



About This Internet Appeal Process

Using Social Security Online Services

Using the Internet Appeal Request and Disability Report gives you:

- Security and privacy for your information.
- Step by step instructions and examples to help you complete the Appeal Request and the Disability Report.
- A process to collect information that applies to you, similar to the interview process in a Social Security Office.
- The ability to work at your own pace, stopping when you want and coming back to finish later.

What You Will Need

The Internet Appeal Request and Disability Report process asks for information about the adult or child whose disability decision is being appealed (the "Claimant") and his or her medical history.

For us to decide that the Claimant is disabled under the Social Security Act and its regulations, you must give us as much information as possible so that we can contact your doctors and hospitals directly to get your medical records. It is important that you give us the names, addresses, and dates of treatment for all your doctors and hospitals. The list below provides details about what you will need.

For Part 1: The Appeal Request

- Your Social Security Number, name, address, and telephone number, if you have one.
- Your Notice of Decision.
- Information about your Representative, if you have one. Use this link for [more information about having a Representative](#).

For Part 2: The Disability Report

- The name, address including ZIP code, and telephone number of someone else who knows about your illnesses, injuries and conditions (referred to only as conditions from here on) and can give us information about you. (Note: The instructions page for Part 2 provides a link for ZIP code lookup, if you need it.)
- A description of any changes in your conditions since you last completed a disability report, including new physical and mental limitations and new conditions.
- The names, addresses including ZIP codes, and telephone numbers for all doctors, hospitals, and clinics that you have seen since you last completed a disability report, and the dates you saw them.
- The name of each medical test that you have had since you last completed a disability report, when and where the test was done, and who ordered it.
- The name of each current prescription and over-the-counter medicine that you take and the doctor who prescribed it.

Other Information

Third Party Links: Some Social Security Online pages contain links to third party sites not operated by SSA. Those sites are not within our control and may not follow the same privacy, security, or accessibility standards as ours. We are not responsible for the content or availability of those sites, their partners, or advertisers.

[Previous Page](#)

[Continue](#)

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Internet Appeal



Should You Use This Internet Appeal Process?

Not everyone will be able to complete this process online. You must answer all of the following questions to help us determine if you should use this Internet process or if it would be better for you to speak with a Social Security representative.

Do you live in the United States or one of its territories/ commonwealths?

Yes No

Did you receive a notice of decision?

Yes No

Continue

[How to Move Around This Report](#)

Last edited 5/24/2007 3:07 PM

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About Your Appeal

Thank you and welcome to the Internet Appeal Request.

Please answer the following questions to help us determine how to guide you through the Internet Appeal process. If you are unsure of the answers to any of these questions, please contact Social Security for assistance.

Claimant Name: Suffix (if any)

(Enter the First, Middle, and Last Name of the person applying for benefits.)

Claimant Social Security Number:

Please enter the Social Security Number without dashes or hyphens.

Claimant date of birth:

What is the date on the "Notice of Decision" you received?

(If you do not know which date we are referring to, see [What Is My Notice Date?](#))

Continue

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Internet Appeal



Name: John Public
SSN: xxx-xx-1234

OMB No. 0960-0622

About the Request For Reconsideration

FIRST APPEAL: The letter you received about our determination on your case tells you about your right to request a reconsideration of our determination on your case. To request this review, you need to complete an SSA-561-U2, Request for Reconsideration. The next few pages allow you to electronically complete and submit the SSA-561. The last page of Part 1 is a Receipt page with a date and time confirmation that you should print and save for your records.

EVIDENCE: You should mail any information you have that shows our original determination was not correct to the Social Security office address provided at the end of Part 2. You should also complete the SSA-3441, Disability Report - Appeal, and complete, sign and date the SSA-827, Authorization to Disclose Information to SSA. The Appeal Disability Report (SSA-3441) is Part 2 of this Internet Appeal process, and it includes a link to the SSA-827.

You may also need to complete a form SSA-1696, Appointment of Representative, if you are appointing a representative. If your representative is not an attorney, he or she must sign the SSA-1696 or state in writing that he or she accepts the appointment, before you send it to us. Both the Appeal Request Receipt page and the Appeal Disability Report include a link to the SSA-1696.

If you have questions, you may call our toll-free number, 1-800-772-1213, (for people who are deaf or hard of hearing, call our 'TTY' number, 1-800-325-0778), or contact your [local Social Security Office](#). If you contact us, please be sure to have in your possession any letters we sent you. It will help us answer your questions.

See below for
Paperwork
Reduction Act
Statement

20

We estimate you will need ~~18~~ minutes to complete this Request for Reconsideration. If you want more information, use this link to read about the [Paperwork Reduction Act](#).

If you want to file your request for review online, please select the Continue button to go to the next page. If you choose not to complete your request online, please select the Exit button to leave this appeal process.

Exit

Continue



Name: John Public
SSN: xxx-xx-1234



Request For Reconsideration

Please enter your Appeal Request information.

Name of Claimant John Public
(First, Middle, Last)

Claimant's Mailing Address:
Please provide a complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101

(Street Line 1)

(Street Line 2)

(City, State, Zip Code)

Claimant Telephone Number:
Example: (111) 222-3333

Wage Earner Name (if different from Claimant): Suffix (if any)
(First, Middle, Last)
[Who is the Wage Earner?](#)

Claimant Social Security Number (SSN) xxx-xx-1234

Claimant Claim Number (if different from SSN):
[What is the Claim Number?](#)

Supplemental Security Income (SSI) Claim Number:
[What is the Claim Number?](#)

I do not agree with the determination made on the above claim and request reconsideration.
My reasons are:

205 characters maximum. This is about 4 lines of typing.

Do you currently have a representative? Yes No
Select one:
 I am completing this form as the Claimant.
 I am completing this form as the Claimant's Representative.

This field will stop allowing input at 205 characters.

Select the Continue button to review your information before sending it to the Social Security Administration. Select the Previous Page button if you want to review the previous page of instructions.

Social Security Online

www.socialsecurity.gov

Internet Appeal



Name: John Public
SSN: xxx-xx-1234



Receipt of Request For Reconsideration (Filed By Claimant)

We recommend that you print or save this page for your records now because you will not be able to return to this page later. We have included the details of the Request for Reconsideration that we received. If you disagree with any of your statements, you should contact us within 10 days after [today's date] to let us know.

Next Steps

- Carefully review the information below. Contact Social Security within ten days if it is not correct.
- Print and keep this confirmation page for your records. (Select this link to [print this page or save](#) it to your computer. For instructions on how to print, save, or view the saved file, please refer to the [Print/Save/View Guide](#).)
- Select the Start Part 2 button at the bottom of this page to begin Part 2 of the Internet Appeal process, the Disability Report. We will not have all of the information that we need to process your appeal until you submit the Disability Report.

**The Request for Reconsideration was
received by Social Security on [date] at [time].**

Claimant's name is [Claimant Name]. The Claimant's mailing address is [Mailing Address]. The Claimant's phone number is [nnn-xxx-xxxx].

[Wage Earner's or Self-Employed Person's name, if different from the Claimant, is [Wage Earner Name].]

Claimant's Social Security Number is xxx-xx-1234. [Claimant's Claim Number(s) is/are xxx-xx-5678 A. The Supplemental Security Income (SSI) Claim Number is xxx-xx-5678 A.]

I disagree with the determination made on my claim and request reconsideration. My reasons are: [data entered].

[(I do not have a representative.)]

I understand that I have a right to be represented. If I am not represented but would like to be, the Social Security office can give me a list of legal referral and service organizations.}

or

{I am represented by [name], who [is/is not] an attorney. The Representative's address is [RAddress]. The Representative's phone number is [nnn-xxx-xxxx] [and fax number is [nnn-xxx-xxxx]].}

If I am represented and have not done so previously, I will complete and submit form [SSA-1696 \(Appointment of Representative\)](#).}]

Start Part 2

Social Security Online

www.socialsecurity.gov

Internet Appeal



Name: John Public
SSN: xxx-xx-1234



Receipt of Request For Reconsideration (Filed By Representative)

We recommend that you print or save this page for your records now because you will not be able to return to this page later. We have included the details of the Request for Reconsideration that we received. If you disagree with any of your statements, you should contact us within 10 days after [today's date] to let us know.

Next Steps

- Carefully review the information below. Contact Social Security within ten days if it is not correct.
- Print and keep this confirmation page for your records. (Select this link to [print this page or save](#) it to your computer. For instructions on how to print, save, or view the saved file, please refer to the [Print/Save/View Guide](#).)
- Select the Start Part 2 button at the bottom of this page to begin Part 2 of the Internet Appeal process, the Disability Report. We will not have all of the information that we need to process your appeal until you submit the Disability Report.

**The Request for Reconsideration was
received by Social Security on [date] at [time].**

Claimant's name is [Claimant Name]. The Claimant's mailing address is [Mailing Address]. The Claimant's phone number is [nnn-nnn-nnnn].

[Wage Earner's or Self-Employed Person's name, if different from the Claimant, is [Wage Earner Name].]

Claimant's Social Security Number is xxx-xx-1234. [Claimant's Claim Number(s) is/are xxx-xx-5678 A. The Supplemental Security Income (SSI) Claim Number is xxx-xx-5678 A.]

The Claimant disagrees with the determination made on his or her claim and requests reconsideration. The reasons are: [data entered].

The Claimant is represented by [name], who [is/is not] an attorney. If not done so previously, the Claimant will complete and submit form [SSA-1696 \(Appointment of Representative\)](#). The Representative's address is [Raddress]. The Representative's phone number is [nnn-nnn-nnnn] [and fax number is [nnn-nnn-nnnn].]

Start Part 2

[How to Move Around This Report](#)

Last edited 4/6/2007 6:10 PM



Name: John Public
SSN: xxx-xx-1234



How the Online Appeal Disability Report Works

OMB No. 0960-0144

You are now starting the online Appeal Disability Report, which is Part 2 of the Internet Appeal process. The Appeal Disability Report (SSA-3441) on the following pages will ask you to describe any changes that have occurred since you last completed a disability report. This will include information about your condition, medical sources and treatments, work activities and education. If you need to find a ZIP code for an address, use the [ZIP Code Lookup](#).

Completing and Saving the Appeal Disability Report:

- The report does not have to be done all at once. After you complete the next page, we will give you a Reentry Number. You will be able to stop working on the report whenever you want and then use this Reentry Number to come back to the section where you left off.
- We estimate you will need 120 minutes to complete this Appeal Disability Report. If you want more information, use this link to read about the [Paperwork Reduction Act](#).
- In each section of the report you will be asked to enter information. We will give you instructions and examples to guide you.
- At the end of each section, you will have a chance to review your answers and add or change information.
- After you complete a page, some answers are protected and cannot be changed by going back to that page. If you need to make changes to a protected answer on a completed page, continue with the report. You will be able to change your answer from the summary page at the end of the section.
- When you have completed the report, you will see a full summary of the information you entered. You can make any necessary changes and then print or save a copy of this summary for your records. If you want to keep a copy of the entire report for your records, you will need to print or save each page using your browser's print command.
- If you do not have enough room to enter all the information you want to give us on the report, including the Remarks block in the Review and Send section, please write the information on a separate sheet of paper and send it to us at the address we will give you after you've completed this report.

How to Move Around in the Report

- To move forward page by page in order in the report, select the Continue button at the bottom of the page.
- To move from section to section in the report, use the Tabs at the top of the page. Using a Tab takes you to the first page of a section. If the Tabs are not "dimmed," you can use them to go to any section at any time.
- If you are navigating using only the keyboard or using an assistive device and need help, visit our [instructional page for alternative views and navigation](#). **Note:** If you select this link, you will leave this secure site and go to a new browser window. You will automatically return to this page when you close the new browser window.
- Once you have reached a Summary page in a section, you may return to it by using the Return to Summary button at the bottom of a page in that section.
- Additional buttons, other than Continue and Previous Page, may appear at the bottom of a page. These buttons allow you to take an action, such as deleting a page or returning to the summary.
- Additional information may appear in a new browser window. Close that window to return to the appeal process.



IMPORTANT

- **Do NOT use the Enter key to move around in the report or to select from the drop-down lists.**
- To move backward page by page in order in the report, select the Previous Page button at the bottom of the page. **Do NOT use the "Back" button on your browser to move backward.**
- **You will receive a time-limit warning if you stay more than 25 minutes on any one page. Then you can extend your time on that page. After the third warning on a page, you must move to another page or your time will run out and all your work on that page will be lost.** (NOTE: If you have turned JavaScript off in your browser, you will not receive these warnings and, after 30 minutes on a page, you must go to another page or your disability report session will end, and your work on the last page will be lost.)

[Special Instructions for Blind Users](#)

Continue

Social Security Online **Disability Report - Appeal**
 www.socialsecurity.gov

Name: John Public
 SSN: xxx-xx-1234



About You: General Information

NOTE: Appeal request was completed.

If you are completing the Appeal Disability Report for someone other than yourself, please remember that when we ask things "About You," we mean the adult or child whose disability decision is being appealed (the "Claimant").

The Claimant's name, address and phone number were entered on the Appeal Request.

Claimant's Name John Public
 (First, Middle, Last)

Address

(Street Line 1)

(Street Line 2)

(City, State, Zip Code)

- Name and address will be prefilled and protected.
- Phone number will be prefilled but NOT protected.

Telephone Number: (XXX) XXX-XXXX

Example: (111) 222-3333

We need to know how to contact or leave a message for the Claimant.

Extension: []

- Select one:**
- This is the Claimant's phone number.
 - The Claimant does not have a phone, but you can leave a message at this number.

Email Address: []
 (optional)

Continue

Social Security Online **Disability Report - Appeal** 
 www.socialsecurity.gov

Name: John Public
SSN: xxx-xx-1234



About You: General Information

NOTE: Appeal request NOT completed.

If you are completing the Appeal Disability Report for someone other than yourself, please remember that when we ask things "About You," we mean the adult or child whose disability decision is being appealed (the "Claimant").

The Claimant's name was entered earlier in this online process.

The Claimant's name: John Public
(First, Middle, Last)

Address:
Please provide a complete address for the Claimant, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101

(Street Line 1)

(Street Line 2)

(City, State, Zip Code)

Telephone Number:
Example: (111) 222-3333

We need to know how to contact or leave a message for the Claimant.

Extension:

Select one: This is the Claimant's phone number.
 The Claimant does not have a phone, but you can leave a message at this number.

Email Address:
(optional)

Continue



Name: John Public
SSN: xxx-xx-1234



Print Your Reentry Number

Your Reentry Number is nnnnnnnn

Before going any further, we are giving you a Reentry Number. If you get disconnected, or if you decide to work on the report again later, you will need this number. It will allow you to come back to this report and continue where you left off without losing any information you entered.

Please print this page (using the Print command in the browser)
or write down this Reentry Number nnnnnnnn

If you lose or forget your Reentry Number, you will have to begin this Appeal Disability Report over again and you will lose all the information you already entered.

Information about your Reentry Number

- **Remember to guard your Reentry Number carefully** because it is the key to reentering the Appeal Disability Report. **Do not put it where an unauthorized person can see it.**
- Social Security employees will never ask for a Reentry Number and they cannot look up a Reentry Number for you. This is to protect your privacy.

To continue this Report later

1. Wait at least 5 minutes
 2. Go to <http://www.socialsecurity.gov/appeal>
 3. Select 'Go Back to the Report I Already Started'
 4. Enter the Claimant's Social Security Number and the Reentry Number shown above
- Result: We will bring you back to this report.

If you have any questions, you may contact us

- By phone at our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our toll-free 'TTY' number, 1-800-325-0778. Representatives are available Monday through Friday 7 AM to 7 PM.
- In person at your [local Social Security Office](#).

Continue



Welcome Back!

After you enter the Claimant's Social Security Number and the Reentry Number, you will be taken to the place in the report where you left off.

If you want, you can review the information about [How the Online Appeal Disability Report Works](#).

If you had errors on a page that were not corrected when you signed off, you will need to correct them now before you can continue to new pages.

**Social Security
Number:**

(without dashes or hyphens)

Reentry Number:

If you do not have your Reentry Number, you will not be able to continue with the Appeal Disability Report you already began. You can start a new online Appeal Disability Report up to 3 times. You can either begin the report again or contact your local Social Security Office and they will help you. However, Social Security cannot access your Reentry Number.

Previous Page

Continue



Name: John Public
SSN: xxx-xx-1234



Sign Off

If you want to, you can stop for now. You can submit a partial report, or use another way to complete the report, or you can come back later to where you left off and continue working on this report. You can also review the parts you already completed and add or change information.

If you will not be able to return to this Internet Report

If you know now that you will not be able to return to this report, we urge you to send us electronically whatever you have already finished. **We will contact you later for any missing information.** However, to submit the report electronically, you must have at least completed the About You section and started the Medical History section. If this is true, and you want to send us what you have finished:

1. Choose 'Return to Appeal Disability Report' below.
2. Go to the Review & Send tab at the top of that page.
3. Follow the instructions there to send us the Appeal Disability Report.

To print or save this page, please use the Print button at the top of your browser or the File menu commands.

There are other ways to complete the Appeal Disability Report:

- Call our toll-free number, **1-800-772-1213**. Explain that you don't want to use the online appeal process but do want to appeal the decision made in your case. If you are deaf or hard of hearing, call our toll-free 'TTY' number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 AM to 7 PM.
- Contact your [local Social Security Office](#) and tell the representative that you want to appeal the decision made on your case.
- Print a [paper SSA-3441](#) from the Internet. This form is in Portable Document Format (PDF) and requires Adobe Reader to open and print it. If you don't have Adobe Reader on your computer, use this link [to get a free copy of Adobe Reader](#).
- If you live outside the United States, see [Service Around the World](#).

If You Plan to Finish This Internet Report Later

1. Go to this web site: <http://www.socialsecurity.gov/appeal>
2. Select "Go Back to the Report I already started".
3. Type in your Social Security Number and the Reentry Number shown below.

Result: You will be taken back to where you left off in the report.

DO NOT Forget Your Reentry Number!

Please print this page (using the Print command in the browser)
or write down this Disability Report Reentry Number nnnnnnnn

Do not give this number to anyone else. If you lose or forget your Reentry Number, you will have to begin this Appeal Disability Report over again and you will lose all the information you already entered. To ensure your privacy, no one else can have access to your Reentry Number. Social Security can help you start the process over again, but we cannot access your Reentry Number. To have a record of your Reentry Number, print this page and keep it in a safe place.

Exit

Return to Appeal Disability Report



Privacy Information

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b)(1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a) and Section 1839(i) of the Act (P.L. 108-173) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires it. Specifically, we may provide information to a Federal, State, or local government agency which is deciding your eligibility for a benefit or program; to the President or Congress; to a court; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

See revised
Privacy Act
Statement below.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

Close this window to return to the appeal process.



Paperwork Reduction Act

See revised
Paperwork
Reduction Act
Statement below.

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB Control Numbers for the Request for Reconsideration is 0960-0622. The expiration date for this OMB Control Number is [date to be supplied]. We estimate that it will take about 18 minutes to read the instructions, gather the facts, and answer the questions for a Request for Reconsideration.

*You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.***

If You Have Questions

Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our toll-free 'TTY' number, 1-800-325-0778. Representatives are available Monday through Friday from 7 AM to 7 PM.

Close this window to return to the appeal process.

Last edited 4/13/2007 4:47 PM

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

Request for Reconsideration, SSA-561-U2
Privacy Act Statement
Collection and Use of Personal Information

Section 205(a), of the Social Security Act as amended, [42 U.S.C. 405(a)] and Title 20 C.F.R. 404.907 - 404.922 and 416.1407 – 416.1422 authorize us to collect this information. We will use the information you provide to help us determine your entitlement to benefits. The information you provide on this form is voluntary. However, we cannot reconsider the decision on your claim unless you furnish this information.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information for Social Security records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. Information from these matching agencies can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Systems of Records Notices entitled Claims Folder System 60-0089, Supplemental Security Income Record and Special Veterans Benefits 60-0103, and the Medicare Database File 60-0321. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.