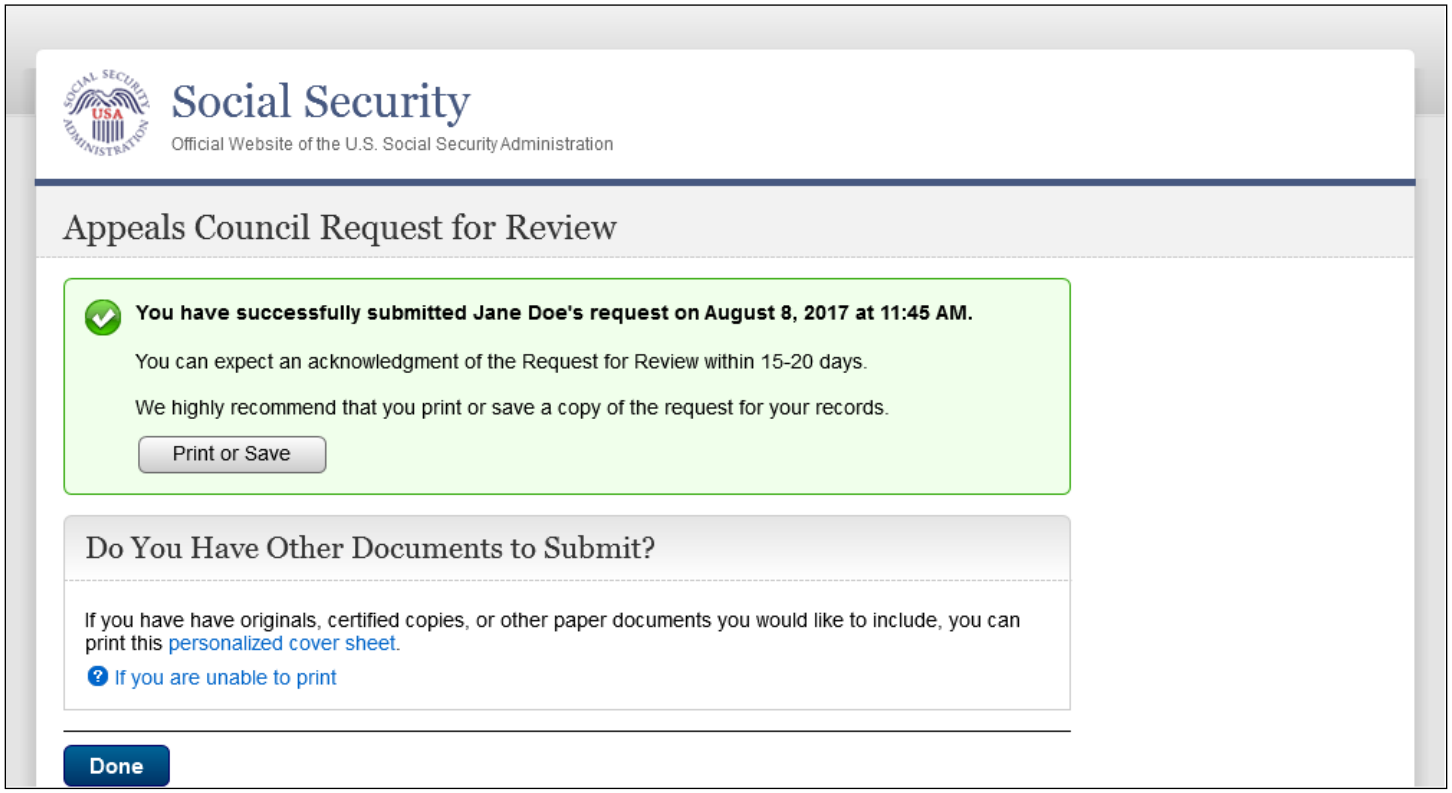


11. Confirmation

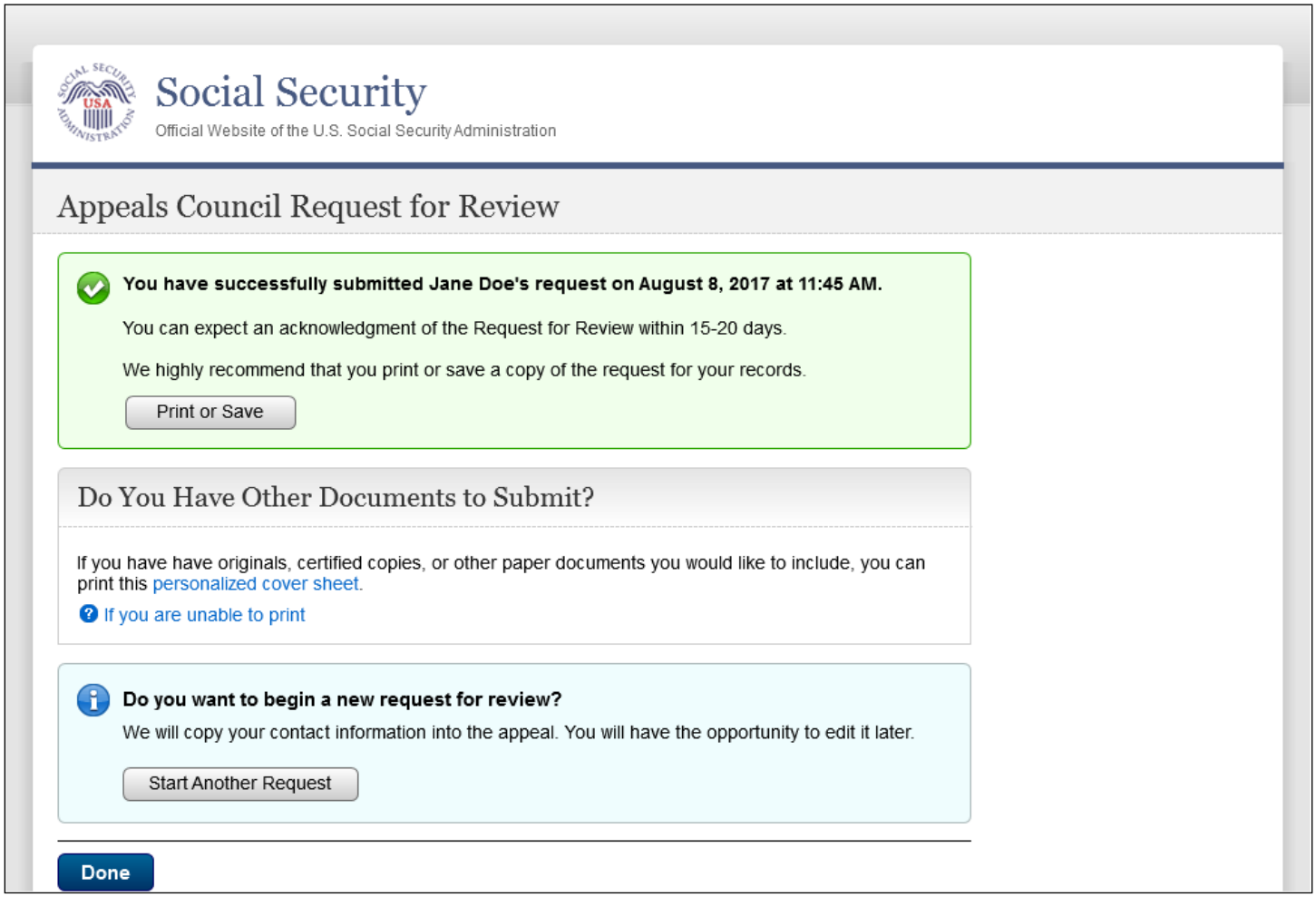
11.1. Confirmation 1st Party



11.2. Confirmation 3rd Party – Preparer



11.3. Confirmation 3rd Party – Appointed Representative



12. Receipt

12.1. Receipt 1st 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.**

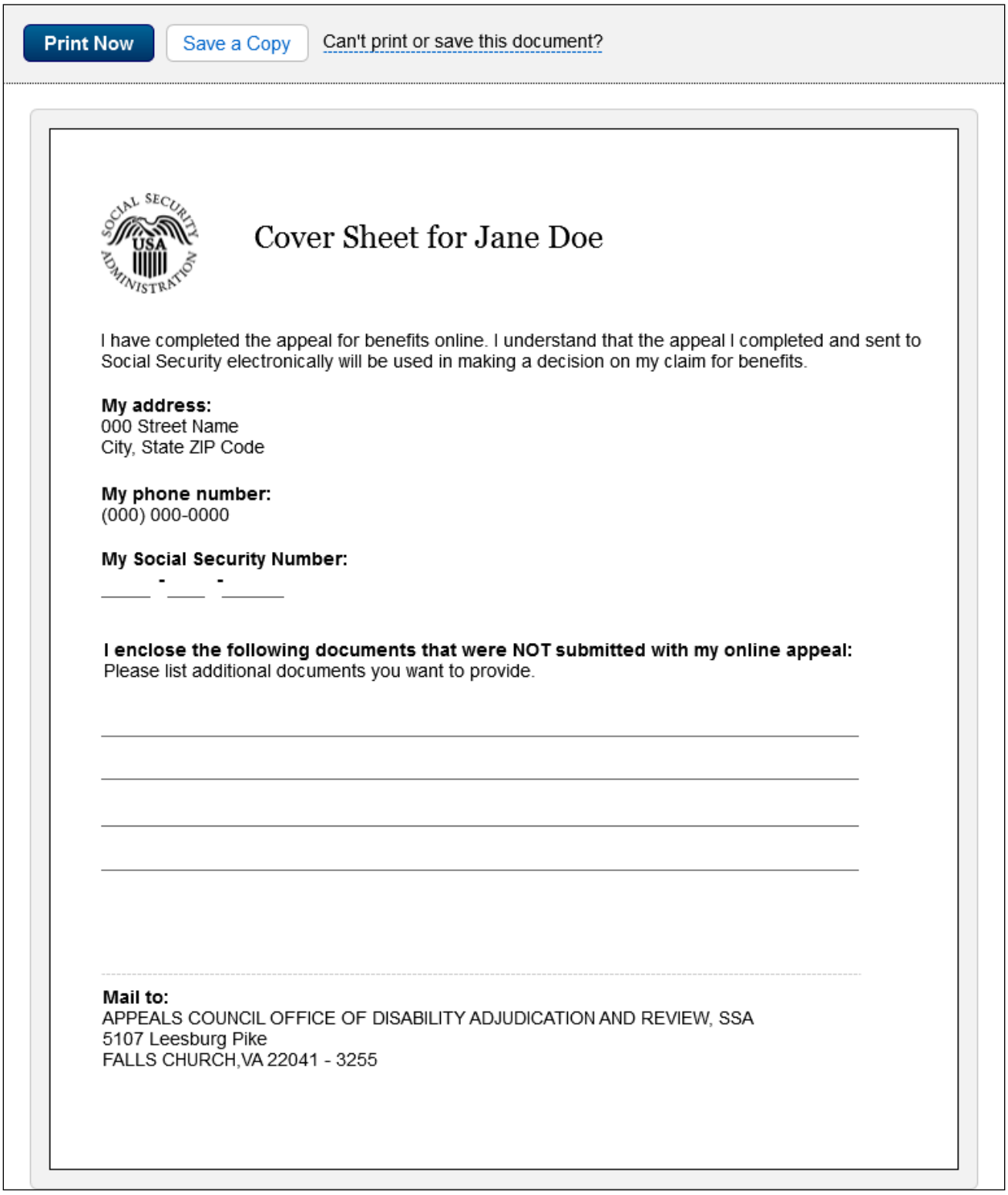
Time Extension: **No**

Attached Files

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

13. Cover Sheet

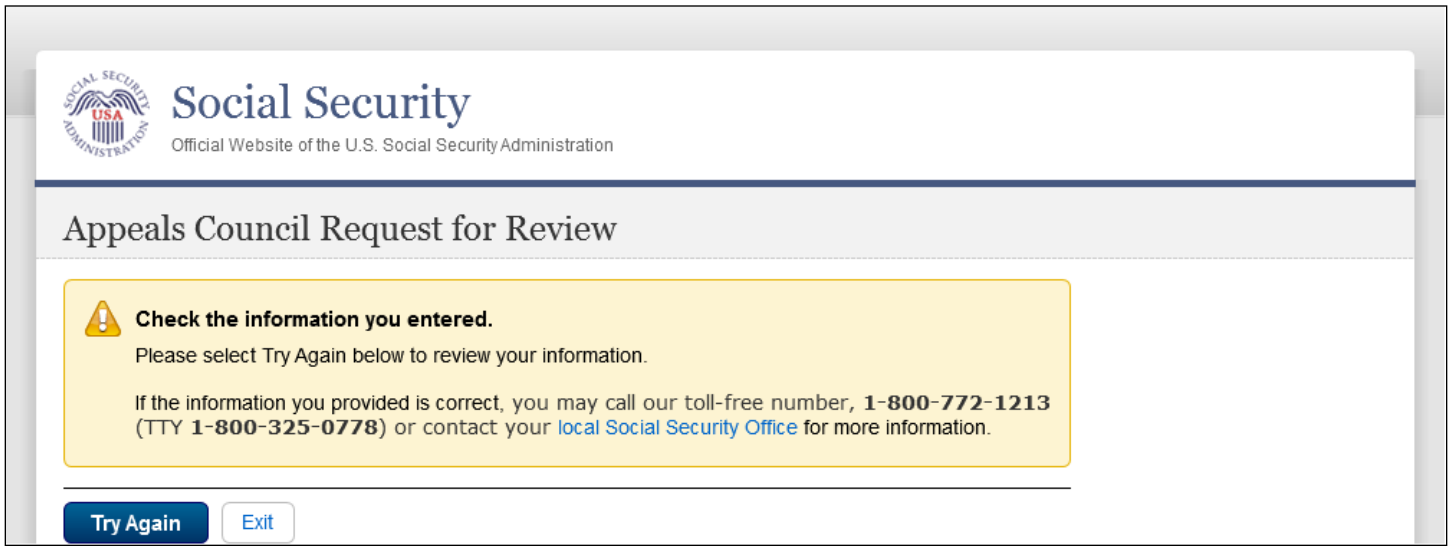
13.1. Cover Sheet 1st Party



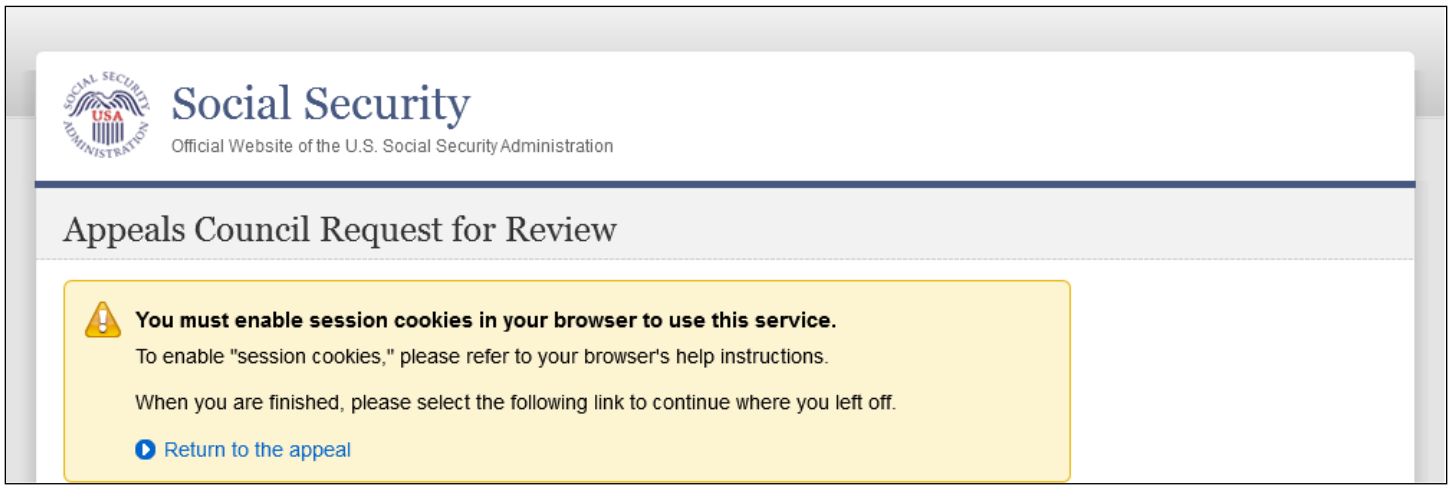
13.2. Cover Sheet Popup 3rd Party

14. Message Pages

14.1. Message 010 - Authorization Failure

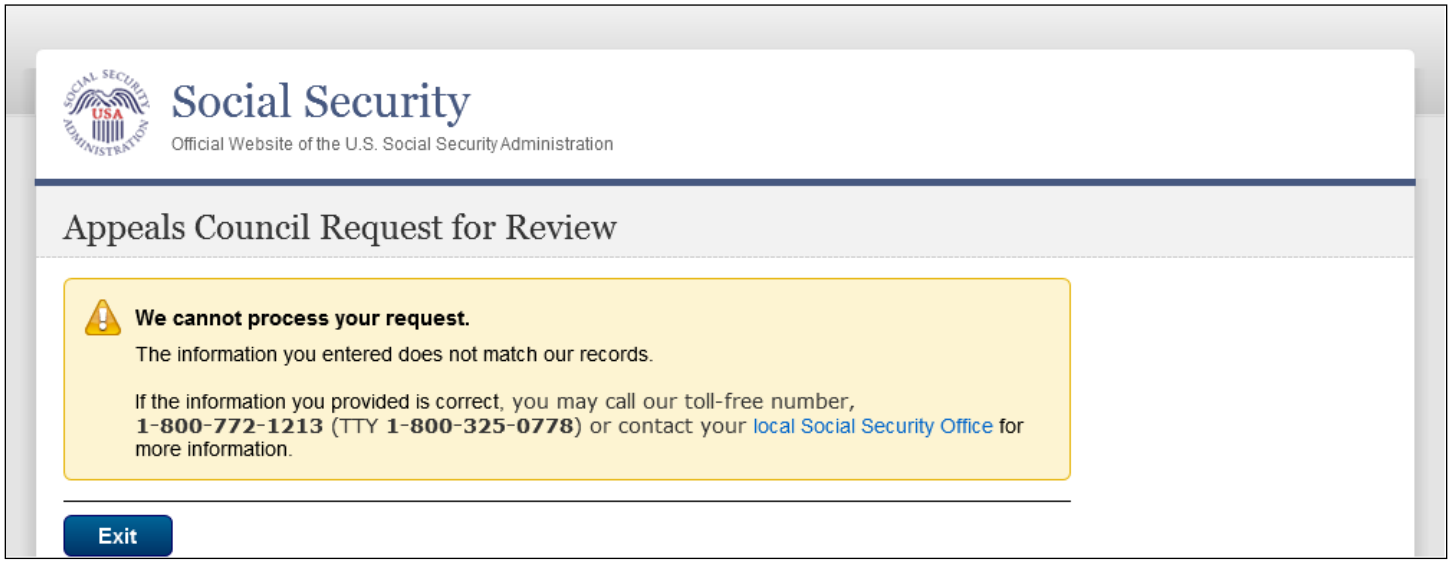


14.2. Message 024 - Cookies Disabled

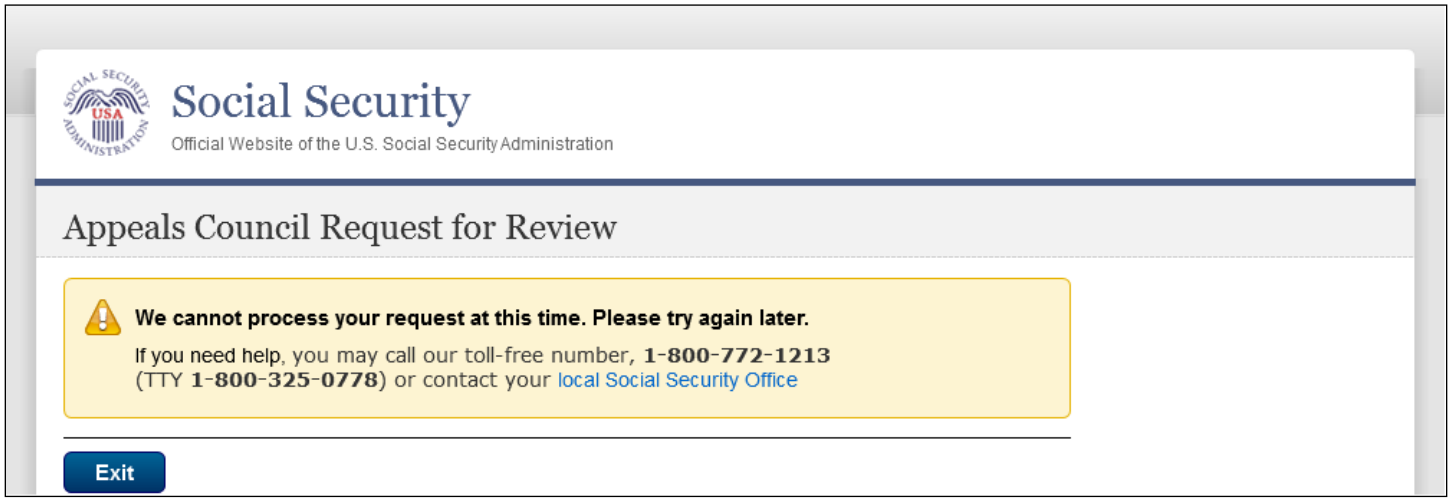


14.3. Message 025 - Session Timeout

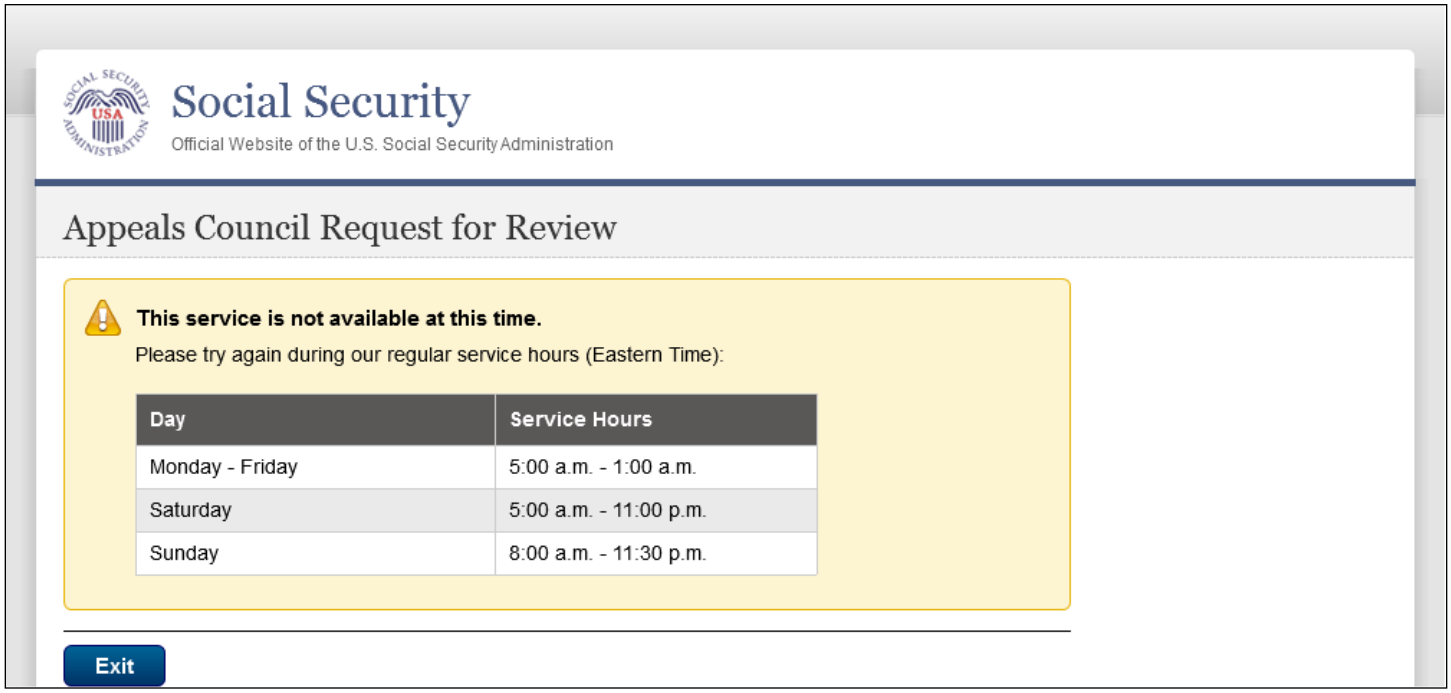
14.3.1. Message 026 - We cannot process your request



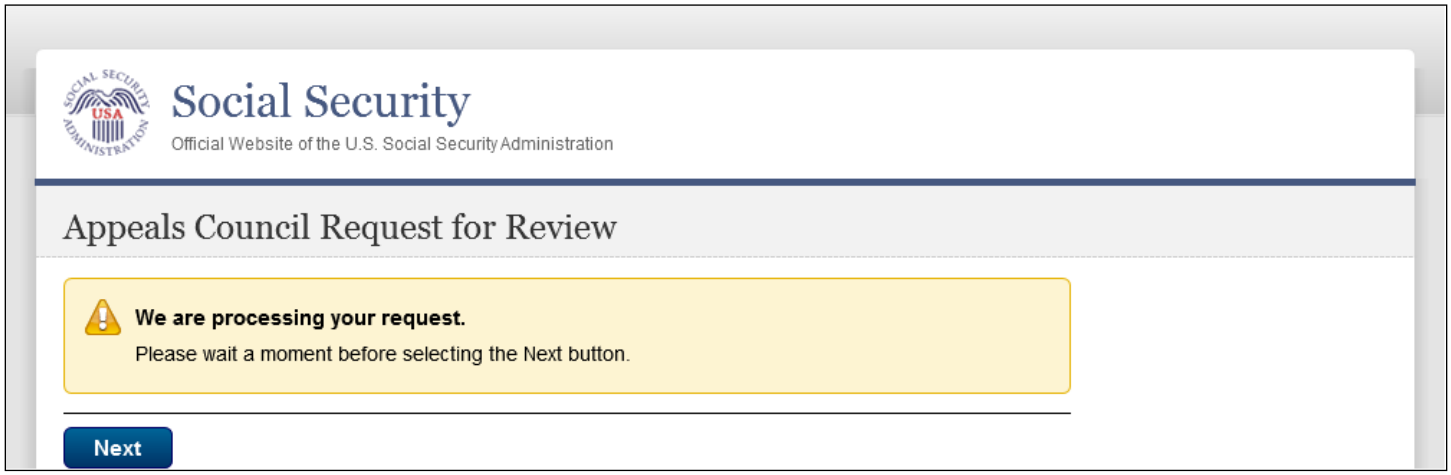
14.4. Message 027 - We are processing your request



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

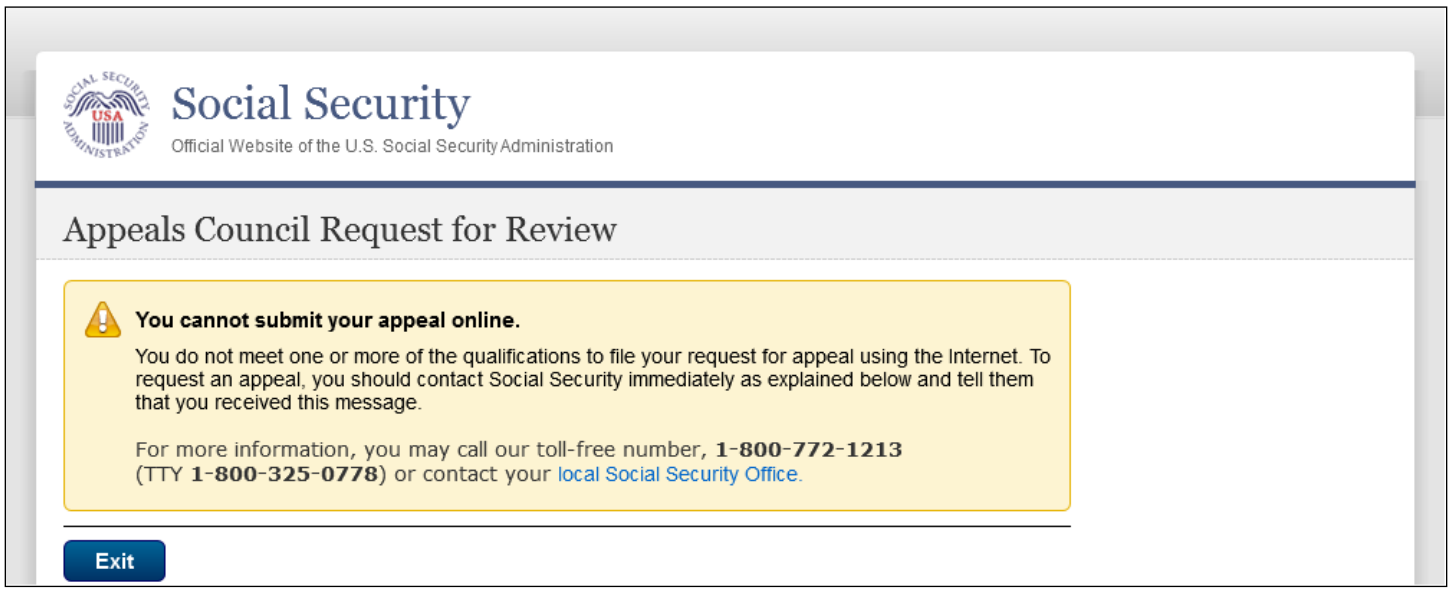


14.6. Message 030 - We are processing your request

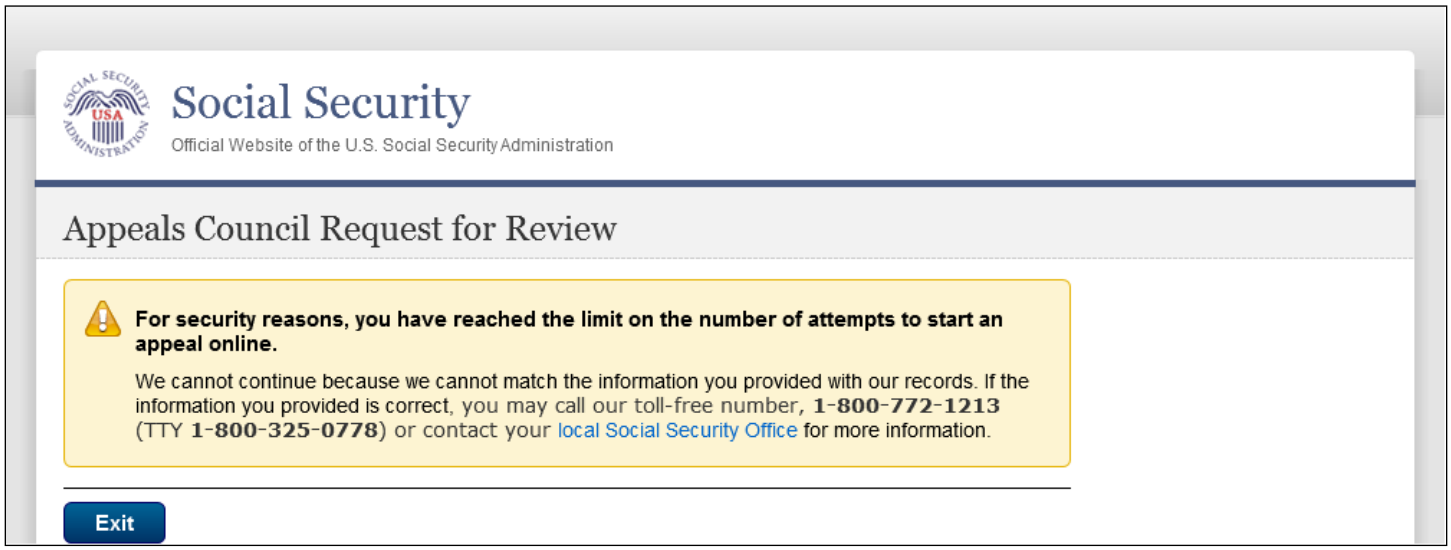


14.7. Message 045 - Service Hours

14.8. Message 052 - SSN Blocked



14.9. Message 113 - Number of Attempts Limit



14.10. Message 151 – Unable to Verify ZIP