

YOUR COMPLIMENTARY HANDBOOK TO

SSDI

The SSDI Disability Evaluation Procedure



This is a Non-Government Site. Beyond My Benefits is not Affiliated with any Government Agency, including the Centers for Medicare and Medicaid Services or the Social Security Administration.

SOCIAL SECURITY DISABILITY CLAIM

Failure to complete this form in its entirety may result in a delay in processing this claim.

FILING CLAIM FOR (check all that apply):
 Accidental Injury Only
 Injury With Disability

Accident Policy Number
1234567

Short-Term Disability Policy Number
NA

Hospital Indemnity Policy Number
NA

Injury With Hospitalization Hospital Intensive Care Policy Number
NA

Deceased - Date Deceased: _____
Life Policy Number
NA

Specified Health Event Policy Number
NA

INSTRUCTIONS:

- Complete Section A: Policyholder/Patient Information.
- Have your doctor complete Section B: Physician's Statement. If you are filing for disability, have your doctor also complete and sign Section C: Physician's Statement.
- If you are filing for disability, have your employer complete and sign Section D: Employer's Disability Statement.
- Be sure to sign your claim form at the bottom of Page 1.

ADDITIONAL NOTES:

- Submit all bills related to this claim such as ambulance, follow-up visits, physical therapy, etc. All bills should be itemized and should include diagnosis, services rendered and actual charges for the service.
- If you were treated in the emergency room, send us a copy of the emergency room report.
- We require a copy of the police accident report for all motor vehicle accident claims and other incidents investigated by any law enforcement.
- Send a copy of your hospital bill that lists the number of days confined.
- If confined to an intensive care unit, please send a copy of your hospital bill that shows charges and the number of days you spent in the unit. Your intensive care claim cannot be processed without the hospital bill.
- Include a certified copy of the death certificate if the patient is deceased.
- Include your policy number(s) on all documents.

POLICYHOLDER'S INFORMATION

PHONE NUMBER
(123) 456-7890

CHECK BOX IF

The Involvement of SSA Field Offices and DDS in Managing SSDI Applications



The Social Security Administration (SSA) maintains field offices across the United States. When you submit your disability application, the initial processing occurs at your local SSA office. This office's main responsibility is to validate the nonmedical information provided in your application. Once this step is done, the SSA office forwards your application, along with all necessary documentation, to the Disability Determination Services (DDS) office.

Disability Determination Services (DDS) offices specialize in assessing the medical aspects of your application. These offices, also known as state agencies, decide whether your medical condition qualifies you for disability benefits. They do so by gathering information from your medical sources, such as healthcare professionals or your doctor. In cases where medical evidence is lacking or insufficient, the DDS may arrange a consultative examination (CE) to gather additional information necessary to evaluate your medical eligibility.

Once the DDS validates your medical eligibility, it sends the application back to the local SSA office for additional processing. If your application is approved, the SSA proceeds to determine the amount of benefits you're entitled to and initiates benefit payments. In the event your application is not approved, the SSA retains it on file should you choose to pursue an appeal. You can find further information regarding denials and the appeals process in the "SSDI Challenges and Appeals in the SSDI Application Process" section of this guide.



When can you expect to receive your determination letter?

The disability determination process typically takes three to five months, but the length depends on how quickly the SSA and DDS verify your information. If you qualify for a Compassionate Allowance (CAL) or Quick Disability Determination (QDD), your application will be expedited. Learn more about CALs and QDDs in the relevant section of this guide.

Regarding SSDI Waiting Period

If you qualify for SSDI, your initial benefit payment will be issued in the sixth month after your application approval. This obligatory waiting period of five months is applicable to all SSDI recipients, including those who meet the criteria for a Compassionate Allowance or Quick Disability Determination.

Challenges and Appeals in the SSDI Application Process

If you receive an SSDI benefit denial that you believe is mistaken, you can appeal. The appeal process depends on the reason for your denial. Read on for common denial reasons and appeal steps.

Common Causes for SSDI Benefit Denials

Your application for SSDI benefits can face rejection for either medical or non-medical reasons. A medical denial occurs when your health condition does not meet the SSA's disability criteria, whereas a non-medical denial happens in the following situations:

- Denial of benefits for individuals other than disabled workers (e.g., spouses or children).
- Inadequate work credits on your record.

SSDI Appeals Procedure

In the event of a denial of your SSDI benefits, you are granted a 60-day window, starting from the date you receive the denial notice, to initiate an appeal. The appeals process encompasses four successive stages:

1. Reconsideration
2. Hearing
3. Appeals Council Review
4. Federal Court

The appeal process begins with reconsideration. If you disagree with the initial SSDI benefits decision, you can escalate through higher appeal levels in a specific order. You can start the appeals process online using either the Non-Medical Appeal or Medical Appeal portal, or you can choose the traditional method of submitting a written appeal via mail.

Here's a brief overview of the steps for requesting an appeal, which remain consistent at all appeal levels:

Filing a Reconsideration Online

If your initial SSDI benefits application is denied, you can conveniently initiate the appeal process online. You can also designate a representative to assist you. To start, you'll need to provide key information, including your:

- Full name
- Social Security Number
- Current address
- Phone number
- Date of birth
- Name of your legal representative (if applicable)
- Provide the name, contact information, and relationship of a friend or family member who is well-informed about your medical condition.
- Details about changes in your health status
- Any new medical conditions (if applicable)
- Name, address, phone number, and dates of office visits for all healthcare providers, treatments, and tests since your initial application
- Medications you are taking, including the prescribing doctor's name, the reason for taking the medication, and any associated side effects
- Alterations in your daily activities, work, and education (if applicable)
- Documents that back up your medical condition or any reported changes.

Once you have gathered all the required information and documents, follow the steps outlined below to initiate an online appeal:

- **Visit the appropriate online appeal portal:**
 - Access the Medical Denial Appeal online portal here: <https://secure.ssa.gov/iApplsRe/start>
 - Access the Non-Medical Denial Appeal online portal here: <https://secure.ssa.gov/iApplNMD/start>
- **Click on “Start a New Appeal.”**
- The Medical Denial Appeal process typically takes 40 to 60 minutes, while the Non-Medical Denial Appeal process generally takes 10 to 15 minutes. Note that you can save your progress and return to it later only if you are pursuing a Medical Denial Appeal.
- Consent to the Electronic Appeals Terms of Service.
- Enter all the necessary information as prompted, and utilize the sections in the online portal to upload supporting documents.

Filing a Reconsideration in Writing

You also have the option to request an appeal in writing, either by using the provided application form or by composing a letter to the SSA to articulate your disagreement. If you opt for the letter-writing approach, be sure to include your Social Security Number.

If you prefer to utilize the application form, you can download and fill out the Disability Report – Appeal (Form 3441) from this link: <https://www.ssa.gov/forms/ssa-3441.pdf>. After you’ve completed the form, you can either mail it or deliver it in person to your local SSA field office. To locate the nearest office, utilize the SSA Office Locator tool found here: <https://secure.ssa.gov/ICON/main.jsp>.

If you are unable to download the form, you can contact the SSA toll-free at 1 (800) 772-1213 to request that they send Form 3441 to you by mail. SSA representatives are available to assist you Monday through Friday, from 8 AM to 7 PM.

Progressing to the Next Stage of Appeal

To start the appeal process, your first step is to request a reconsideration. By following the steps outlined above for seeking reconsideration, the Social Security Administration (SSA) will conduct a new examination of your SSDI application. This review will be carried out by an individual who was not involved in your initial application. They will take into account the information initially provided, as well as any new evidence submitted during the appeal.

After the reconsideration process is completed, the SSA will send you a letter informing you of the result. If you still disagree with the decision, you can move on to the next stage of appeals, which is a hearing.

What Does a Hearing Entail?

A hearing marks the second stage in the appeal process. This proceeding is presided over by an administrative law judge who was not involved in determining your initial application or the reconsideration. In light of CDC recommendations during the COVID-19 pandemic, most hearings are conducted via telephone or video conference. However, in-person hearings, if scheduled, typically take place within 75 miles of your residence. The specific location or format of the hearing will be communicated to you by the law judge.

During the hearing, you can show proof or have people vouch for your SSDI benefits eligibility. You can bring witnesses like doctors and experts to support your case. You might also need to provide additional evidence if there are any uncertainties in your application.

Attendance at the hearing may not be obligatory. If you are unable or choose not to attend, it is important to notify the SSA before the scheduled hearing date. You will receive guidance on whether your presence is required.

Following the hearing, you will receive a letter and a copy of the judge's decision. If you remain dissatisfied with the outcome, you can proceed to the next level of appeal: an Appeals Council review.

Understanding an Appeals Council Review

You can ask for an appeal to the Social Security Appeals Council, which looks at previous appeal requests to check if your denial was a mistake. If they agree with the hearing's decision, they'll reject the review request. But if they decide to review your case, they will either make a decision or send it back to another judge for more evaluation.

If the Appeals Council determines that the hearing's decision was correct and opts not to review your case, you will receive a letter detailing the denial. In the event that the Appeals Council reviews your case and makes a decision, you will be provided with a copy of that decision. If your case is returned to an administrative law judge by the Appeals Council, you'll get a letter that explains the reasons behind this choice.

Should you disagree with any action taken by the Appeals Council, you can request the highest level of appeal: initiating a federal court lawsuit.

What Is a Federal Court Lawsuit?

If you've gone through all three appeal levels and still believe the SSA made a mistake in denying your SSDI benefits, you have the option to initiate a lawsuit in a federal district court, and you must take this action within 60 days of receiving a letter from the Appeals Council explaining their decision. The letter will tell you how to start the lawsuit.

To proceed with a civil lawsuit, you will need to file it in the United States district court that serves your judicial district. If your location does not fall under a specific judicial district, you can file your lawsuit in the district court that serves Washington D.C.



In general, you will be required to send copies of the complaint you filed, along with documents related to the court-issued summons, to the SSA via certified or registered mail. These documents should be directed to the Office of the General Counsel responsible for the area where the complaint is filed. A comprehensive list of mailing addresses for all OGC offices in each district can be found here: [OGC offices' mailing addresses](#).