



SCREEN PACKAGE DOCUMENT (SCREENSHOTS ONLY)

OAO iAPPEALS NON-MEDICAL:

INTERNET VERSION 1.1



Table of Contents

1. Design Screen Package Document Version Information	4
2. Initial Screen.....	5
2.1. Getting Ready.....	5
3. Screening.....	8
4. Notice of Decision	9
4.1. Notice of Decision - Yes	9
4.2. Notice of Decision - No	10
5. Who is Entering Appeal.....	11
5.1. Who is Entering Appeal 1 st Party	11
5.2. Who is Entering Appeal 3 rd Party.....	12
5.3. Who is Entering Appeal 3 rd Party – Appointed Representative.....	13
5.4. Who is Entering Appeal 3 rd Party – Preparer, Other than Appointed Representative.....	13
5.5. Who is Entering Appeal 3 rd Party – Other Preparer	14
6. Applicant Information	15
6.1. Applicant Information 1st Party.....	15
6.2. Applicant Information 1 st Party – Home Address is different from Mailing Address.....	16
6.3. Applicant Information 3 rd Party	17
6.4. Applicant Information 3 rd Party – Home Address is different from Mailing Address	18
7. Representative Information.....	19
7.1. Representative Information 1 st Party	19
7.2. Preparer Information 3 rd Party	21
7.3. Representative Information 3 rd Party.....	22
8. Request for Review	24
8.1. Request for Review 1 st Party.....	24
8.2. Request for Review 3 rd Party	27
9. Attach Files.....	28
9.1. Attach Files 1 st Party	28
9.2. Attach Files 1 st 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.	28
9.3. Attach Files 1 st 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.	29
9.4. Attach Files 1 st Party – File Added	31
9.5. Attach Files 3 rd Party	32

9.6. Attach Files 3 rd 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.....	32
9.7. Attach Files 3 rd Party – If either “Yes, documents in electronic format” OR “Yes, both electronic and paper documents” is selected, show File Details panel.	33
9.8. Attach Files 3 rd Party – File Added	34
10. Summary	35
10.1. Summary 1 st Party.....	35
10.2. Summary 3 rd Party	36
11. Confirmation	37
11.1. Confirmation 1 st Party.....	37
11.2. Confirmation 3 rd Party – Preparer	38
11.3. Confirmation 3 rd Party – Appointed Representative	39
12. Receipt	40
12.1. Receipt 1 st Party	40
12.2. Receipt 3 rd Party	41
13. Cover Sheet	42
13.1. Cover Sheet 1 st Party.....	42
13.2. Cover Sheet Popup 3 rd Party.....	43
14. Message Pages.....	44
14.1. Message 010 - Authorization Failure	44
14.2. Message 024 - Cookies Disabled.....	44
14.3. Message 025 - Session Timeout.....	45
14.4. Message 027 - We are processing your request.....	46
14.5. Message 028 - This service is not available at this time	46
14.6. Message 030 - We are processing your request.....	47
14.7. Message 045 - Service Hours	47
14.8. Message 052 - SSN Blocked	48
14.9. Message 113 - Number of Attempts Limit.....	48
14.10. Message 151 – Unable to Verify ZIP	49

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 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



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](#).

More Information

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

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](#)

[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:

FirstMiddleLastSuffix

Social Security Number (SSN):

Date of Birth:

MonthDayYear

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 1st 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 3rd Party

The screenshot shows the Social Security Administration's website for the Appeals Council Request for Review. The header includes the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". The main heading is "Appeals Council Request for Review". Below this, a section titled "Who is Entering this Request for Review?" contains two radio button options: "I am Jane Doe." and "I am entering this appeal for Jane Doe." The second option is selected. Below the radio buttons is a question "What is your relationship to Jane Doe?" followed by a dropdown menu. At the bottom of the form are two buttons: "Next" and "Previous".

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?

--

Next **Previous**

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

The screenshot shows a dropdown menu for the question "What is your relationship to Jane Doe?". The menu is open, displaying a list of relationship options. The first option, "--", is highlighted in blue. The other options are listed below it.

What is your relationship to Jane Doe?

-
- 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 3rd 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:

FirstMiddleLastSuffix

NextPrevious

5.4. Who is Entering Appeal 3rd 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?

FirstMiddleLastSuffix

NextPrevious

5.5. Who is Entering Appeal 3rd 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:

First Middle Last Suffix

Mailing Address:

Country:

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:

In this section...
Applicant Information
Representative Information

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

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

Appeals Council Request for Review

IdentificationRequestSummary

Information about You

In this section...

Applicant Information

Representative Information

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:

NextPrevious

6.3. Applicant Information 3rd Party

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

Appeals Council Request for Review

IdentificationRequestSummary

Information about Jane Doe

Name:

Jane

Doe

--

FirstMiddleLastSuffix

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 NumberExt.

Alternative Phone Number, if any:

Please provide another phone number where we can reach you.

☒ U.S. ☐ International

10-digit NumberExt.

Email Address:

Confirm Email Address:

In this section...

☒ Preparer Information

Applicant Information

Representative Information

Next

Previous

6.4. Applicant Information 3rd 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:

In this section...

- Preparer Information
- Applicant Information**
- Representative Information

Next Previous

7. Representative Information

7.1. Representative Information 1st Party

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

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

Next Previous

In this section...

- Applicant Information
- Representative Information

7.1.1. Representative Information 1st Party – No

This screenshot is identical to the one above, showing the "Identification" tab of the "Appeals Council Request for Review" form. The key difference is in the "Representative" section, where the "No" radio button is now selected, indicating that the applicant does not currently have an appointed representative. All other elements, including the header, title, tabs, sidebar, and navigation buttons, remain the same.

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

Next Previous

In this section...

- Applicant Information
- Representative Information

7.1.2. Representative Information 1st 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:

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.

FAX Number, if any:

☒ U.S. ☐ International

10-digit Number

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

Next Previous

7.2. Preparer Information 3rd 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:
United States or U.S. Territory

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 3rd 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 3rd 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 3rd Party – Yes, There Is a Representative

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

Appeals Council Request for Review

IdentificationRequestSummary

Representative

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

☒ Yes ☐ No

Representative's Name:

FirstMiddleLastSuffix

Is the representative an attorney?

☐ Yes ☐ No

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 NumberExt.

FAX Number, if any:

☒ U.S. ☐ International

10-digit Number

In this section...

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

NextPrevious

8. Request for Review

8.1. Request for Review 1st 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

In this section...

Request for Review

Attach Files

Next

Previous

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

DCS/OITBS/OITEBS/DUEAA /UXG

25

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.

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

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 3rd 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):

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

Jane Doe requests that the Appeals Council review the Administrative Law Judge's action on the above claim because:
(2000 characters maximum)

Characters remaining: 2000

Does Jane Doe 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

In this section...

Request for Review

Attach Files

Next

Previous

9. Attach Files

9.1. Attach Files 1st Party

The screenshot shows the Social Security Administration's "Appeals Council Request for Review" form. The header includes the Social Security logo and the text "Official Website of the U.S. Social Security Administration". The title "Appeals Council Request for Review" is prominently displayed. Below the title, there are three tabs: "Identification" (selected with a green checkmark), "Request", and "Summary". The main content area is titled "Attach Files" and contains a question: "Do you have supporting documents?". There are 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, there is a sidebar titled "In this section..." with two items: "Request for Review" (selected with a green checkmark) and "Attach Files". At the bottom of the form, there are two buttons: "Next" (highlighted in blue) and "Previous".

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.

This screenshot is similar to the one above, showing the "Identification" step of the "Appeals Council Request for Review" form. The "Do you have supporting documents?" section is visible. In this instance, the "Yes, I have paper documents." option is selected (indicated by a filled radio button). The "Next" button at the bottom is highlighted in blue, indicating the user is proceeding to the next step. The sidebar on the right remains the same, with "Request for Review" selected.

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.



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.

In this section...

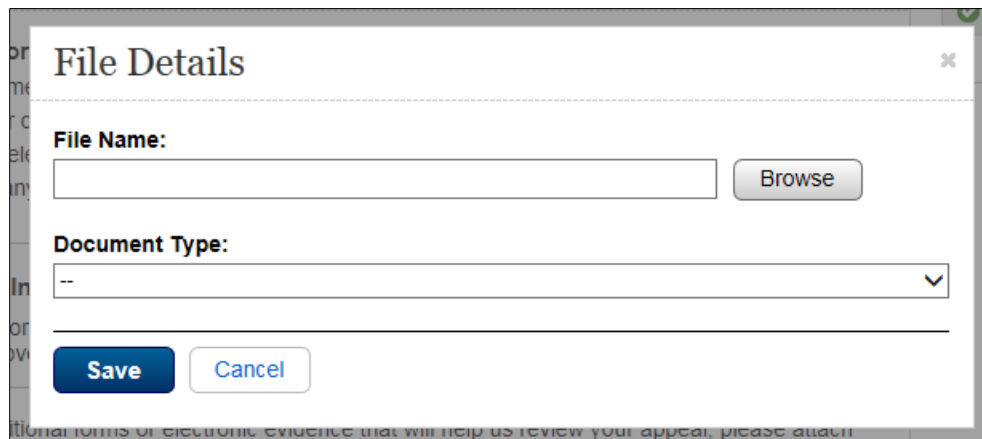
✓ Request for Review

Attach Files

Next

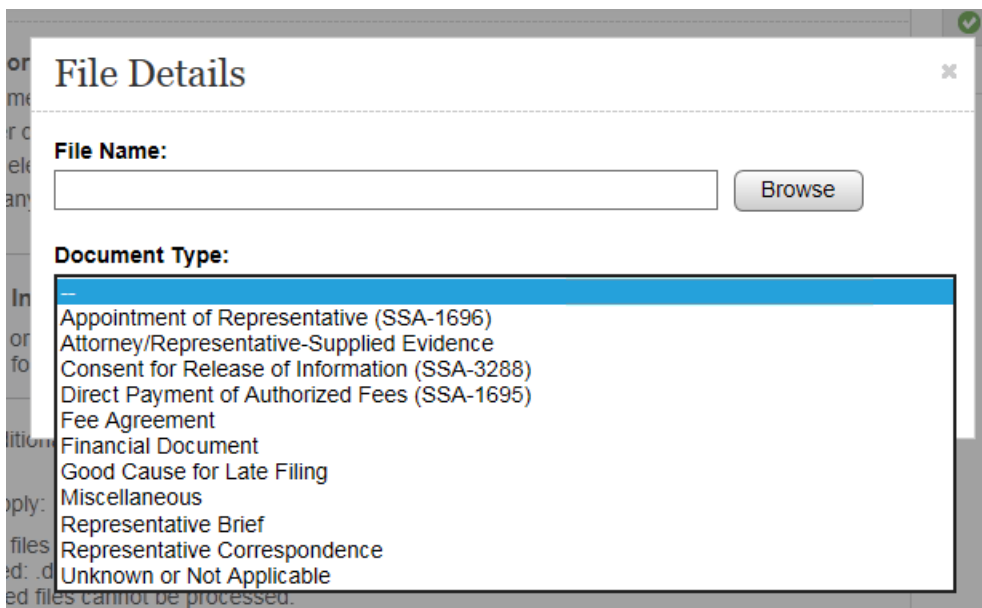
Previous

9.3.1. Attach Document – File Details



The screenshot shows a 'File Details' dialog box. It has a title bar with a close button. Inside, there is a 'File Name:' label followed by a text input field and a 'Browse' button. Below that is a 'Document Type:' label followed by a dropdown menu showing '--'. At the bottom are 'Save' and 'Cancel' buttons.

9.3.2. Drop Down List “Document Type”



The screenshot shows the 'File Details' dialog box with the 'Document Type' dropdown menu open. The list of options is as follows:

-
- 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
- Unknown or Not Applicable

9.4. Attach Files 1st 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	<button>Delete</button>
Total Size of Attached File(s):			1098 KB

Attach Another Document

In this section...

✔ Request for Review

Attach Files

Next

Previous

9.5. Attach Files 3rd Party

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.

In this section...

- ☒ Request for Review
- ☐ Attach Files

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.

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.

In this section...

- ☒ Request for Review
- ☐ Attach Files

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

In this section...

 Request for Review

Attach Files

Next

Previous

9.8. Attach Files 3rd 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.

 **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	<button>Delete</button>
Total Size of Attached File(s):			1098 KB

Attach Another Document

In this section...

✓ Request for Review

Attach Files

Next

Previous

10. Summary

10.1. Summary 1st 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

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 3rd 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 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**
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**

☒ 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	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.

11. Confirmation

11.1. Confirmation 1st 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.

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](#)

Done

11.2. Confirmation 3rd 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.

[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](#)

[Done](#)

11.3. Confirmation 3rd 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](#)

DCS/OITBS/OITEBS/DUEAA /UXG

39

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

[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 3rd 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



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

Appeals Council Request for Review

**Check the information you entered.**
Please select Try Again below to review your information.

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.

[Try Again](#) [Exit](#)

14.2. Message 024 - Cookies Disabled



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

Appeals Council Request for Review

**You must enable session cookies in your browser to use this service.**
To enable "session cookies," please refer to your browser's help instructions.

When you are finished, please select the following link to continue where you left off.

[Return to the appeal](#)

14.3. Message 025 - Session Timeout



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

Appeals Council Request for Review

 **For your security, your session timed out due to inactivity.**
We are sorry for the inconvenience, but your session has expired. Unfortunately, any information you may have entered so far could not be saved.

If you would like to start your appeal again, select Request Review by Appeals Council option below.

[Request Review by Appeals Council](#) [Exit](#)

14.3.1. Message 026 - We cannot process your request



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

Appeals Council Request for Review

 **We cannot process your request.**
The information you entered does not match 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](#)

14.4. Message 027 - We are processing your request



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

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

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