



SCREEN PACKAGE DOCUMENT (SCREENSHOTS ONLY)

NON-MEDICAL APPEALS:

INTERNET VERSION 2.0



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Pages

1.1. Appeal a Decision


Social Security
 Official Social Security Website

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Appeal A Decision

If you recently applied for benefits and were denied, you may request an appeal online. If you have supporting documents, you may provide them online and/or by mail. You can file an appeal online even if you live outside of the United States.

If you were denied for medical reasons, use "Appeal Medical Decision" option below. If you were denied due to the issues related but not limited to income, resources, overpayments, or living arrangements, use "Appeal Other Decision" option.

[Appeal Medical Decision](#)
[Appeal Other Decision](#)

Need Help?
 You may also call our toll-free number, **1-800-772-1213** (TTY **1-800-325-0778**) or contact your [local Social Security office](#).

Publications

- [The Appeals Process](#)
- [Your Right To Question The Decision Made On Your Claim](#)
- [Your Right To Question A Decision Made On Your Supplemental Security Income \(SSI\) Claim](#)
- [Your Right To An Administrative Law Judge Hearing And Appeals Council Review Of Your Social Security Case](#)
- [Your Right To Representation](#)

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1.2. Getting Ready



Social Security

Official Website of the U.S. Social Security Administration

Non-Medical Appeal

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
- 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 either online by or mail. Certain documents we can only accept as originals or certified copies; you will need to bring or mail them to your [local Social Security Office](#).

Submit an Appeal

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

Start an Appeal

More Information

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

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

Last reviewed or modified May 3, 2016 12:00 PM

1.3. Information You Need

Information You Need To Complete Your Non-Medical Appeal

If you recently received a non-medical determination concerning your Social Security, Supplemental Security Income, or Special Veterans Benefits 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

1.4. Screening



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

Non-Medical Appeal

Information about the Applicant

The information collected here refers to the person submitting the appeal.

Name:

FirstMiddleLastSuffix

Social Security Number (SSN):

Date of Birth:

MonthDayYear

Next

Previous

1.5. Notice



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

Non-Medical Appeal

Notice Information

Do you have a notice from SSA?

☐ Yes ☐ No

1.5.1.1. Yes



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

Non-Medical Appeal

Notice Information

Do you have a notice from SSA?

☒ Yes ☐ No

Level of Appeal: [? Where to find the level of appeal in the notice](#)

☐ I'm appealing this issue for the first time (Request for Reconsideration, SSA-561-U2)

☐ I've already appealed this issue once but was denied (Request for Hearing by Administrative Law Judge, HA-501-U5)

☐ None of the above

1.5.1.2. No



Social Security

Official Website of the U.S. Social Security Administration

Non-Medical Appeal

Notice Information

Do you have a notice from SSA?

☐ Yes ☒ No



You need your notice to complete this online appeal.

If you are unable to locate your notice, please contact your [local Social Security Office](#) to request a copy or find out about other ways to appeal.

[Exit](#)

1.5.1.3. None of the above



Social Security

Official Website of the U.S. Social Security Administration

Non-Medical Appeal

Notice Information

Do you have a notice from SSA?

☒ Yes ☐ No

Level of Appeal:  [Where to find the level of appeal in the notice](#)

☐ I'm appealing this issue for the first time (Request for Reconsideration, SSA-561-U2)

☐ I've already appealed this issue once but was denied (Request for Hearing by Administrative Law Judge, HA-501-U5)

☒ None of the above



You cannot submit this appeal online.

If you are not sure what level of appeal to choose or if provided options do not apply to your case, 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](#)

1.6. Who is Entering Appeal



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

Non-Medical Appeal

Who is Entering This Appeal?

Are you Sarah Jones or are you entering this appeal on his or her behalf?
☐ I am Sarah Jones.
☐ I am entering this appeal for Sarah Jones.

Next

Previous

1.6.1. Who is Entering Appeal – 1st Party



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

Non-Medical Appeal

Who is Entering This Appeal?

Are you Sarah Jones or are you entering this appeal on his or her behalf?
☒ I am Sarah Jones.
☐ I am entering this appeal for Sarah Jones.

Next

Previous

1.6.2. Someone Else – 3rd Party



Social Security

Official Website of the U.S. Social Security Administration

Non-Medical Appeal

Who is Entering This Appeal?

Are you Sarah Jones or are you entering this appeal on his or her behalf?

☐ I am Sarah Jones.

☒ I am entering this appeal for Sarah Jones.

What is your relationship to Sarah Jones?

-- ▾

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

What is your relationship to Sarah Jones?

-- ▾

--

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

1.6.2.1. Representative



Social Security

Official Website of the U.S. Social Security Administration

Non-Medical Appeal

Who is Entering This Appeal?

Are you Sarah Jones or are you entering this appeal on his or her behalf?

☐ I am Sarah Jones.
 ☒ I am entering this appeal for Sarah Jones.

What is your relationship to Sarah Jones?

Appointed Representative (Attorney) or Staff ▼

Representative's Name:

FirstMiddleLastSuffix

Next

Previous

1.6.2.2. Preparer (Other than Attorney)



Social Security

Official Website of the U.S. Social Security Administration

Non-Medical Appeal

Who is Entering This Appeal?

Are you Sarah Jones or are you entering this appeal on his or her behalf?

☐ I am Sarah Jones.
 ☒ I am entering this appeal for Sarah Jones.

What is your relationship to Sarah Jones?

Friend/Neighbor ▼

What is your name?

FirstMiddleLastSuffix

Next

Previous

1.6.2.3. Other Preparer



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

Non-Medical Appeal

Who is Entering This Appeal?

Are you Sarah Jones or are you entering this appeal on his or her behalf?

☐ I am Sarah Jones.

☒ I am entering this appeal for Sarah Jones.

What is your relationship to Sarah Jones?

Other ▼

Please specify your relationship:

What is your name?

			-- ▼
First	Middle	Last	Suffix

Next

Previous

1.7. Your Information – 1st Party

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

Non-Medical Appeal

Identification Request Summary

Information about You

Name:

Sarah First	Ann Middle	Jones 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

Next Previous

1.7.1.1. Your Information – 1st Party (Home Address is different from Mailing Address)

Information about You	
Name:	
Sarah First	Ann Middle
Jones 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:	
☒ U.S. ☐ International	
 10-digit Number	 Ext.
Alternative Phone Number, if any:	
Please provide another phone number where we can reach you.	
☒ U.S. ☐ International	
 10-digit Number	 Ext.
Email Address:	
Confirm Email Address:	

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

In this section...

Applicant Information

Representative Information

1.8. Representative Information 1st Party



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

Non-Medical Appeal

Identification

Request

Summary

Representative

Do you currently have an appointed representative? [? More Info](#)

☐ Yes
 ☐ No

Next

Previous

In this section...


 Applicant Information

Representative Information

1.8.1. Yes There Is a Representative

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

1.9. Preparer Information 3rd Party

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

Non-Medical Appeal

IdentificationRequestSummary

Information about Terry Halpern

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

NextPrevious

1.10. Applicant Information 3rd Party

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

Non-Medical Appeal

Identification Request Summary

Information about You

Name:

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:

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

Next Previous

1.10.1. Applicant Information 3rd Party (Home Address is different from Mailing Address)

Information about You									
Name: <table border="1"><tr><td>Sarah</td><td>Ann</td><td>Jones</td><td>--</td></tr><tr><td>First</td><td>Middle</td><td>Last</td><td>Suffix</td></tr></table>		Sarah	Ann	Jones	--	First	Middle	Last	Suffix
Sarah	Ann	Jones	--						
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: <table border="1"><tr><td>United States or U.S. Territory</td></tr></table> Street Address: Street Line 1: <table border="1"><tr><td></td></tr></table> Street Line 2: <table border="1"><tr><td></td></tr></table> + Add Line City/Town: <table border="1"><tr><td></td></tr></table> State/Territory: <table border="1"><tr><td>--</td></tr></table> ZIP Code: <table border="1"><tr><td></td></tr></table>		United States or U.S. Territory				--			
United States or U.S. Territory									
--									
Do you live at the above address? ☐ Yes ☒ No									
Home Address: Country: <table border="1"><tr><td>United States or U.S. Territory</td></tr></table> Street Address: Street Line 1: <table border="1"><tr><td></td></tr></table> Street Line 2: <table border="1"><tr><td></td></tr></table> + Add Line City/Town: <table border="1"><tr><td></td></tr></table> State/Territory: <table border="1"><tr><td>--</td></tr></table> ZIP Code: <table border="1"><tr><td></td></tr></table>		United States or U.S. Territory				--			
United States or U.S. Territory									
--									
Daytime Phone Number: ☒ U.S. ☐ International <table border="1"><tr><td></td><td></td></tr><tr><td>10-digit Number</td><td>Ext.</td></tr></table>				10-digit Number	Ext.				
10-digit Number	Ext.								
Alternative Phone Number, if any: Please provide another phone number where we can reach you. ☒ U.S. ☐ International <table border="1"><tr><td></td><td></td></tr><tr><td>10-digit Number</td><td>Ext.</td></tr></table>				10-digit Number	Ext.				
10-digit Number	Ext.								
Email Address: <table border="1"><tr><td></td></tr></table>									
Confirm Email Address: <table border="1"><tr><td></td></tr></table>									

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

In this section...

Applicant Information

Representative Information

1.10.2. Representative Information 3rd Party – Yes There Is a Representative

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

Non-Medical Appeal

Identification Request Summary

Representative for Sarah Jones

Does Sarah Jones currently have an appointed representative? [More Info](#)

☒ Yes ☐ No

Representative's Name:

Pat		Graham	--
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...

- ✓ [Preparer Information](#)
- ✓ [Applicant Information](#)
- Representative Information**

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

1.11. Request for Reconsideration 1st Party

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

Non-Medical Appeal

Identification Request Summary

OMB No. 0000-0000
Paperwork Reduction Act

Request for Reconsideration

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



mm/dd/yyyy

SSA Program Title: [Where to find the SSA program title](#)
You will find at the top left corner of the notice.

--

Issue Being Appealed:
Select one option from the list.

--

I disagree with the determination and request reconsideration because:
Enter a reason for your appeal. (2000 characters maximum)

Characters remaining: 2000

In this section...

Request for Reconsideration

Attach Files

Next

Previous

1.11.1. SSA Program Title – Droplist

Supplemental Security Income (SSI)
 Retirement, Survivors, and Disability Insurance
 Medicare
 Special Veterans Benefits (SVB)
 Other - Not Specified

1.11.2. Ways to Appeal for SSI (if SSI is selected)

Request for Reconsideration

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



mm/dd/yyyy

SSA Program Title: [? Where to find the SSA program title](#)
 You will find at the top left corner of the notice.

Supplemental Security Income (SSI) ▼

Ways to Appeal a Supplemental Security Income (SSI) Claim

Select one option that works best:

☐ **Case Review**
 You can always choose this option. We will **review the facts** you provided to us. No interview.

☐ **Informal Conference**
 If you like to discuss your case in person, choose this option **except for medical issues**.

☐ **Formal Conference**
Already receiving benefits? Choose this option if we are stopping or lowering your payment. We can invite witnesses to help prove you are right.

Issue Being Appealed:
 Select one option from the list.

-- ▼

1.11.3. Ways to Appeal for SVB (If SVB is selected)

Request for Reconsideration

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



mm/dd/yyyy

SSA Program Title: [? Where to find the SSA program title](#)
 You will find at the top left corner of the notice.

Special Veterans Benefits (SVB) ▼

Ways to Appeal a Special Veterans Benefits (SVB) Claim

Select one option that best fits your case and your needs:

☐ Case Review
 You can always choose this option. We will **review the facts** you provided to us. No interview.

☐ Informal Conference
Already receiving benefits? Choose this option if we are stopping or lowering your payment. You will discuss your case in person.

☐ Formal Conference
Already receiving benefits? Choose this option if we are stopping or lowering your payment. You will discuss your case in person, and we will invite witnesses to help prove you are right.

Issue Being Appealed:
 Select one option from the list.

-- ▼

1.11.4. Issue Being Appealed

--

Overpayment
Resources
Income
Living Arrangement
Initial Case Non-Disability Issue
Marital Relationship
Other

1.12. Attach Files 1st Party & 3rd Party – No Selection



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

Non-Medical Appeal

✔ 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.

Next

Previous

In this section...

✔ Request for Reconsideration

Attach Files

1.12.1. Attach Files – If either “Yes, I have documents in electronic format” OR “Yes, I have both electronic and paper documents” is selected, show Upload File panel



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

Non-Medical Appeal

✓ 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 non-electronic 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.

Upload File

In this section...

✓ Request for Reconsideration

Attach Files

Next

Previous

1.12.2. Attach Files – If either “Yes, I have paper documents” OR “No, I don’t have any documents to submit” is selected, Upload File panel is not shown. User is taken to Summary.

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

1.12.3. File Details

The screenshot shows a 'File Details' modal form. It has a title bar with the text 'File Details' and a close button (X). The form contains two main sections. The first section is labeled 'File Name:' and has a text input field followed by a 'Browse' button. The second section is labeled 'Document Type:' and has a dropdown menu with a downward arrow. At the bottom of the form are two buttons: 'Save' and 'Cancel'.

1.12.3.1. Attach Document

File Details

File Name:

Document Type:

1.12.3.2. Document Type Droplist

Financial Document
Appointment of Representative (SSA-1696)
Authorization to Disclose Information (SSA-827)
Questionnaire for Children (SSA-3881)
Good Cause for Late Filing Statement
Waiver of Your Right to Personal Appearance Before an Administrative Law Judge (HA-4608)
Consent for Release of Information (SSA-3288)
Miscellaneous

1.12.3.3. Document Type is Selected

File Details

File Name:

Document Type:

1.12.3.4. Attach Files – File Added

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 non-electronic 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
Sarah Jones Cash Value Statement 2015.pdf	Financial Document	1098 KB	<button>Delete</button>
Total Size of Attached File(s):			1098 KB

Upload Another File

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

1.13. Summary 1st Party

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

Non-Medical Appeal

☒ Identification ☒ Request ☐ Summary

Overall Summary for Sarah Jones

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

Identification

☒ Information about Sarah Jones

Name: **Sarah Ann Jones**
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, Maryland 21201**
Do you live at the above address? **Yes**
Daytime Phone Number: **(443) 644-6789**
Alternative Phone Number: **(443) 644-6799**
FAX Number: **(443) 644-9008**
Email Address: **sajones@yahoo.com**

☒ Representative Information

Do you have an appointed representative? **No**

Request

☒ Request for Reconsideration

Notice Date: **March 15, 2016**
SSA Program Title: **Supplemental Security Income (SSI)**
Way to Appeal: **Informal Conference**
Issue Being Appealed: **Overpayment**
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.**

☒ Attached Files

File Name	Document Type	Size
Sarah Jones Cash Value Statement 2015.pdf	Financial Document	1098 KB

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

1.14. Confirmation 1st Party. Note: Confirmations for Reconsideration 1st and Hearing 1st are the same as shown below.



Social Security

Official Website of the U.S. Social Security Administration

Non-Medical Appeal



You have successfully submitted your appeal on May 12, 2016 at 1:38:21 PM.

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

[Print or Save](#)

Do You Have Other Documents to Submit?

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

 [If you are unable to print](#)

Done

1.15. Receipt 1st Party

[Print Now](#) [Save a Copy](#) [Can't print or save this document?](#)

 **You have successfully submitted your appeal on May 9, 2016 at 3:50:12 PM.**

Information You Submitted

Identification

Information about Sarah Jones

Name: **Sarah Ann Jones**
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, Maryland 21201**
Do you live at the above address? **Yes**
Daytime Phone Number: **(443) 644-6789**
Alternative Phone Number: **(443) 644-6799**
FAX Number: **(443) 644-9008**
Email Address: **sajones@yahoo.com**

Representative Information

Do you have an appointed representative? **No**

Request

Request for Reconsideration

Notice Date: **March 15, 2016**
SSA Program Title: **Supplemental Security Income (SSI)**
Way to Appeal: **Informal Conference**
Issue Being Appealed: **Overpayment**
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.**

Attached Files

File Name	Document Type	Size
Sarah Jones Cash Value Statement 2016.pdf	Financial Document	1137 KB

1.16. Request for Reconsideration 3rd Party

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

Non-Medical Appeal

Identification Request Summary

OMB No. 0000-0000
Paperwork Reduction Act

Request for Reconsideration for Sarah Jones

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



mm/dd/yyyy

SSA Program Title: [Where to find the SSA program title](#)
You will find at the top left corner of the notice.

--

Issue Being Appealed:
Select one option from the list.

--

Sarah Jones disagrees with the determination and requests reconsideration because:
Enter a reason for your appeal. (2000 characters maximum)

Characters remaining: 2000

Next

Previous

In this section...

Request for Reconsideration

Attach Files

1.16.1. Ways to Appeal for SSI (If SSI is selected)

Ways to Appeal a Supplemental Security Income (SSI) Claim Select one option that works best: ☐ Case Review You can always choose this option. We will review the facts you provided to us. No interview. ☐ Informal Conference If you like to discuss your case in person, choose this option except for medical issues. ☐ Formal Conference Already receiving benefits? Choose this option if we are stopping or lowering your payment. We can invite witnesses to help prove you are right.	
--	--

1.16.1.1. Ways to Appeal for SVB (If SVB is selected)

Ways to Appeal a Special Veterans Benefits (SVB) Claim Select one option that best fits your case and your needs: ☐ Case Review You can always choose this option. We will review the facts you provided to us. No interview. ☐ Informal Conference Already receiving benefits? Choose this option if we are stopping or lowering your payment. You will discuss your case in person. ☐ Formal Conference Already receiving benefits? Choose this option if we are stopping or lowering your payment. You will discuss your case in person, and we will invite witnesses to help prove you are right.	
--	--

1.16.1.2. Issue Being Appealed

—
Overpayment Resources Income Living Arrangement Initial Case Non-Disability Issue Marital Relationship Other

1.17. Summary 3rd Party

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

Non-Medical Appeal

☒ Identification ☒ Request ☐ Summary

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

Identification

☒ Information about Terry Halpern

Relationship: **Friend/Neighbor**
Mailing Address: **406 Cathedral Street, Baltimore, Maryland 21201**
Daytime Phone Number: **(410) 867-5412**

☒ Information about Sarah Jones

Name: **Sarah Ann Jones**
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, Maryland 21201**
Does Sarah Jones live at the above address? **Yes**
Daytime Phone Number: **(443) 644-6789**
Alternative Phone Number: **(443) 644-6799**
FAX Number: **(443) 644-9008**
Email Address: **sajones@yahoo.com**

☒ Representative Information

Does Sarah Jones have a representative? **Yes**
Representative's Name: **Pat Graham**
Is the representative an attorney? **Yes**
Address: **45 North Charles Steet, Baltimore, Maryland, 21202**
Daytime Phone Number: **(410) 333-7878**
Fax Number: **(410) 333-7111**

Request

☒ Request for Reconsideration

Notice Date: **March 15, 2016**
SSA Program Title: **Supplemental Security Income (SSI)**
Way to Appeal: **Informal Conference**
Issue Being Appealed: **Overpayment**
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.**

☒ Attached Files

File Name	Document Type	Size
Sarah Jones Cash Value Statement 2015.pdf	Financial Document	1098 KB

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

1.18. Confirmation 3rd Party Preparer. Note: Confirmations for Reconsideration 3rd and Hearing 3rd are the same as shown below.



Social Security

Official Website of the U.S. Social Security Administration

Non-Medical Appeal



You have successfully submitted Sarah Jones's appeal on May 12, 2016 at 1:44:33 PM.

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

[Print or Save](#)

Do You Have Other Documents to Submit?

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

 [If you are unable to print](#)

Done

1.19. Confirmation 3rd Party Representative



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

Non-Medical Appeal

**You have successfully submitted your appeal on May 9, 2016 at 4:13:02 PM.**
We highly recommend that you print or save a copy of the appeal for your records.
[Print or Save](#)

Do You Have Other Documents to Submit?

If you have have originals, certified copies, or other non-electronic 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 appeal?**
We can copy your contact information into the appeal. You will have the opportunity to edit it later.
[Start Another Appeal](#)

[Done](#)

1.20. Receipt 3rd Party

[Print Now](#) [Save a Copy](#) [Can't print or save this document?](#)

 You have successfully submitted Sarah Jones's appeal on May 12, 2016 at 1:51:16 PM.

Information You Submitted for Sarah Jones

Identification

Information about Terry Halpern

Relationship: **Friend/Neighbor**
Mailing Address: **406 Cathedral Street, Baltimore, Maryland 21201**
Daytime Phone Number: **(410) 867-5412**

Information about Sarah Jones

Name: **Sarah Ann Jones**
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, Maryland 21201**
Do you live at the above address? **Yes**
Daytime Phone Number: **(443) 644-6789**
Alternative Phone Number: **(443) 644-6799**
FAX Number: **(443) 644-9008**
Email Address: **sajones@yahoo.com**

Representative Information

Does Sarah Jones has a representative? **Yes**
Representative's Name: **Pat Graham**
Is the representative an attorney? **Yes**
Address: **45 North Charles Steet, Baltimore, Maryland 21202**
Daytime Phone Number: **(410) 333-7878**
Fax Number: **(410) 333-7111**

Request

Request for Reconsideration

Notice Date: **March 15, 2016**
SSA Program Title: **Supplemental Security Income (SSI)**
Way to Appeal: **Informal Conference**
Issue Being Appealed: **Overpayment**
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.**

Attached Files

File Name	Document Type	Size
Sarah Jones Cash Value Statement 2016.pdf	Financial Document	1137 KB

1.21. Request for Hearing 1st Party



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

Non-Medical Appeal

 Identification

Request

Summary

OMB No. 0000-0000
Paperwork Reduction Act

Request for Hearing by Administrative Law Judge

What is the date on the notice you received?

Where to find this date

mm/dd/yyyy

SSA Program Title:

Where to find the SSA program title

You will find at the top left corner of the notice.
--

I request a hearing before an Administrative Law Judge. I disagree with the determination made on my claim because:
Enter a reason for your appeal. (2000 characters maximum)

Characters remaining: 2000

Do you wish to appear at a hearing?

Options for appearing

☐ I wish to appear at a hearing.
☐ I do not wish to appear at a hearing and request that a decision be made based on the evidence in my case. [Complete Waiver Form HA-4608](#)

Next

Previous

1.21.1. Wish to Appear

Do you wish to appear at a hearing?

Options for appearing

☐ I wish to appear at a hearing.
☐ I do not wish to appear at a hearing and request that a decision be made based on the evidence in my case. [Complete Waiver Form HA-4608](#)

Next

Previous

1.21.1.1. Wish to Appear is hidden when Medicare is selected under SSA Program Title



Social Security

Official Website of the U.S. Social Security Administration

Non-Medical Appeal

Identification

Request

Summary

OMB No. 0000-0000
Paperwork Reduction Act

Request for Hearing by Administrative Law Judge

What is the date on the notice you received?

mm/dd/yyyy

[Where to find this date](#)

SSA Program Title: [Where to find the SSA program title](#)
You will find at the top left corner of the notice.

Medicare

I request a hearing before an Administrative Law Judge. I disagree with the determination made on my claim because:
Enter a reason for your appeal. (2000 characters maximum)

Characters remaining: 2000

In this section...

Request for Hearing

Attach Files

Next

Previous

1.22. Summary 1st Party Hearing

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

Non-Medical Appeal

☒ Identification ☒ Request ☐ Summary

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

Identification

☒ Information about Sarah Jones

Name: **Sarah Ann Jones**
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, Maryland 21201**
Do you live at the above address? **Yes**
Daytime Phone Number: **(443) 644-6789**
Alternative Phone Number: **(443) 644-6799**
FAX Number: **(443) 644-9008**
Email Address: **sajones@yahoo.com**

☒ Representative Information

Do you have an appointed representative? **No**

Request

☒ Request for Hearing by Administrative Law Judge

Notice Date: **March 15, 2016**
SSA Program Title: **Disability**
Reason for Appeal: **I believe your records are incorrect.**
Do you wish to appear at the hearing? **Yes**

☒ Attached Files

File Name	Document Type	Size
Sarah Jones W2-14.pdf	Financial Document	1098 KB

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

1.23. Receipt 1st Party Hearing

[Print Now](#) [Save a Copy](#) [Can't print or save this document?](#)

 **You have successfully submitted your appeal on May 12, 2016 at 1:55:37 PM.**
We may review your case to determine if we can make a decision without a hearing. If we determine you need a hearing, we will appoint an Administrative Law Judge to conduct the hearing. We will provide advance notice of the time and place of the hearing. The hearing office assigned to this case will send you more information regarding your appeal.

Information You Submitted for Sarah Jones

Identification

Applicant Information
Name: **Sarah Ann Jones**
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, MD 21201**
Do you live at the above address? **Yes**
Daytime Phone Number: **(443) 644-6789**
Alternative Phone Number: **(443) 644-6799**
FAX Number: **(443) 644-9008**
Email Address: **sajones@yahoo.com**

Representative Information
Do you have an appointed representative? **No**

Request

Request for Hearing by Administrative Law Judge
Notice Date: **March 15, 2016**
SSA Program Title: **Disability**
Reason for Appeal: **I believe your records are incorrect.**
Do you wish to appear at the hearing? **Yes**

Attached Files

File Name	Document Type	Size
Sarah Jones W2-15.pdf	Financial Document	1137 KB

1.24. Cover Sheet for Hearing is the same as Reconsideration.

1.25. Request for Hearing 3rd Party



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

Non-Medical Appeal

IdentificationRequestSummary

OMB No. 0000-0000
Paperwork Reduction Act

Request for Hearing by Administrative Law Judge for Sarah Jones

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


mm/dd/yyyy

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

You will find at the top left corner of the notice.

Sarah Jones requests a hearing before an Administrative Law Judge. She disagrees with the determination made on her claim because:

Enter a reason for your appeal. (2000 characters maximum)

Characters remaining: 2000

Does Sarah Jones wish to appear at a hearing?[Options for appearing](#)

☐ Sarah Jones wishes to appear at a hearing.

☐ Sarah Jones does not wish to appear at a hearing and requests that a decision be made based on the evidence in her case. [Complete Waiver Form HA-4608](#)

In this section...

Request for Hearing

Attach Files

Next

Previous

1.25.1. Wish to Appear: If Medicare is selected, do not display the question related to the appearance at the hearing.



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

Non-Medical Appeal

IdentificationRequestSummary

OMB No. 0000-0000
Paperwork Reduction Act

Request for Hearing by Administrative Law Judge for Sarah Jones

What is the date on the notice Sarah Jones received?

mm/dd/yyyy

Where to find this date

SSA Program Title: [Where to find the SSA program title](#)
You will find at the top left corner of the notice.

Medicare

Sarah Jones requests a hearing before an Administrative Law Judge. She disagrees with the determination made on her claim because:
Enter a reason for your appeal. (2000 characters maximum)

Characters remaining: 2000

Next

Previous

In this section...

Request for Hearing

Attach Files

OSes/DUAPS/USSB/UXG

44

1.26. Summary 3rd Party Hearing

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

Non-Medical Appeal

☒ Identification ☒ Request ☐ Summary

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

Identification

☒ Information about Sarah Jones

Name: **Sarah Ann Jones**
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, Maryland 21201**
Does Sarah Jones live at the above address? **Yes**
Daytime Phone Number: **(443) 644-6789**
Alternative Phone Number: **(443) 644-6799**
FAX Number: **(443) 644-9008**
Email Address: **sajones@yahoo.com**

☒ Representative Information

Does Sarah Jones has a representative? **Yes**
Representative's Name: **Pat Graham**
Is the representative an attorney? **Yes**
Address: **45 North Charles Steet, Baltimore, Maryland, 21202**
Daytime Phone Number: **(410) 333-7878**
Fax Number: **(410) 333-7111**

Request

☒ Request for Hearing by Administrative Law Judge

Notice Date: **March 15, 2016**
SSA Program Title: **Disability**
Reason for Appeal: **I believe your records are incorrect.**
Does Sarah Jones wish to appear at the hearing? **Yes**

☒ Attached Files

File Name	Document Type	Size
Sarah Jones W2-14.pdf	Financial Document	1098 KB

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

1.27. Receipt 3rd Party Hearing

[Print Now](#)
[Save a Copy](#)
[Can't print or save this document?](#)



You have successfully submitted Sarah Jones's appeal on May 12, 2016 at 1:59:58 PM.

We may review her case to determine if we can make a decision without a hearing. If we determine she needs a hearing, we will appoint an Administrative Law Judge to conduct the hearing. We will provide advance notice of the time and place of the hearing. The hearing office assigned to this case will send Sarah Jones more information regarding her appeal.

Information You Submitted for Sarah Jones

Identification

Information about Sarah Jones

Name: **Sarah Ann Jones**

Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, MD 21201**

Does Sarah Jones live at the above address? **Yes**

Daytime Phone Number: **(443) 644-6789**

Alternative Phone Number: **(443) 644-6799**

FAX Number: **(443) 644-9008**

Email Address: **sajones@yahoo.com**

Representative Information

Does Sarah Jones has a representative? **Yes**

Representative's Name: **Pat Graham**

Is the representative an attorney? **Yes**

Address: **45 North Charles Steet, Baltimore, Maryland, 21202**

Daytime Phone Number: **(410) 333-7878**

Fax Number: **(410) 333-7111**

Request

Request for Hearing by Administrative Law Judge

Notice Date: **March 15, 2016**

SSA Program Title: **Disability**

Reason for Appeal: **I believe your records are incorrect.**

Do you wish to appear at the hearing? **Yes**

Attached Files

File Name	Document Type	Size
Sarah Jones W2-15.pdf	Financial Document	1137 KB

1.27.1. Cover Sheet 3rd Party



Cover Sheet for Sarah Jones

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

Sarah Jones's address:

400 Cathedral Street Apt 7A
Baltimore, MD 21244

Sarah Jones's phone number:

(443) 644-6789

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:

Pat Graham

Mail or bring to:

Social Security Administration
1010 Park Avenue
Suite 200
Baltimore, MD 21201

1.28. 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](#)

1.29. Where to find the level of appeal in the notice

Where to find the level of appeal in the notice

The level of appeal usually appears after the section where we tell you our decision. The part of your notice/letter about the appeal level may include language like:

- Right to Appeal
- If you disagree with this decision...
- If you disagree with the decision...
- If you disagree with these decisions...
- If you disagree with our decision...
- You have 60 days to file an appeal in writing.
- You have 60 days to request a hearing in writing.
- You have 60 days to ask for a hearing.
- You can file an appeal with any Social Security office.

Select RECONSIDERATION if your notice/letter says something like:

- Please use our "Request for Reconsideration" form, SSA-561-U2.
- We call this appeal a reconsideration.
- You can request a reconsideration within 60 days.
- You have the right... to request that the determination be reconsidered.
- If you want to request a reconsideration...
- If you request a waiver or reconsideration within 30 days...
- May file a request for reconsideration...
- You must request reconsideration...

Select HEARING if your notice/letter says something like:

- Please use our "Request for Hearing" form, HA-501-U5.
- We call this appeal a hearing.
- If you ask for a hearing, we will send your case to an Administrative Law Judge.
- We will ask if you want to go to the hearing in person.
- You have the right to request a hearing.
- You have 60 days to ask for a hearing.
- Administrative Law Judge (ALJ)

Example:

How To Appeal

You can file an appeal with any Social Security office. You must request the appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2, which is available on our website at www.socialsecurity.gov on the Internet. You can also contact us by phone, by mail, or come into the office to obtain the form. If you need assistance, we can help you fill out the form.

Close

1.30. Where to find this date

Where to find this date

Please refer to the notice from Social Security.

Social Security Administration
Supplemental Security Income
Notice of Disapproved Claim

Date: [Month, Day, Year]

Claim Number: 000-00-0000 DI

[Applicant's Name]

[Applicant's Address]

Your application for Supplemental Security Income (SSI) disability benefits filed on [Date], is denied because you have too much income to be eligible for SSI. We explain how we decided you are not eligible for monthly payments on the worksheets at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI eligibility. The rest of this letter explains the information used in making the decision and your appeal rights.

Close

1.31. 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

Supplemental Security Income

Notice of Disapproved Claim

Date: [Month, Day, Year]
Claim Number: 000-00-0000 DI

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

Your application for Supplemental Security Income (SSI) disability benefits filed on [Date], is denied because you have too much income to be eligible for SSI. We explain how we decided you are not eligible for monthly payments on the worksheets at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI eligibility. The rest of this letter explains the information used in making the decision and your appeal rights.

[Close](#)

1.32. Options for appearing

Options for appearing

The advantages to appearing at your hearing are:

- A hearing is the only time you can appear before the judge who will decide your case.
- This is your opportunity to present your case in person.
- You have the right for representation at the hearing by an attorney or other person of your choice.
- The judge may ask questions to resolve issues raised by a review of the evidence and what he or she learns at the hearing.
- You can bring witnesses to the hearing who can provide relevant testimony.

If you choose not to have a hearing:

- The judge will decide the case based on the evidence in your file, without the benefit of your testimony.
- There may be evidence missing from your file, but that may not be apparent without a hearing.

Note: If you do waive your right to appear, you may withdraw the waiver of the right to appear at a hearing at any time prior to the official decision.

[Close](#)