

MCS TRANSFER TO: XXXX RSDHI CLAIMS APPLICATION APPL
[1-M]

NH NAME: XX
XX

[2-M] [3-M]
SSN: SSSSSSSSS SEX: X NH BIRTHDATE: 99999999

[4-M] [5-C]
PROOF (A/B/C/F/Q): X PROOF TYPE (P/H/N/O): X

[6-M]
SELECT CLAIM TYPE(S): 9 9 9 1. RETIREMENT 4. AUXILIARY 7. AGE 72
2. DISABILITY 5. UNINS MED ONLY 8. ESRD
[7-C] 3. SURVIVOR 6. LUMP SUM

ABBREVIATED APPLICATION: X
CLAIMANT (IF DIFFERENT)

[8-C]
NAME: XX
XX

[9-C] [10-C] [11-C]
SSN: 999999999 SEX: X BIRTHDATE: 99999999

[12-C] [13-C]
PROOF (A/B/C/F/Q): X PROOF TYPE (P/H/N/O): X

[14-C] [15-C]
RELATIONSHIP TO NH: 9 1. SPOUSE (SUBSEQUENT CLAIM: 9) 1. RIB
2. SPOUSE WITH CHILD IN CARE 2. DIB
3. CHILD

APPLICANT (IF DIFFERENT) 4. DEPENDENT PARENT

[16-C]
NAME:
XX
XXXXX

[17-C] [18-C] [19-C]
SSN: 999999999 EIN: 999999999 WILL APPLICANT BE ENTERED IN RPS
(Y/N): X

MCS CLAIM CONTACT METHOD DATA CCMD
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

select CONTACT METHOD FOR ESTABLISHING APPLICATION:

[1-M]

[2-C]

CLAIM TYPE: SSSSSS CONTACT METHOD: 99

CLAIM TYPE: SSSSSS CONTACT METHOD: 99

CLAIM TYPE: SSSSSS CONTACT METHOD: 99

1=TELEPHONE -CLAIM INITIATED OVER THE PHONE, USUALLY BY APPOINTMENT

2=VISIT -CLAIM INITIATED IN PERSON WITH THE CLAIMANT

3=MAIL -RECEIVED PAPER APPLICATION IN THE MAIL AND LOADED IN MCS

4=INTERNET -CLAIM started and completed oN the INTERNET

5=ICT -CLAIM ORIGINATed THROUGH 800 NUMBER AND REFERRed TO ICT UNIT

6=OTHER -NO OTHER CM VALUE IS APPROPRIATE CURRENTLY.

[3-C]

unsatisfied felony warrants for your arrest? (y/n) x

[4-C]

unsatisfied federal/state warrants for violation of probation/parole? (y/n) x

[5-C]

DO YOU WANT TO CHECK THE STATUS OF YOUR CLAIM using the internet?
(Y/N) X

[6-C]

IF AWARDED, DO YOU WANT A PASSWORD TO USE the INTERNET/PHONE SERVICE? (Y/N) X

[7-C]

SELECT MAILING METHOD (BLIND NOTICE INFORMATON) TYPE: X

1=CERTIFIED MAIL 2=TELEPHONE CONTACT 3=REGULAR MAIL.

PF1 HELP AVAILABLE

MCS IDENTIFICATION 1 IDEN
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M]

LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): X

[2-M] [3-C] [4-C]

BIRTH CITY: XXXXXXXXXXXXXXXX BIRTH STATE: XX BIRTH
COUNTRY: XX

[5-M] [6-M]

RECORD OF BIRTH BEFORE AGE 5: PUBLIC (Y/N): X RELIGIOUS (Y/N):
X

[7-C]

OTHER NAMES USED: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXX

[8-M] [9-M] [10-M]

EVER MARRIED (Y/N): X CURRENTLY MARRIED (Y/N): X CHILD UNDER
18, STUDENT 18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22 (Y/N): X

[11-M]

WORK OR EARNINGS IN 20SS 20SS 20SS 20SS (Y/N): X

[12-M] [13-C]

DISABLED IN LAST 14 MONTHS (Y/N): X ONSET DATE: 99999999

[14-C]

IF YES, APPLYING FOR DISABILITY ON THIS ACCOUNT (Y/N): X

[15-M]

SELECT FILED OR INTEND TO FILE FOR SSI: 9

1. YES
2. NOT DISABLED, BLIND, OR WITHIN 2 MONTHS OF AGE 65 OR OLDER
3. DOES NOT WISH TO FILE

TRANSFER TO: XXXX

MCS IDENTIFICATION 2 IDN2
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M] [2-M] [3-M]

PRIOR APPLICATION FOR RSDI (Y/N): X FOR SSI (Y/N): X FOR MEDICARE (Y/N): X

[4-C] [5-C]

CROSS REFERENCE SSN: 999999999 stat: xx SSN: 999999999 stat: xx

[6-C]

NH NAME IN PRIOR APPLICATION [7-C]

FIRST NAME MI LAST NAME SSN

XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX 999999999

XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX 999999999

[8-C]

MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

TRANSFER TO: XXXX

mcs TRANSFER TO: XXXX ADDITIONAL BENEFITS ADDB
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M]

ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939 (Y/N):
X

[2-M]

[3-C]

WORKED IN RR FOR 5 YEARS OR MORE (Y/N): X SPOUSE (Y/N): X

[4-M]

[5-C]

RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): X SPOUSE (Y/N): X

[6-M]

[7-C]

COVERED UNDER FOREIGN SSA (Y/N): X COUNTRY: XXXXXXXXXXXX IF
COVERED

[8-C]

[9-C]

FILING FOR FOREIGN SSA (Y/N): X REQUIRES FOREIGN QC'S FOR US FILING
(Y/N): X

[10-C]

[11-C]

SPOUSE COVERED UNDER SSA OF OTHER COUNTRY (Y/N): X COUNTRY:
XXXXXXXXXX

[12-M]

[13-C]

CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): X SPOUSE (Y/N):
X

[14-M]

[15-C]

JAPANESE INTERNEE (Y/N): X VOW OF POVERTY (Y/N):

[16-M]

QUALIFY FOR US FED/STATE/LOCAL GOVT PENSION BASED ON ANY WORK YOU
PERFORMED

which was NOT COVERED UNDER SSA (Y/N): x

[17-M]

CURRENTLY ENTITLED TO A PENSION NOT COVERED UNDER SSA (Y/N): X

[18-C]

IF NO, DO YOU EXPECT TO BE ENTITLED TO A PENSION NOT COVERED UNDER SSA
IN THE FUTURE (Y/N): X

[19-C]

IF YES, SHOW FUTURE ENTITLEMENT DATE (MMYY): 9999

[20-C]

FILING FOR MEDICARE ONLY, RESTRICTING MONTHLY BENEFITS (Y/N): X

[21-C]

WILL MEDICARE APPLY: 9 1. YES 2. NO 3. ALREADY ENROLLED ON ANOTHER
SSN

[22-M]

IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT
FILING FOR BENEFITS ON OWN RECORD (Y/N): X

MCS 3.4 NH MARRIAGE NMAR
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M] [2-C] [3-M]
SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXXX MI: X LAST NAME:
XXXXXXXXXXXXXXXXXXXX

[4-C]
SPOUSE'S SSN: 999999999

[5-C] [6-C]
SPOUSE 'S BIRTHDATE (MMDDYY): 99999999 IF BIRTHDATE
UNKNOWN, AGE: 999

[7-M] [8-M]
MARRIAGE DATE (MMDDCCYY): 99999999 PROOF (Y/N): X

[9-C]
MARRIAGE OCCURRED IN WHAT STATE/FOREIGN COUNTRY: XX

[10-C]
SELECT MARRIAGE TYPE: 9 1=CLERGY/PUBLIC OFFICIAL
2=COMMON LAW
3=OTHER CEREMONIAL
4= DEEMED.

[11-M] [12-C] [13-C]
MARRIAGE ENDED (Y/N): X MARRIAGE END DATE(MMDDCCYY):
99999999 PROOF (Y/N): X [14-C]

STATE OR FOREIGN COUNTRY WHERE MARRIAGE ENDED: XX
[15-C]

SELECT REASON: 9 1=DEATH
2=DIVORCE
3=ANNULMENT OR VOIDABLE
4=PUTATIVE
5=VOID/VOIDED

[16-C]
IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999

[17-M] [18-C]
OTHER MARRIAGES (Y/N): X DELETE SCREEN (Y/N): X

[19-D] [20-C]
PAGE: X TRANSFER TO: XXXX

MCS 3.4 TRANSFER TO: XXXX WORK HISTORY WORK
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSSSSSSSSSSSSSS

[1-M]

EMPLOYED IN 19SS 19SS 19SS 19SS (Y/N): X [3-C] [4-C]

[2-C] MMYM MMYM [5-C]

EMPLOYER NAME ADDRESS START DATE END DATE N/E

1. XXX
XX
9999 9999 X

2. XXX
XX
9999 9999 X

3. XXX
XX
9999 9999 X

[6-C]

AUTHORIZATION TO CONTACT EMPLOYERS (Y/N): X

[7-C] [8-C]

CORPORATE OFFICER (Y/N): X RELATED TO CORPORATE OFFICER (Y/N):
X

[9-C]

CLOSE/FAMILY CORPORATION (Y/N): X

[10-M]

SELF-EMPLOYED IN 19SS 19SS 19SS 19SS (Y/N): X

[11-C] [12-C] [13-C]

IF YES, SHOW:	YEARS	TYPE OF BUSINESS	NET OVER \$400 (Y/N)
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		X

[14-C]

[15-C]

MORE (Y/N): X DELETE THIS PAGE (Y/N): X PAGE: S

MCS 3.7 TRANSFER TO: XXXX EARNINGS EARN
 NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS
 LIST ALL EARNINGS AND TYPES FOR SSSS SSSS SSSS
 TYPES ARE:1=FICA WAGES 2=SEI 3=EMPLOYEE REPORTED TIPS 4=RR LAG
 PROOF CODES ARE: P=PROVEN R=READILY AVAILABLE N=NOT
 AVAILABLE D=DELETED LAG

[1-C]	[2-C]	[3-C]	[4-C]		
YEAR	TYPE	AMOUNT	PRF		
99	9	99999999	X		
99	9	99999999	X		
99	9	99999999	X		
99	9	99999999	X		
99	9	99999999	X		
99	9	99999999	X		
99	9	99999999	X		
99	9	99999999	X		
99	9	99999999	X		
99	9	99999999	X		
99	9	99999999	X		
99	9	99999999	X		

[5-C]

DO YOU WISH US TO COMPUTE YOUR BENEFITS AND COMPLETE YOUR CLAIM

WITHOUT USING UNPOSTED RECENT EARNINGS (Y/N): X

MCS NH MILITARY SERVICE NHMS
NH: SSSSSSSSS SSSSS SSSSSSSSSS CL: SSSSSSSSS SSSSS SSSSSSSSSS

FIRST NAME USED IN SERVICE: XXXXXXXXXXXX MI: X LAST NAME:
XXXXXXXXXXXXXXXXXXXX

SERVICE NO: XXXXXXXXXX

*RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT
(SELECT ONE): 9

1=CIVILIAN 2=MILITARY 3=BOTH 4=NONE.

[A/R	BRANCH OF SERVICE	START	END	N/E	RANK	PROOF
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX

IS DEVELOPMENT OF VA SURVIVOR PENSION REQUIRED (Y/N): X

[JAPANESE INTERNEE	START	END	PROOF	HOURLY WAGE
	999999	999999	X	99999999
	999999	999999	X	99999999

PF1 FOR HELP MORE (Y/N): X PAGE: 1 TRANSFER TO: XXXX

MCS

NH MILITARY SERVICE

NHMS

NH: SSSSSSSSS SSSSS SSSSSSSSSS

CL: SSSSSSSSS SSSSS

SSSSSSSSSS

[1-C]

[2-C] [3-C]

FIRST NAME USED IN SERVICE: XXXXXXXXXXXX MI: X LAST NAME:
XXXXXXXXXXXXXXXXXXXX

[4-C]

SERVICE NO: XXXXXXXXXX

[5-M]

*RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT
(SELECT ONE): 9

1=CIVILIAN 2=MILITARY 3=BOTH 4=NONE.

[6-C] [7-C]

[8-C]

[9-C]

[10-C]

[11-C]

[12-C]

[A/R	BRANCH OF SERVICE	START	END	N/E	RANK	PROOF
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX

PF1 FOR HELP

PAGE: 2

TRANSFER TO: XXXX

COMM

CITIZENSHIP (U.S. AND/OR FOREIGN)

CLCZ

[1-D]

[2-D]

[3-D]

NH: SSSSSSSSS SSSSS SSSSSSSSSSS B N: SSSSSSSSS SSSSS
SSSSSSSSSS PIC: SSS

[4-M]

*COUNTRY/TERRITORY OF CITIZENSHIP: xx

[5-C]

SELECT U.S. TYPE IF CITIZENSHIP COUNTRY IS U.S.: 9

1= BIRTH IN U.S. 2= U.S. CITIZEN BORN OUTSIDE U.S. 3=
NATURALIZATION

[6-C]

SELECT U.S. PROOF IF CITIZENSHIP COUNTRY IS U.S.: 9

1= ENUMERATION 4=DEVELOPMENT PENDING

2= TITLE 2/18 5=NO PROOF

3= TITLE 16 6=PRESUMED - SYSTEMS GENERATED ONLY

[7-M]

*CITIZENSHIP START DATE (MMDDCCYY): 999999999

[8-O]

CITIZENSHIP STOP DATE (MMDDCCYY): 999999999

[9-O]

IS LAWFUL PRESENCE DATA NEEDED (Y/N): X

[10-O]

DELETE THIS OCCURRENCE OF DATA (Y/N): X

[11-O]

[12-O]

ADD NEW OCCURRENCE (Y/N): X

REVIEW PRIOR

OCCURRENCES (Y/N): X

[13-D]

[14-O]

PF1 HELP AVAILABLE

TRANSFER TO: XXXX

MCS CLAIMANT MAILING ADDRESS CADR
NH: SSSSSSSSS SSSSS SSSSSSSSSS CL: SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

ADDRESS 1: PPPPPPPPPPPPPPPPPPPPPPP ADDRESS 2:
PPPPPPPPPPPPPPPPPPPPPP

ADDRESS 3: PPPPPPPPPPPPPPPPPPPPPPP ADDRESS 4:
PPPPPPPPPPPPPPPPPPPPPP

[2-M]

[3-C]

[4-C]

CITY: PPPPPPPPPPPPPPPPPPPPPPP STATE: PP ZIP: PPPPP

[5-C]

[6-C]

STATE & COUNTY CODE: PPPPP COUNTY: XXXXXXXXXXXXXXXX

[7-C]

[8-C]

COUNTRY: PPPPPPPPPPPPPPPPPPPPPPP CONSULAR CODE: PPP

[9-C]

FOREIGN POSTAL ZONE: PPPPPPPPPPPPPPP

[10-C]

[11-C]

DIRECT DEPOSIT ROUTING TRANSIT NUMBER: 999999999 ACCOUNT
TYPE (C/S): A

[12-C]

DEPOSITOR ACCOUNT NUMBER: 9999999999999999

[13-C]

[14-C]

DOMESTIC PHONE: PPPPPPPPP FOREIGN PHONE:
PPPPPPPPPPPPPP

TRANSFER TO: XXXX CLIENT ADDRESS CLAD
SS SSSSSSSSSS SSSSS SSSSSSSSSSS

[1-D]

ADDRESS TYPE: SSS

[2-C]

ADDRESS: PPPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP
PPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP

[3-C]

[4-C]

[5-C]

CITY: PPPPPPPPPPPPPPPPPPPPP STATE: PP ZIP: PPPPP

[6-C]

[7-M]

STATE/COUNTY CODE: PPPPP DISTRICT OFFICE CODE: PPP

[8-C]

[9-C]

FOREIGN COUNTRY: PPPPPPPPPPPPPPPPPPPPPPP FOREIGN POSTAL ZONE:
PPPPPPPPPPPPPP

[10-C]

[11-C]

CONSULAR CODE: PPP GEOGRAPHIC CODE: PPPPP

[12-M]

[13-C]

[14-C]

START END N/E

(MMDDYY) (MMDDYY)

PPPPPP PPPPP X

[15-M]

[16-M]

[17-M]

[18-D]

NEW (Y/N): X DELETE THIS PAGE (Y/N): X EXIT CLAD (Y/N): X SS OF SS

TRANSFER TO: XXXX HEALTH INSURANCE - SSSS HIHI
NH SSSSSSSSS SSSSS SSSSSSSSSSS SS SSSSSSSSS SSSSS SSSSSSSSSSS

[1-D]

HI STATUS: FREE ESRD STRT:MM/YY TERM:MM/YY PREM DIB STRT:MM/YY
TERM:MM/YY

[2-D]

SMI STATUS: ESRD STRT:MM/YY TERM:MM/YY DIB STRT:MM/YY TERM:MM/YY

[3-D]

[4-D]

BIRTH DATE: SSSSSSSS PROOF CODE: S

[5-C]

[6-C]

TYPE OF ACTION - SMI: P PREMIUM HI: P

1. ENROLL 3. WITHDRAW 5. WAIVE EQUITABLE RELIEF
2. REFUSE 4. CANCEL WITHDRAWAL

[7-M]

[8-M]

IS PREM HI ENROLL REQ CONDITIONAL (Y/N): P ELIGIBLE FOR MEDICAID (Y/N): P

[9-O]

[10-M]

ALLEGED MONTH OF MISINFORMATION BY SSA(MMY): PPPP CRIME VS.
U.S.(Y/N): P

[11-M]

[12-M]

DATE OF REQUEST (MMDDYY): PPPPPP DOCUMENTATION RECEIVED (Y/N): X

[13-O]

[14-0]

EQUITABLE RELIEF REQUESTED (Y/N): P DEEMED IEP DOB (MMDDCCYY):
PPPPPPPP

[15-M]

COVERED UNDER A GROUP HEALTH PLAN BASED ON EMPLOYMENT (Y/N): P

[16-M]

COVERED BY MANAGED HEALTH CARE PLAN IN LAST 8 MONTHS (Y/N): P

[17-0]

FINAL REFUSAL ACCEPTANCE DATE (MMDDYY): PPPPPP

ESRD OPTIONS:

[18-O]

BENEFICIARY RESTRICTED HI ENTITLEMENT MONTH (MMYY): PPPP

[19-C]

SELECT SMI OPTION ONLY IF PROCESSING DATE IS MORE THAN 5 MONTHS
AFTER FIRST POSSIBLE MONTH OF ENTITLEMENT -

SMI OPTION: P 1. APPLICATION MONTH 2. PROCESSING MONTH

[20-D]

PF1 HELP AVAILABLE

