

# Overview of Pages in ISBA

These screenshots were generated on 11/21/2006 around 9:42 a.m.

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## Social Security Claims

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.

### You can:

- [Apply for Retirement/Disability/Spouse's Benefits](#)
- [Restart Your Incomplete Application](#)
- [Check Your Claim Status](#)

### You cannot use this Internet application to:

- Apply for Supplemental Security Income (SSI) benefits. However, you can begin the process of applying for SSI **disability** benefits for an adult or child by completing an [online disability report](#).
- Apply for benefits for children
- Apply for benefits as a surviving spouse
- Apply for the Lump Sum Death Payment.
- Apply for Medicare coverage only (e.g., you are working and do not intend to file for monthly retirement or spouse's benefits at this time).

**Instead** call us toll-free at **1-800-772-1213**. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**.

**NOTE:** If you previously filed for Social Security disability and have been denied those benefits within the last 60 days, **do not** use this Internet application to file an appeal. If you are not sure whether you are still within your appeal period, call the toll-free number for assistance **before** proceeding with your Internet application.

## Representation:

You can choose to have a representative help you when you do business with Social Security. We will work with your representative, just as we would work with you. For more information about your right to representation, view our publication, [Your Right to Representation](#).

If you are acting as someone's authorized representative to do business with the Social Security Administration, you must first complete Form SSA-1696-U4 (Appointment of Representative). To obtain a copy of this form, as well as a comprehensive explanation of the 'Representative' process, visit our website titled [Representing Claimants](#).

## Additional Information:

If you need additional information, you may call us toll-free at **1-800-772-1213**, Monday through Friday between 7 a.m. and 7 p.m. If you are deaf or hard-of-hearing, call our toll-free TTY number, **1-800-325-0778**, Monday through Friday between 7 a.m. and 7 p.m.

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GovBenefits

Social Security Online

# Applying for Social Security Benefits



## Who Can Use the Online Application

Derived from [BA002a](#) Updated: April 5, 2007 8:54 AM

### Who can use this application

You can use this application to apply for Social Security retirement, disability or spouse's benefits or any combination of these benefits. If you are within 3 months of age 65 or older, we will also process a claim for Medicare coverage along with your claim for benefits.

Please note, however, that in order to qualify for a Social Security disability or retirement benefit, you must have worked and paid Social Security taxes and earned enough Social Security credits.

If you have never worked or have worked very little in the last 10 years, you should call us before beginning this application. We will review your earnings history to determine if you have enough work credits to qualify for benefits.

### Who cannot use this application

You **cannot** use this internet application to:

- file for **Medicare coverage only** (e.g., you are working and do not intend to file for monthly Social Security benefits at this time).
- file for **Supplemental Security Income (SSI)** benefits. **Note:** While you cannot use this Internet application, you can begin the process of applying for SSI disability benefits for an adult or child by completing an [online disability report](#).
- file for any type of **monthly Social Security benefits other than retirement, disability or spouse's benefits**.
- file for **Railroad Retirement benefits**. If you, your spouse or your former spouse receive, or are eligible to receive a pension or annuity from the Railroad Retirement Board (RRB) and you have not yet discussed the effects of filing for Social Security benefits with a RRB representative, you should contact the RRB before completing this application. You can locate the nearest RRB field office on their web site at [www.rrb.gov/default.asp](http://www.rrb.gov/default.asp) or call their toll-free number at **1-800-808-0772**.
- file an **appeal of a denied disability claim**. If your application for Social Security disability benefits was denied within the last 60 days, you can ask us to look at your case again. If you are not sure whether you are still within your appeal period, call us for assistance before proceeding with your Internet application.

If you cannot use this application or you decide not to complete an application over the Internet, please call our toll-free

number, **1-800-772-1213** (TTY **1-800-325-0778**), or visit a Social Security office to make an appointment.

Please answer the following questions to see if you can use this application.

**1) Are you at least 61 years and 9 months old?**

Yes  No

**2) Do you plan to start your Social Security benefits within the next 4 months?**

Yes  No

**3) Have you been, or do you expect to be unable to work for at least 12 months because of your illnesses, injuries or conditions (including mental or emotional conditions), or do you have a terminal illness?**

Yes  No

**4) Do you live in the United States or one of its territories or commonwealths?**

Yes  No

 USA.gov

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## Benefit Claim Restart

**Enter your Social Security Number:**

**Enter your number without hyphens or spaces.**

Enter your Social Security Number

**Enter your Confirmation Number:**

Enter your Confirmation Number

If you need additional information, you may call us toll-free at **1-800-772-1213** Monday through Friday between 7 a.m. and 7 p.m.

If you are deaf or hard-of-hearing, call our toll-free TTY number, **1-800-325-0778**, Monday through Friday between 7 a.m. and 7 p.m.

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# What Do I Need to Know About the Application for Benefits?

## Filing Requirements

During this application, we will be asking you questions that will be used to process your claim for benefits. At the end, you will be asked to confirm the truthfulness of your answers under penalty of perjury and your response will be recorded. You can be held liable by law for providing false or misleading information.

To file your Internet application you must:

- enter the information requested;
- electronically sign and send your information to us over the Internet; and
- submit the documents indicated on the final page of this Internet application to the address provided. For example, we will need to see your **Original Proof of Birth** and, if applicable, your **Original Citizenship or Naturalization Documents**.

**Note:** If you have already proven your date of birth and/or citizenship status while filing a claim for another benefit administered by the Social Security Administration (e.g. Medicare, Supplemental Security Income, prior Social Security disability, etc.), you will not have to submit these proofs again.

## Disability Benefits

If you are applying for disability benefits, you will need to complete two other forms if you have not already submitted them to us.

- The **Disability Report - Adult (SSA-3368)**, that collects more details about your illnesses, injuries or conditions, and your work history, and
- The **Authorization to Disclose Information to the Social Security Administration (SSA-827)**. We use this to request information from your medical sources so we can decide whether you are disabled under Social Security law.

We will tell you more about this later in the application.

## Incomplete Applications

In the event that you are unable to complete your online application for any reason, you will be able to start this application again. We will explain how to do this after you give us a little more information about yourself.

## Other ways to apply for benefits

If you choose not to complete your Social Security application on the Internet, you may call **1-800-772-1213** toll-free to arrange for your application to be taken over the phone or in person at a Social Security office. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. You should do this right away to avoid any loss of benefits.

## The Medicare Prescription Drug Program

The Medicare Prescription Drug program offers help with your prescription drug costs and gives you a choice of prescription drug plans that provide various types of coverage.

You may also be eligible to receive extra help to pay for the premiums, annual deductible, and co-payments of the Medicare Prescription Drug program. But before you can receive this extra help, you must complete an Application for Help with Medicare Prescription Drug Plan Costs and submit it to Social Security. You can do this over the Internet.

At the end of this application, we will provide a link to another Social Security website where you will find more detailed information about enrolling in the Medicare Prescription Drug program and the eligibility requirements for receiving the extra help mentioned above. To learn more about the prescription drug program or to apply for this extra help **before** you file for Social Security benefits, select [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp).

## When is this Internet Service Available?

This Internet Social Security Benefit Application is available during the following hours (Eastern Time):

Monday through Friday: 5:00 AM - 1:00 AM

Saturday: 5:00AM - 11:00 PM

Sunday: 8:00AM - 10:00 PM

Holidays: 5:00 AM - 11:00PM

If you are starting this application within an hour of the scheduled shutdown for the day, you may not be able to finish before the system shuts down. To fully protect all possible benefits, you should at least complete the first page where we ask for your personal identifying information (e.g., Name, SSN, DOB, etc.).

If you choose to continue with the application at this time and the system shuts down before you finish, only the information on the page you are working on will be lost.

## What Information Do I Need to Complete My Social Security Application?

This application includes various questions that will help us decide if you are eligible to receive Social Security benefits and, if so, the amount of your benefit. Other questions will help us decide if your spouse or child(ren) may be eligible for benefits as well. Some of the information you will need to answer the questions include:

- Your Social Security number;
- Your date and place of birth;
- Your bank or other financial institution's Routing Transit Number and your bank account number, if you want your benefits deposited electronically into your account;
- The amount you earned last year and the amount you expect to earn this year (between September and December, we may also ask how much you expect to earn next year);
- The name and address of each employer for this year and last year;
- The beginning and ending dates for each period of U.S. military service you may have served in the Army, Navy,



Air Force, Marines, National Guard, Coast Guard, Public Health Service (PHS), or Coast and Geodetic Survey (CGS);

- If you have ever been married, the name, Social Security number and date of birth or age of your current and/or any prior spouse, the date and place of each marriage and, if appropriate, the date and place the marriage ended.

**If you are applying for disability benefits**, you also may need to supply the following:

- Information about any workers' compensation, black lung, and/or similar benefits you filed, or intend to file for. These benefits can:
  - Be temporary or permanent in nature;
  - Include annuities and lump sum payments that you received in the past;
  - Be paid by your employer or your employer's insurance carrier, private agencies, or Federal, State or other government or public agencies;
  - Be referred to as 1) Workers' Compensation, 2) Black Lung Benefits, 3) Longshore and Harbor Workers' Compensation, 4) Civil Service Retirement, 5) Federal Employees' Retirement, 6) Federal Employees' Compensation, 7) State Disability Insurance benefits, as well as other names. Military retirement pensions based on disability are also included;
- Information about medical evidence already in your possession. This includes medical records, doctors' reports, and recent test results; and
- More detailed information about your medical condition. This is in addition to any medical evidence you may have in your possession. We will require this additional information to complete your disability claim. To collect the information, we will give you the following choices **at the end of this application**:
  1. A link to another Social Security website where you will find the **Disability Report - Adult (SSA-3368)** and **Authorization to Disclose Information to the Social Security Administration (SSA-827)**; or
  2. A toll-free number to call and arrange an appointment for us to help you complete the forms.

If you have a copy of your Social Security Statement, please review the earnings listed for each year to ensure they are accurate. We suggest that you keep your Statement nearby while completing this application.

If your earnings are not correct or you are not sure if your Statement is correct, **please continue with this application**. We will assist you in reviewing and correcting your record after we receive your application.

If you do not have a Statement and would like to have one, you may request one by visiting our Social Security Statement Page. We will mail a Statement to you.

**Do not** wait for the Statement to file your claim since there may be a loss of benefits. We will help you review your earnings history.

## What Documents Will I Need to Provide to Social Security?

You may need to provide some documents that are required to process your application. When you finish your electronic application, we will tell you what documents you need to submit and where to submit them. The types of documents we may ask for are:

- Your **original** birth certificate or other proof of birth;
- Your **original** citizenship or naturalization papers;
- Your U.S. military service paper(s) (e.g., DD214 - Certificate of Release or Discharge from Active Duty);
- Your W-2 form(s) and/or self-employment tax returns for last year.

**If you are applying for disability benefits**, we may also ask for:

- Award letters, pay stubs, settlement agreements or other proof of temporary or permanent workers'

compensation-type benefits you received. We will need documents that show:

- the date of your injury or illness;
- the amount and effective date of your current payment and all increases or decreases within the last 17 months or, if later, since payments began;
- If you receive workers' compensation, the type of payment (e.g., temporary partial, temporary total, permanent partial, permanent total, a lump sum or an annuity);
- the frequency of your payments (e.g., weekly, bi-weekly, monthly, bi-monthly, etc.) or the period covered by a lump sum;
- if benefits have already ended, the last day you were entitled to a payment and your last payment amount (if different than your regular payment amount);
- your employer's name and address; and
- if other than your employer, the name and address of the insurance carrier making the payments;
- Medical evidence already in your possession regarding your disability. This includes copies or photocopies of medical records, doctors' reports, and recent test results; and
- The **Disability Report - Adult (SSA-3368)** and **Authorization to Disclose Information to the Social Security Administration (SSA-827)** as described above, if you have not already submitted them.

To ensure the personal information you provide for this application is protected against fraud or other unauthorized use, **we are required to see originals** of your **proof of birth** and, if applicable, your **citizenship** or **naturalization** documents. We **cannot** accept photocopies of your proof of birth unless they are certified by the office that issued the original. For your convenience, however, we can accept uncertified photocopies of your military service papers, W-2 forms and self-employment tax returns, medical information and documents related to your workers' compensation or similar benefits. **We will return all documents and photocopies to you unless you specifically tell us otherwise.**

If you have the documents we need, you should submit them to the address provided later in this application. If you don't have all the documents we need, you should still **send us your completed electronic application** and submit any documents you do have. We will help you get the other documents after we receive your application.

**Do not** delay sending your electronic application. If you do, **you may lose benefits.**

**Note:** If you mail any documents to us, we must have your Social Security number so that we can match them with your claim. Please write your Social Security number on a separate sheet of paper and include it in the mailing envelope along with your documents. **Do not write anything on your original documents.** If you do not want to mail your documents or photocopies, you may bring them to the Social Security office where they will be examined and returned to you. Or, if a later office visit becomes necessary, you may bring them with you at that time.

**Caution: Do not** mail foreign birth records or any Department of Homeland Security (DHS) documents to us - especially those you are required to keep with you at all times. These documents are extremely difficult, time-consuming and expensive to replace if lost; and some cannot be replaced. Instead, bring them to the local Social Security office where they will be examined and returned to you.

**Note:** DHS was formerly the Immigration & Naturalization Service (INS).

## What About Security?

### Warning!

The Social Security Administration takes numerous steps to keep your accounts and personal information secure, but you also play a role in maintaining the security of your information. Here's what you can do:

- You may not always be at your own computer when you apply for benefits. Therefore, it's important to **exit** your browser when you're finished so that others cannot see the information that you have entered.
- We recommend that you use the built-in security features that Web browsers provide. Choosing certain security

settings and options will help protect the privacy of your personal information. Security settings on your computer vary depending on the type of browser you are using (Microsoft IE, Netscape, etc.) and the particular version of the browser (5.2, 6.0, 7.0, 7.2, etc.). For more information, consult the **Help** files of your browser software.

If you have more questions about security and the Internet application read [More Information on Security](#).

## The Privacy Act Statement

Social Security is allowed to collect the facts on this form under Section 205 of the Social Security Act. We need this information to efficiently process your Internet application. Giving us these facts is voluntary. However, without them we may not be able to process your application online. The Social Security Administration will not use the information for any other purpose. If you want to read more information on this subject, read [The Collection and Use of Information From Your Application - Privacy Act Statement](#).

The Social Security Administration has access to the information you provide on this application and is authorized to keep even information on applications that were partially completed. This is for purposes of helping you complete the application process (e.g., retirement, disability, spouse's, etc.).

If you have decided you want to continue, you can start the application now or, if you are undecided, you may file at a later time. For more information about filing online or other services provided by Social Security, please call **1-800-772-1213** (TTY **1-800-325-0778**) toll-free, or visit a Social Security office.

## The 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; the control number is 0960-0618. We estimate that it will take between 15 and 45 minutes to read the instructions, gather the facts, and answer the questions, but this will depend upon the number of questions you need to answer. The average time is approximately 20 minutes. You may send comments on our time estimate above to: Social Security Administration, 1338 Annex Building, Baltimore, MD 21235-0001. Send **only** comments related to our time estimate to this address, not the completed form.

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## Your Personal Identification Information

**Important:** To return to a page you previously worked on, use the "Prior Page" button at the bottom of the current page until you get to the page you want to review or change. **Do not** use the "Back" button on your browser or you will lose all the information you previously entered.

This application is designed for use with a standard keyboard only. Please do not use an international keyboard. Use of special characters may cause loss of data entered.

### Your Name

**Enter your name as it appears on your most recent Social Security card.**

**First Name:**

First Name

**Middle Name or Initial:**

Middle Name or Initial

**Last Name:**

Last Name

**Suffix:**

(Jr, Sr, II, III, etc.)

Suffix (Jr, Sr, II, III, etc.)

**Have you ever used any other names?**

**Example: maiden name, prior married name**

-  Have you ever used any other names? Example: maiden name, prior married name Yes  Have you ever used any other names? Example: maiden name, prior married name No

**What is your Social Security number?**

**Enter your number without hyphens or spaces.**

What is your Social Security number? Enter your number without hyphens or spaces.

**Have you ever used any other Social Security numbers?**

**We need to know this so we can consolidate your records.**

-  Have you ever used any other Social Security numbers? We need to know this so we can consolidate your records. Yes  Have you ever used any other Social Security numbers? We need to know this so we can consolidate your records. No

**What is your date of birth?**

What is your date of birth? month  What is your date of birth? day  What is your date of birth? year

**Where do you live?**

**Enter the street address where you currently live. Please provide your complete address, including apartment number, if applicable. Example: 528 Dawn St, Apt 101**

**Street Address:**

**(where you live)**

**Street Address 1**

Street Address 1

**Street Address 2**

Street Address 2

**Street Address 3**

Street Address 3

**Street Address 4**

Street Address 4

**City:**

City

**State, Territory, or Commonwealth:**

State, Territory, or Commonwealth: 

**Zip Code:**

ZIP Code

**Do you receive your mail at this address?**

**We need to know whether the residence address you gave us is also your mailing address, so we can send any correspondence to the proper address.**

-  Do you receive your mail at this address? We need to know whether the residence address you gave us is also your mailing address, so we can send any correspondence to the proper address. Yes  Do you receive your mail at this address? We need to know whether the residence address you gave us is also your mailing address, so we can send any correspondence to the proper address.No

**Mailing Address:**

**If your mailing address is different from the address where you live, please provide your complete mailing address.**

**Note: If you are an authorized representative for this claimant, please do not enter your address on this page. Instead, enter your name and address in the space provided at the bottom of the "Summary of Information Provided" page near the end of this application.**

**Mailing Address**

**(where you get your mail)**

**Mailing Address 1**

Mailing Address 1

**Mailing Address 2**

Mailing Address 2

**Mailing Address 3**

Mailing Address 3

**Mailing Address 4**

Mailing Address 4

**City:**

City

**State, Territory, or Commonwealth:**

State, Territory, or Commonwealth:

**Zip Code:**

ZIP Code

**How We Can Reach You**

**If you do not have a daytime phone number, please enter a phone number for someone who can get in touch with you quickly. Let this person know that we may call and leave a message for you. Near the end of this application, we will provide a summary page with a block where you can enter the name of the person who can take a message for you (e.g. Contact - John Q Public).**

**What is your home phone number?**

(What is your home phone number? Phone Number Area Code ) Exchange - Last 4 digits

**Please provide a daytime phone number.**

Please provide a daytime phone number. Same as home number  
(Daytime Phone Number Area Code ) Daytime Phone Number Exchange - Daytime Phone Number Last 4 Digits

**What is the best time to reach you during the day?**

- What is the best time to reach you during the day? 9a.m. to Noon
- Noon to 5p.m.

**Unable to Work**

**Social Security provides benefits to people who are unable to work because of certain illnesses, injuries or conditions. Select this link to view our fact sheet on Disability Benefits and see if you may be eligible.**

**During the last 14 months, have you been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death?**

- During the last 14 months, have you been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death? Yes
- During the last 14 months, have you been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death? No

**If "Yes," when did you become unable to work?**

**If you don't know the exact day, use '02' for the day.**

If "Yes", when did you become unable to work? If you don't know the exact day, use '02' for the day. Month

If "Yes", when did you become unable to work? Day  If "Yes", when did you become unable to work? Year

## Supplemental Security Income

**Supplemental Security Income or SSI is a Federal program that provides monthly payments to people who have limited income and assets and who are age 65 or older, or blind or have a disability.**

**SSI is different from Social Security. A person must have worked and paid Social Security taxes for a certain length of time to qualify for Social Security benefits. There is no work requirement to qualify for SSI.**

**To qualify for SSI, a single person cannot own assets worth more than \$2,000. A married person cannot own assets worth more than \$3,000. (Assets include cash, bank accounts, stocks, bonds, certificates of deposit, 401K plans, etc.) When deciding if you meet these limits, we do not count the value of your house. Usually we don't count the value of one car.**

**There are also limits on the amount of income you can have and still qualify for SSI. We exclude part of your income when deciding if you meet those limits.**

**For more information about the SSI program, please read the pamphlet, Supplemental Security Income.**

**If you intend to apply for SSI, you must call 1-800-772-1213 toll free to arrange an appointment. If you are deaf or hard of hearing, call our toll-free TTY number, 1-800-325-0778.**

**If you do not file a SSI application within 60 days after the date you complete this page, you may lose SSI benefits.**

**Did you apply, or do you intend to apply for SSI as described above?**

-  Do you apply, or do you intend to apply for SSI as described above?Yes

Do you apply, or do you intend to apply for SSI as described above?No, I am not blind, disabled or within two months of age 65 or older

I do not wish to file

## Email Address

**In the future, you may be able to do business with us by e-mail. This information is optional.**

**What is your e-mail address?**

What is your e-mail address?

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## Confirmation Number for JOHN DOE

**Your Confirmation Number is 38338529**

In the event that you are unable to complete your online application for any reason, we will save your information for you. After waiting at least five minutes, you will be able to start this application again by selecting "Restart Your Incomplete Application" from the Social Security Claims page. You will need to enter your Social Security number and Confirmation Number to finish your application. If you lose your Confirmation Number and have not completed your application, you can start a new application and we will give you a new Confirmation Number. Your previous Confirmation Number will be deleted.

**Please print this page (with your browser's printer) or write down your Confirmation Number.** You may need it to complete your online application or to check the status of your claim.

**Remember to guard your Confirmation Number carefully.** Your Confirmation Number is the key to your application information!

- Don't put it where others can see it.
- Don't store it with other personal information, like your Social Security number.
- Don't give it to anyone else.
- Social Security employees will **never** ask for your Confirmation Number.

**NOTE:** If you are acting as an authorized representative for a client, you must complete and submit Form SSA-1696-U4 before using any information on this page.

**If we do not receive your electronic application by 07/19/2007, you may lose benefits.**

**If you choose not to finish your Social Security application on the Internet, you should call 1-800-772-1213 toll-free to avoid any loss of benefits. If you are deaf or hard of hearing, call our toll-free "TTY" number, 1-800-325-0778.**

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[www.socialsecurity.gov](http://www.socialsecurity.gov)**Ignore this button - internal purposes only**

## Disability Information about JOHN DOE

In addition to the application, you will need to complete two other forms if you have not already submitted them to us. The first is the **Disability Report - Adult (SSA-3368)** that collects more details about the illnesses, injuries or conditions you list here, and your work history. The second is the **Authorization To Disclose Information To The Social Security Administration (SSA-827)**. We use this to request information from your medical sources so we can decide whether you are disabled under Social Security law. We will need one signed and dated SSA-827 for each of the medical sources you list as soon as possible so that we can start evaluating your disability claim. We will also need two additional signed and dated SSA-827s in case we need to contact other sources later. **We will link you to both forms at the end of this application.**

### What are the illnesses, injuries or conditions that limit your ability to work?

**Include mental or emotional conditions.**

What are the illnesses, injuries or conditions that limit your ability to work? Include mental or emotional conditions

### Are you blind?

-  Are you blind?Yes  Are you blind?No

### Are your illnesses, injuries or conditions related to your work in any way?

-  Are your illnesses, injuries or conditions related to your work in any way?Yes  Are your illnesses, injuries or conditions related to your work in any way?No

### Are you now able to work?

-  Are you now able to work?Yes  Are you now able to work?No

### If 'Yes', enter the date you became able to work:

If "Yes", enter the date you became able to work: Month  
work: Year

If "Yes", enter the date you became able to

### Did you receive any money from an employer on or after the date you became unable to work?

**For example, sick pay, vacation pay or other special pay.**

-  Did you receive any money from an employer on or after the date you became unable to work? For example, sick pay, vacation pay or other special pay. Yes  Did you receive any money from an employer on or after the date you became unable to work? For example, sick pay, vacation pay or other special pay. No

**If 'Yes', please provide the total amount and type of pay you received: (Select all types that apply).**

(\$\$\$\$\$.cc) If "Yes", please provide the total amount and type of pay you received: (Select all types that apply)

(\$\$\$\$\$.cc)

- Sick Pay Sick Pay  
 Vacation Pay Vacation Pay  
 Other Other

**Do you expect to receive any money from an employer in the future?****For example, sick pay, vacation pay or other special pay.**

-  Do you expect to receive any money from an employer in the future? For example, sick pay, vacation pay or other special pay. Yes  Do you expect to receive any money from an employer in the future? For example, sick pay, vacation pay or other special pay. No

**If 'Yes', please provide the total amount and type of pay you expect to receive: (Select all types that apply).****Estimate the amount if necessary.**

(\$\$\$\$\$.cc) If "Yes", please provide the total amount and type of pay you expect to receive (Select all types that apply.

Estimate the amount if necessary): (\$\$\$\$\$.cc)

- Sick Pay Sick Pay  
 Vacation Pay Vacation Pay  
 Other Other

**Dependent Parents**

A parent may be your:

- natural parent;
- step-parent by a marriage entered into before you attained age 16; or
- adoptive parent who legally adopted you before you attained age 16.

**Do you have one or more parents who were receiving at least one-half of their support from you when you became unable to work?**

-  Do you have one or more parents who were receiving at least one-half of their support from you when you became unable to work? Yes  Do you have one or more parents who were receiving at least one-half of their support from you when you became unable to work? No

**If 'Yes', please provide the following information:**

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1/26/2007

**First Parent:**

**First Name:**

First Name

**Middle Name or Initial:**

Middle Name or Initial

**Last Name:**

Last Name

**Suffix:**

(Jr, Sr, II, III, etc.)

Suffix: (if any)

**Enter your parent's address. Include the street number and name, city, state and zip code. There is a 60-character limitation in this field so use standard abbreviations when necessary. If your parent lives outside the U.S. or one of its territories/commonwealths, show the Country and consular code instead of the State and zip code.**

**Address:**

Address:

**Second Parent:**

**First Name:**

First Name

**Middle Name or Initial:**

Middle Name or Initial

**Last Name:**

Last Name

**Suffix:**

(Jr, Sr, II, III, etc.)

Suffix: (if any)

**Address:**

Address:

**Medical Information**

**Please read the following statements before answering the question below:**

In order to make a decision about your disability claim, we need to have medical evidence that shows you have a disability. We will ask you to provide us with copies of medical records in your possession, or to help us get this information from the doctors, hospitals or any other medical sources who have information about your disability. This information will generally be sent to the disability determination service (DDS) in your state. The DDS helps us decide whether you are disabled under the Social Security law. If we do not have sufficient medical information to make a decision on your claim, we may ask you to have an independent examination at our expense.

You must authorize your medical sources to disclose to Social Security or to the DDS any medical records or other information about your disability. We may not be able to **approve** your disability claim without this written authorization from you.

**Do you authorize disclosure of your medical information as described above?**

-  Do you authorize release of your medical information as described above? Yes  Do you authorize release of your medical information as described above? No

**If we determine you are eligible to receive reduced Retirement benefits while you are waiting for your disability decision, do you wish to file for them?**

-  If we determine you are eligible to receive reduced Retirement benefits while you are waiting for your disability decision, do you wish to file for them? Yes  No  Not Applicable

**Workers' Compensation and Other Disability Payments**

**Your receipt of workers' compensation and/or similar payments may cause a reduction in your Social Security benefits. This includes any lump sum settlements or annuities you received in the past that were based on an injury, illness or some other condition. For more information, please read the pamphlet, How Workers' Compensation and Other Disability Payments May Affect Your Benefits.**

**Have you filed or do you intend to file for any workers' compensation or other public disability benefits?**

**This includes any lump sum settlements or annuities you received in the past that were based on an injury, illness or some other condition.**

-  Have you filed or do you intend to file for any workers' compensation or other public disability benefits? This includes any lump sum settlements or annuities you received in the past that were based on an injury, illness or some other condition. Yes  Have you filed or do you intend to file for any workers' compensation or other public disability benefits? This includes any lump sum settlements or annuities you received in the past that were based on an injury, illness or some other condition. No

**If your disability is work-related but you did not (and will not) file for any workers' compensation or public disability benefits, please explain why you do not intend to file for them.**


If your disability is work-related but you did not (and will not) file for any of the above benefits, please explain why you do not intend to file for any of them.

**Childcare Years**

**If you had a child under age 3 (your own or your spouse's) living with you in one or more calendar years when you had no earnings (i.e., you did not work for an employer or receive any self-employment income for the entire year), you may be eligible for special consideration when your benefits are computed. Please answer the questions below.**

**Please select the number of years that you had no earnings and also had a child under age 3 living with you as described above.**


**If no years apply, select "ZERO". If you are unsure, select "ONE". We will contact you later if we determine that your benefit amount could be affected.**

Please select the number of years that you had no earnings and also had a child under age 3 living with you as described above. (If no years apply, select "ZERO". If you are unsure, select "ONE". We will contact you later if we determine that your benefit amount could be affected.) Select One 

**If other than "ZERO", please enter the actual year(s) that applies.**

**If you are unsure of the actual years, please estimate them. If you are unsure whether any year applies, please estimate at least one year. If more than six actual years apply, enter six here. We will contact you later if we determine that your benefit amount could be affected.**

Year 1 If other than "ZERO", please enter the actual year(s) that applies. If you are unsure of the actual years, please estimate them. If you are unsure whether any year applies, please estimate at least one year. If more than six actual years apply, enter six here. We will contact you later if we determine that your benefit amount could be affected.

YEAR 1 

Year 2 YEAR 2 

Year 3 YEAR 3 

Year 4 YEAR 4 

Year 5 YEAR 5 

Year 6 YEAR 6 

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## Other Names Used by JOHN DOE

You said that you have used other names in the past. Please tell us those names.

If your name at birth was different from the name shown above, enter your birth name first. You may enter up to four other names after that.

### My Birth Name or First Other Name Used

**First Name:**

My Birth Name or Other Name Used First Name

**Middle Name or Initial:**

My Birth Name or Other Name Used Middle Name or Initial

**Last Name:**

My Birth Name or Other Name Used Last Name

**Suffix:**

(if any)

My Birth Name or Other Name Used Suffix: (if any)

### Second Other Name Used

**First Name:**

My Birth Name or Other Name Used First Name

**Middle Name or Initial:**

My Birth Name or Other Name Used Middle Name or Initial

**Last Name:**

My Birth Name or Other Name Used Last Name

**Suffix:**

(if any)

My Birth Name or Other Name Used Suffix: (if any)

**Third Other Name Used**

**First Name:**

My Birth Name or Other Name Used First Name

**Middle Name or Initial:**

My Birth Name or Other Name Used Middle Name or Initial

**Last Name:**

My Birth Name or Other Name Used Last Name

**Suffix:**

(if any)

My Birth Name or Other Name Used Suffix: (if any)

**Fourth Other Name Used**

**First Name:**

My Birth Name or Other Name Used First Name

**Middle Name or Initial:**

My Birth Name or Other Name Used Middle Name or Initial

**Last Name:**

My Birth Name or Other Name Used Last Name

**Suffix:**

(if any)



My Birth Name or Other Name Used Suffix: (if any)

## **Fifth Other Name Used**

### **First Name:**

My Birth Name or Other Name Used First Name

### **Middle Name or Initial:**

My Birth Name or Other Name Used Middle Name or Initial

### **Last Name:**

My Birth Name or Other Name Used Last Name

### **Suffix:**

(if any)

My Birth Name or Other Name Used Suffix: (if any)

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## Other Social Security Numbers Used by JOHN DOE

You said that you have used other Social Security numbers in the past. Please tell us those Social Security numbers.

### First Other Social Security Number:

Enter your number without hyphens or spaces.

Other Social Security Number. Enter your number without hyphens or spaces.

### Second Other Social Security Number:

Other Social Security Number. Enter your number without hyphens or spaces.

### Third Other Social Security Number:

Other Social Security Number. Enter your number without hyphens or spaces.

### Fourth Other Social Security Number:

Other Social Security Number. Enter your number without hyphens or spaces.

### Fifth Other Social Security Number:

Other Social Security Number. Enter your number without hyphens or spaces.

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## Personal Information about JOHN DOE

**Are you:**

**We use this information to help confirm your identity.**

-  Are you: Male/Female? We use this information to help confirm your identity.Male  Are you: Male/Female? We use this information to help confirm your identity.Female

**Birth Place**

**Were you born in the United States or a U.S. Territory or Commonwealth?**

**The U.S. and its Territories and Commonwealths include the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands.**

-  Were you born in the United States or a U.S. Territory or Commonwealth? The U.S. and its Territories and Commonwealths include the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands.Yes  Were you born in the United States or a U.S. Territory or Commonwealth? The U.S. and its Territories and Commonwealths include the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands.No

**Enter the City where you were born:**

**(City, Township, County, Borough, Village, Hamlet, etc.)**

Enter the city where you were born. City, Township, County, Borough, Village, Hamlet, etc.

**If you were born in the U.S., select the State, Territory or Commonwealth of your birth from the list provided:**

If you were born in the U.S., select the State, Territory or Commonwealth of your birth from the list provided



**If you were born outside the U.S., select the Country of your birth from the list provided:**

**If your country is not shown, select 'Other'. If you were born in the U.S., make no entry in this field.**

If you were born outside the U.S. select the country of your birth from the list provided. If your country is not shown, select 'Other'. If you were born in the U.S., make no entry in this field.

## Public Birth Record

**A public record of birth is any of the following**

- A record of birth (e.g. Birth Certificate or a Notification of Birth Registration) issued by a State or local government agency that is responsible for keeping birth records (e.g., Bureau of Vital Statistics);
- A hospital record;
- Seneca or Navajo Indian tribal census records; or
- United States Department of State records of United States citizens born in a foreign country.

**Was a public record of your birth made before age 5?**

**We will use this information if we need to help you prove your date of birth.**

-  Was a public record of your birth made before age 5? We will use this information if we need to help you prove your date of birth. Yes  Was a public record of your birth made before age 5? We will use this information if we need to help you prove your date of birth. No  Unknown

## Religious Birth Record

**A religious record of birth is a record made by a religious authority that shows your date of birth.**

**Some examples are:**

- Baptismal certificates;
- Cradle rolls and naming certificates; and
- A Bris certificate.

**Was a religious record of your birth made before age 5?**

**We will use this information if we need to help you prove your date of birth.**

-  Was a religious record of your birth made before age 5? We will use this information if we need to help you prove your date of birth. Yes  Was a religious record of your birth made before age 5? We will use this information if we need to help you prove your date of birth. No  Unknown

## Fugitive Felon

**If you have an open warrant for a felony or a probation/parole violation, payment of any Social Security benefits you are awarded may be suspended until the warrant(s) has been cleared. An open warrant is one that is still active, outstanding or unsatisfied (i.e., it has not been cleared).**

**Do you have any open felony warrants for your arrest?**

-  Do you have any open felony warrants for your arrest? Yes  Do you have any open felony warrants for your

arrest?No

**Do you have any open Federal or State warrants for your arrest for any violations of the conditions of your probation or parole?**

**If "Yes" to either question, we will contact you for more information after we receive your completed application.**

-  Do you have any open Federal or State warrants for your arrest for any violations of the conditions of your probation or parole? If 'Yes', to this question, we will contact you for more information after we receive your completed application. Yes  Do you have any open Federal or State warrants for your arrest for any violations of the conditions of your probation or parole? If Yes, to this question, we will contact you for more information after we receive your completed application.No

**Direct Deposit Information**

**If you want your benefits electronically deposited, please provide information about your bank or other financial institution account.**

**Do you want your benefits electronically deposited into your bank or other financial institution?**

**If you answered 'No' skip the next 3 questions.**

-  Do you want your benefits electronically deposited into your bank or other financial institution? If you answered 'No', skip next three questions.Yes  Do you want your benefits electronically deposited into your bank or other financial institution? If you answered 'No', skip next three questions.No

**Routing Transit Number:**

**Enter your bank or your other financial institution's 9-digit Routing Transit Number. The symbol displayed before and after the Routing Transit Number block above is also shown on your personal check just before and just after your Routing Transit Number.**

Enter your bank or your other financial institution's 9-digit Routing Transit Number. The symbol displayed before and after the Routing Transit Number block above is also shown on your personal check just before and just after your Routing Transit Number.

**Bank Account Number:**

**Enter your bank or other financial institution account number. The symbol displayed after the Bank Account Number block above is also shown on your personal check just after your Bank Account Number.**


Enter your bank or other financial institution account number. The symbol displayed after the Bank Account Number block above is also shown on your personal check just after your Bank Account Number.

**Do you want your payment deposited into your checking account or your savings account?**

Do you want your payment deposited into your checking account or your savings account? 


**In what language do you prefer to speak?**

**If you prefer to speak a language other than English, we can arrange for an interpreter if we need to contact you later or you need to contact us.**

In what language do you prefer to speak? If you prefer to speak a language other than English, we can arrange for an interpreter if we need to contact you later or you need to contact us. English 

**In what language do you prefer to read?**

**Currently we send notices in English or Spanish. We are collecting information about language preferences to see if we can improve our services.**

In what language do you prefer to read? Currently we send notices in English or Spanish. We are collecting information about language preferences to see if we can improve our services. English 

**Since you are filing this application online, we recognize that you like the convenience of using the Internet to conduct business. We invite you to register a password so that you can continue doing business with Social Security on the Internet.**

**Would you like to register a password so that you can continue doing business with us securely on the Internet?**

- Would you like to register a password so that you can continue doing business with us securely on the Internet?Yes  
 Would you like to register a password so that you can continue doing business with us securely on the Internet?No

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## Citizenship Information for JOHN DOE

You said that you were not born in the United States. Please tell us about your citizenship.

### Are you a U.S. Citizen?

**Only U.S. citizens and certain non-citizens who have been lawfully present in the United States may receive benefits. Since you told us you were not born in the U.S., we need to know if you are a citizen.**

- Are you a US Citizen? Only U.S. Citizens and certain non-citizens who have been lawfully present in the United States may receive benefits. Since you told us you were not born in the U.S., we need to know if you are a citizen. Yes
- No

### If you are a U.S. Citizen, select Type of Citizenship.

**If you were born outside the U.S. but your parents were U.S. citizens, select "U.S. citizen born outside U.S."**

If you are a U.S. Citizen, select Type of Citizenship. If you were born outside the U.S. but your parents were U.S. citizens, select "U.S. citizen born outside U.S." Type of Citizenship

### If you are a U.S. Citizen, when did you become a citizen?

**Estimate if you cannot remember or don't know the exact date.**

If you know the month and year but are unsure of the day, you may use "02" as the day.

If you know only the year, you may use "January" as the month and "02" as the day.

If you were born to U.S. parents outside the U.S., enter your date of birth.


If you are a naturalized citizen, enter the date you were naturalized.

If you are a citizen, when did you become a citizen? Estimate if you cannot remember or don't know the exact date. If you know the month and year but are unsure of the day, you may use "02" as the day. If you know only the year, you may use "January" as the month and "02" as the day. If you were born to U.S. parents outside the U.S., enter your date of birth. If you are a naturalized citizen, enter the date you were naturalized. MonthMonth  If you are a citizen, when did you become a citizen? DayDay  If you are a U.S. Citizen, when did you become a citizen? YearYear

**If you are not a U.S. Citizen, select your Country of Citizenship from the list of countries:**

If you have citizenship status in more than one country, select just one country from the list. If necessary, we will contact you later about the others.

If you are a U.S. citizen, make no entry in this field, even if you are also a citizen in another country.

If you are not a U.S. Citizen, select your Country of Citizenship from the list of countries: If you have citizenship status in more than one country, select just one country from the list. If necessary, we will contact you later about the others. If you are a U.S. Citizen, make no entry in this field, even if you are also a citizen in another country. Country of  
Citizenship 

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## Additional Information about JOHN DOE

### Marriage

We need information about your current and prior marriage(s) because:

- You may be eligible for a higher benefit based on your spouse's or former spouse's work and earnings; and/or
- Your spouse or former spouse may be eligible for benefits based on your work and earnings.

**Note: Providing this information will not reduce the amount of your benefits.**

### Have you ever been married?

-  Have you ever been married?Yes  Have you ever been married?No

### Children

We need information about your children because they may be eligible for benefits based on your work and earnings if they are **UNMARRIED** and:

- under age 18, or
- age 18 - 19 and still attending elementary or secondary school (below college level) full time, or
- who became disabled before age 22.

**This applies to your natural children (including those born out of wedlock), adopted children and step-children; and possibly your grandchildren and step-grandchildren who live with you.**

### Do you have any unmarried children as described above?

-  Do you have any unmarried children as described above?Yes  Do you have any unmarried children as described above?No

Did you serve on **Active Duty**, Active Duty for Training (**ACDUTRA**) or were you in the **Reserves** for any of the following United States Military organizations:

1. Air Force;
2. Army;
3. Coast Guard;
4. Marines;
5. National Guard;

6. Navy; or as a **Commissioned Officer** in
7. the Public Health Service (PHS); or
8. Coast & Geodetic Survey (CGS)?

-  Did you serve on Active Duty, Active Duty for Training (ACDUTRA) or were you in the Reserves for any of the following United States Military organizations: 1) Air Force; 2) Army; 3) Coast Guard; 4) Marines; 5) National Guard; 6) Navy; or as a Commissioned Officer in 7) the Public Health Service (PHS); or 8) Coast and Geodetic Survey (CGS)? Yes  Did you serve on Active Duty, Active Duty for Training (ACDUTRA) or were you in the Reserves for any of the following United States Military organizations: 1) Air Force; 2) Army; 3) Coast Guard; 4) Marines; 5) National Guard; 6) Navy; or as a Commissioned Officer in 7) the Public Health Service (PHS); or 8) Coast and Geodetic Survey (CGS)? No

### **Have you been, or will you be working for an employer in 2005, 2006, and/or 2007?**

-  Have you been, or will you be working for an employer in 2005, 2006, and/or 2007? Yes  Have you been, or will you be working for an employer in 2005, 2006, and/or 2007? No

### **Have you been, or will you be self-employed in 2005, 2006, and/or 2007?**

-  Have you been, or will you be self-employed in 2005, 2006, and/or 2007? Yes  Have you been, or will you be self-employed in 2005, 2006, and/or 2007? No

### **If you were neither working for an employer nor self-employed in 2005 or later, when was the last year you worked?**

If you were neither working for an employer nor self-employed in 2005 or later, when was the last year you worked?

If you were neither working for an employer nor self-employed in or later, when was the last year you worked? Never Worked

### **Other Annuities**

**We need the following information about you, your spouse or former spouse because entitlement to certain benefits, pensions or annuities may have a direct bearing on your Social Security benefits. Decisions about which agency or organization pays your benefits, the amount of benefit payments, whether or not you could also be entitled under their pension plan, etc., will be made based on your responses.**

### **Railroad Employment**

**If you, your spouse, or prior spouse worked in the railroad industry, we will contact you for more information about the railroad work. We will use this information to help you qualify for benefits and to decide if the Social Security Administration or the Railroad Retirement Board should pay your benefits.**

**Important: If you, your spouse or prior spouse are currently receiving, or are eligible to receive, a monthly pension or annuity from the Railroad Retirement Board you should contact your local Railroad Retirement Board District Office before completing this application if you have not already done so. This may affect the amount of your benefit and determine which Agency has payment jurisdiction.**

**Did you work for the railroad 5 years or more?**

**(not necessarily consecutively)**

-  Did you work for the railroad 5 years or more? (not necessarily consecutively) Yes  Did you work for the railroad 5 years or more? (not necessarily consecutively) No

**Did your spouse or prior spouse work for the railroad 5 years or more?**

-  Did your spouse or prior spouse work for the railroad 5 years or more? Yes  No  Did your spouse or prior spouse work for the railroad 5 years or more? No Spouse

**Do you receive, or are you eligible to receive, a railroad pension or annuity?**

-  Do you receive, or are you eligible to receive, a railroad pension or annuity? Yes  Do you receive, or are you eligible to receive, a railroad pension or annuity? No

**Does your spouse or prior spouse receive a railroad pension or annuity, or are they eligible to receive one?**

-  Does your spouse or prior spouse receive a railroad pension or annuity, or are they eligible to receive one? Yes  No  Does your spouse or prior spouse receive a railroad pension or annuity, or are they eligible to receive one? No Spouse

## **Government Employment**

**We will use the following information to help determine if you, your spouse, or prior spouse will qualify for Medicare as a Federal civilian employee.**

**Did you work for the Federal Government in January 1983?**

-  Did you work for the Federal Government in January 1983? Yes  Did you work for the Federal Government in January 1983? No

**Did your spouse or prior spouse work for the Federal Government in January 1983?**

-  Did your spouse or prior spouse work for the Federal Government in January 1983? Yes  No  Did your spouse or prior spouse work for the Federal Government in January 1983? No Spouse

## **Non-Covered Work**

**An employer who is not required to withhold or deduct Social Security taxes will not withhold FICA or OASDI taxes from your earnings.**

**If you worked for an employer who did not withhold Social Security taxes (except for Medicare), such as a Federal, State or local government agency, any pension or annuity you receive from that employer is based on what we call "non-covered earnings." This means that those earnings are not "covered" under the Social Security Act. Any pension or annuity you receive based on "non-covered earnings" may reduce the amount of your Social Security benefit. Such a pension is a payment from a retirement or disability plan that is based on a period of "non-covered" employment.**

**Keep in mind that the term "non-covered" does not apply to your earnings if Social Security taxes should have been withheld by an employer and were not, or Social Security taxes on self-employment income were not paid.**

**Have you ever worked for an employer who was not required to withhold or deduct Social Security taxes from your earnings as described above?**

-  Have you ever worked for an employer who was not required to withhold or deduct Social Security taxes from your earnings as described above? Yes  Have you ever worked for an employer who was not required to withhold or deduct Social Security taxes from your earnings as described above? No

**If you did work for non-covered earnings, your Social Security benefits can be reduced in one of two ways:**

**The first is called the "Windfall Elimination Provision," and may apply to your own Social Security retirement or disability benefit if you are currently entitled to a pension or annuity based on non-covered work after 1956. For more information, select the Fact Sheet on the Windfall Elimination Provision.**

**The second is called the "Government Pension Offset," and may apply to Social Security benefits payable to you as a spouse or widow(er). For more information, select the Fact Sheet on Government Pension Offset. This reduction could apply if, after July 1983, you became eligible for a non-covered pension or annuity, or a lump sum payment representing a pension or annuity that was based on non-covered government employment.**

**Government employment means:**

- **Federal - The United States Government, including the U.S. military (foreign pensions do not cause offset).**
- **State - The 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.**
- **Local - All city and county municipalities (e.g., local police or fire departments).**

**A pension or annuity is any periodic payment (e.g., received monthly or bi-monthly) or a lump sum benefit based on your non-covered earnings while working as an employee who is payable because of:**

- **Retirement - due to age and length of service (e.g., payments from the Civil Service Retirement System);**  
or
- **Permanent Disability - a condition which is expected to continue throughout your lifetime and preclude your return to work (e.g., is not payable for a limited period of time). However, if your condition unexpectedly improves and you are able to resume employment, any disability benefit payment you continue to receive is still considered a pension.**

**Please answer the following questions about pensions, annuities or lump sum payments representing a pension or annuity based on "non-covered" earnings as explained above.**

**Are you receiving a pension or annuity based on your own work not covered by Social Security?**

-  Are you receiving a pension or annuity based on your own work not covered by Social Security? Yes  No  
 Are you receiving a pension or annuity based on your own work not covered by Social Security? Not Applicable

**If you are not receiving a pension or annuity based on your own work not covered by Social Security, do you expect to receive one in the future?**

**You must notify us if you become entitled to a pension or annuity based on work not covered by Social Security.**

-  If you are not receiving a pension or annuity based on your own work not covered by Social Security, do you expect to receive one in the future? You must notify us if you become entitled to a pension or annuity based on work not covered by Social Security. Yes  No  If you are not receiving a pension or annuity based on your own work

not covered by Social Security, do you expect to receive one in the future? You must notify us if you become entitled to a pension or annuity based on work not covered by Social Security. Not Applicable

### What future date will your pension begin?

Estimate the date if the actual date is unknown at this time.

What future date will your pension begin? Estimate the date if the actual date is unknown at this time. Month

What future date will your pension begin? Estimate the date if the actual date is unknown at this time.

Year

What future date will your pension begin? Estimate the date if the actual date is unknown at this time. Not Applicable/Not Applicable

### If you are receiving, or will receive a pension or annuity not covered by Social Security, is it based on government employment?

-  If you are receiving, or will receive a pension or annuity not covered by Social Security, is it based on government employment? Yes  No  If you are receiving, or will receive a pension or annuity not covered by Social Security, is it based on government employment? Not Applicable

### Have you received a lump sum pension payment representing a pension or annuity based on your own work not covered by Social Security?

-  Have you received a lump sum pension payment representing a pension or annuity based on your own work not covered by Social Security? Yes  No  Have you received a lump sum pension payment representing a pension or annuity based on your own work not covered by Social Security? Not Applicable

### Your Earnings Record

It is very important that your earnings are accurately recorded to your Social Security Statement. We use the earnings on your record to decide if you are eligible to receive benefits and/or the amount of your benefit payment. If our records are not correct, you may not receive all the benefits to which you are entitled. Please be sure the earnings listed for each year are accurate.

### Do you agree with your earnings history as shown on your Social Security Statement?

-  Do you agree with your earnings history as shown on your Social Security Statement? Yes  No  Do you agree with your earnings history as shown on your Social Security Statement? Not sure or I do not have a statement

### Foreign Social Security Systems

We have agreements with many other countries that may allow us to consider your work under another country's social insurance system in deciding if you are eligible for a U.S. Social Security benefit. For more information about these agreements, please read our publication "[How International Agreements Can Help You](#)".

### Are you covered (either by work or residence) under another country's social security system?

-  Are you covered (either by work or residence) under another country's social security system? Yes  Are you covered (either by work or residence) under another country's social security system? No

**If "Yes," what country?**

**If the country is not listed, we do not currently have an agreement with that country. Please go back to the prior question and change your answer to "No."**

If Yes, what country? If the country is not listed, we do not currently have an agreement with that country. Please go back to the prior question and change your answer to "No".

**If "Yes," have you already filed or do you wish to file for benefits under that country's social security system?**

- If Yes, have you already filed or do you wish to file for benefits under that country's social security system?Yes
- If Yes, have you already filed or do you wish to file for benefits under that country's social security system?No

**Is your spouse or prior spouse covered (either by work or residence) under another country's social security system?**

- Is your spouse or prior spouse covered (either by work or residence) under another country's social security system?Yes
- No
- Is your spouse or prior spouse covered (either by work or residence) under another country's social security system?No Spouse

**If "Yes," what country?**

**If the country is not listed, we do not currently have an agreement with that country. Please go back to the prior question and change your answer to "No."**

If Yes, what country? If the country is not listed, we do not currently have an agreement with that country. Please go back to the prior question and change your answer to "No".

**Have you taken a vow of poverty as a member of a religious order?**

**(i.e., you belong to a religious organization that requires a vow of poverty, and the organization elected Social Security coverage before December 29, 1981.)**

- Have you taken a vow of poverty as a member of a religious order? (i.e., you belong to a religious organization that requires a vow of poverty, and the organization elected Social Security coverage before December 29, 1981.)Yes
- Have you taken a vow of poverty as a member of a religious order? (i.e., you belong to a religious organization that requires a vow of poverty, and the organization elected Social Security coverage before December 29, 1981.)No

**Previous Claims**

**Have you, or has someone on your behalf, previously filed a claim to receive Social Security benefits?**

- Have you, or has someone on your behalf, previously filed a claim to receive Social Security benefits?Yes
- Have you, or has someone on your behalf, previously filed a claim to receive Social Security benefits?No

**Have you, or has someone on your behalf, previously filed a claim to receive Supplemental Security Income benefits?**

-  Have you, or has someone on your behalf, previously filed a claim to receive Supplemental Security Income benefits? Yes  Have you, or has someone on your behalf, previously filed a claim to receive Supplemental Security Income benefits? No

**Have you, or has someone on your behalf, previously filed a claim to receive Medicare benefits?**

-  Have you, or has someone on your behalf, previously filed a claim to receive Medicare benefits? Yes  Have you, or has someone on your behalf, previously filed a claim to receive Medicare benefits? No

**What name (other than your current name) did you use in those prior applications?**

**First Name:**

What name (other than your current name) did you use in those prior applications? First Name:

**Middle Name or Initial:**

Middle Name or Initial:

**Last Name:**

Last Name:

**Suffix:**

(Jr, Sr, II, III, etc.)

What name (other than your current name) did you use in those prior applications? Suffix: (if any)

**What Social Security number (other than your current number) did you use in those prior applications?**

**Enter your number without hyphens or spaces.**

What Social Security number (other than your current number) did you use in those prior applications? Enter your number without hyphens or spaces.

**What other name did you use in those prior applications?**

**First Name:**

What name (other than your current name) did you use in those prior applications? First Name:

**Middle Name or Initial:**

Middle Name or Initial:

**Last Name:**

Last Name:

**Suffix:**

**(Jr, Sr, II, III, etc.)**

What name (other than your current name) did you use in those prior applications? Suffix: (if any)

**What other Social Security number did you use in those prior applications?**

**Enter your number without hyphens or spaces.**

What Social Security number (other than your current number) did you use in those prior applications? Enter your number without hyphens or spaces.

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## Marriage Information for JOHN DOE

We will be considering your entitlement for benefits on your own record, and as a spouse on your spouse's record. Your benefit amount may be higher on your spouse's or former spouse's record.

**Note:** Providing marriage information will not reduce the amount of your benefits.

We will also be considering your spouse's entitlement on your record. Spouse's benefits are payable at any age if the spouse has a child of the worker in his or her care who is unmarried and under age 16 or disabled. Spouse's benefits are also payable based on age if the spouse is at least age 62 or older.

If you qualify for spouse's benefits on your spouse's record based on age **and** you have a child in your care, we will consider whether it would be more advantageous for you to be entitled based on having a child in your care. If so, we will contact you later for more information.

You said that you are married or have been married in the past. Please give us the information about your marriage(s). Please start with your current or latest marriage. For prior marriages, please list the most recent one first and work backwards. If you are unsure of the exact dates, please estimate.

### Are you currently married?

-  Are you currently married? Yes  No

### Do you have any prior marriages?

If "Yes," we will ask for details about these prior marriages on the next screen.

-  Do you have any prior marriages? If "Yes", we will ask for details about these prior marriages on the next screen. Yes  No

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## Information About Current Marriage

If you do not know the date your marriage began, or you are unsure of the date, please enter your best guess in the space provided and explain in the **Remarks** section of the Summary page near the end of this application.

To help us make a correct decision on your claim, also tell us in **Remarks** if:

- a prior marriage of yours or your spouse's did not end; or
- there was some other legal problem with the marriage ceremony to this spouse and what the problem was.

### When were you married?

When were you married? Month



When were you married? Day



When were you married? Year



### What is your spouse's first name?

What is your spouse's first name?

### What is your spouse's last name?

Enter maiden name if female.

What is your spouse's last name (enter Maiden name if female)?

### What is your spouse's Social Security Number?

What is your spouse's Social Security number?

Unknown (If Spouse's Social Security number is unknown)Unknown

### When was your spouse born?

When was your spouse born? Month  
born? Year



When was your spouse born? Day



When was your spouse born? Year



**OR spouse's age:**

OR Spouse's age

**How were you married?**

**If this was a ceremonial marriage but it was not performed by a member of the clergy or public official (e.g., Chinese or certain Native American marriages), select "Other Ceremonial".**

**If this was a common law marriage, select "Common Law".**

**If there was a legal problem with the marriage ceremony, explain this in Remarks.**

How were you married? Select one. If this was a ceremonial marriage but it was not performed by a member of the clergy or public official (e.g., Chinese or certain Native American marriages), select "Other Ceremonial". If this was a common law marriage, select "Common Law". If there was a legal problem with the marriage ceremony, explain this in Remarks. Select One

**Were you married in the United States or a U.S. Territory or Commonwealth?**

**The U.S. and its Territories and Commonwealths include the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands.**

-  Were you married in the United States or a U.S. Territory or Commonwealth? The U.S. and its Territories and Commonwealths include the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. Yes  No

**Enter the City, Town or County where you were married:**

**Enter the city, township, county, village, hamlet, borough, etc. where you were married.**

Enter the City, Town or County where you were married. Enter the City, Township, County, Village, Hamlet, Borough, etc. where you were married.

**If you were married in the U.S., select the State, Territory or Commonwealth where you were married from the list provided.**

**If you were married outside the U.S., make no entry in this field.**

If you were married in the U.S. select the State, Territory or Commonwealth where you were married from the list provided. If you were married outside the U.S., make no entry in this field.

**If you were married outside the U.S., select the Country where you were married from the list provided.**

**If you were married in the U.S. or one of its Territories or Commonwealths, do not select any country on this list.**

If you were married outside the U.S. select the Country where you were married from the list provided. If you were married in the U.S. or one of its Territories or Commonwealths, do not select any country on this list.



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## Information About Most Recent Prior Marriage

For prior marriages, please list the most recent one first and work backwards.

If you do not know the date a marriage began or ended, or you are unsure of the date(s), please enter your best guess in the space provided and explain in the **Remarks** section of the Summary page near the end of this application.

To help us make a correct decision on your claim, also tell us in **Remarks** if:

- a prior marriage of yours or your spouse's did not end; or
- there was some other legal problem with the marriage ceremony to this spouse and what the problem was.

### When were you married?

When were you married? Month



When were you married? Day

When were you married? Year

### What is your prior spouse's first name?

What is your prior spouse's first name?

### What is your prior spouse's last name?

Enter maiden name if female.

What is your prior spouse's last name? Enter maiden name if female.

### What is your prior spouse's Social Security Number?

What is your prior spouse's Social Security number?

Unknown (If prior Spouse's Social Security number check unknown)Unknown

### When was your prior spouse born?

When was your prior spouse born? Month  
your prior spouse born? Year



When was your prior spouse born? Day

When was

**Or prior spouse's age:**

OR Prior Spouse's Age

**How were you married?**

Select the choice from the drop-down list that describes how you were married.

If a member of the clergy or a public official performed your marriage, select "Clergy/Public Official".

If this was a ceremonial marriage but it was not performed by a member of the clergy or public official (e.g., Chinese or certain Native American marriages), select "Other Ceremonial".

How were you married? If this was a ceremonial marriage but it was not performed by a member of the clergy or public official (e.g., Chinese or certain Native American marriages), select "Other Ceremonial". If this was a common law marriage, select "Common Law". If there was a legal problem with the marriage ceremony, explain this in Remarks.

Select One



**Were you married in the United States or a U.S. Territory or Commonwealth?**

The U.S. and its Territories and Commonwealths include the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands.

-  Were you married in the United States or a U.S. Territory or Commonwealth?Yes  Were you married in the United States or a U.S. Territory or Commonwealth?No

**Enter the City, Town or County where you were married:**

Enter the city, township, county, village, hamlet, borough, etc. where you were married.

Enter the City, Town or County where you were married:

If you were married in the U.S., select the State, Territory or Commonwealth where you were married from the list provided.

If you were married outside the U.S., make no entry in this field.

If you were married in the U.S. select the State, Territory or Commonwealth where you were married from the list provided.

If you were married outside the U.S., select the Country where you were married from the list provided.

If you were married in the U.S. or one of its Territories or Commonwealths, do not select any country on this list.

If you were married outside the U.S. select the Country where you were married from the list provided



**Did your marriage end in the United States or a U.S. Territory or Commonwealth?**

**We need to know if your spouse died or the final divorce or annulment from your prior spouse was recorded in the U.S. or one of its Territories or Commonwealths.**

**The U.S. and its Territories and Commonwealths include the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands.**

-  Did your marriage end in the United States or a U.S. Territory or Commonwealth? Yes  Did your marriage end in the United States or a U.S. Territory or Commonwealth? No

**Enter the City, Town or County where your marriage ended.**

Enter the City, Town or County where your marriage ended:

**If your marriage ended in the U.S., select the State, Territory or Commonwealth where your marriage ended from the list provided.**

**If your marriage ended outside the U.S., make no entry in this field.**

If your marriage ended in the U.S. select the State where your marriage ended from the list provided. If your marriage ended outside of the U.S. make no entry in this field.

**If your marriage ended outside the U.S., select the Country where your marriage ended from the list provided.**

**If your marriage ended in the U.S. or one of its Territories or Commonwealths, do not select any country on this list.**

If your marriage ended outside the U.S. select the Country where your marriage ended from the list provided. If your marriage ended in the U.S. or one of its Territories or Commonwealths, do not select any country on this list.

**When did your marriage end?**

**Estimate if you cannot remember or don't know the exact date.**

**If you estimated the date, show this in Remarks.**

When did your marriage end? Estimate if you cannot remember or don't know the exact date. If you estimate the date, show this in Remarks. Month  dWhen did your marriage end? Estimate if you cannot remember or don't know the exact date. If you estimate the date, show this in Remarks. Day  When did your marriage end? Estimate if you cannot remember or don't know the exact date. If you estimate the date, show this in Remarks. Year

**How did your marriage end?**

**Select 'Other' if none of the other choices displayed apply.**

How did your marriage end? Select 'Other' if none of the other choices displayed apply. Select One

**If your prior spouse is deceased, what was the date of death?**

**Estimate if you cannot remember or don't know the exact date.**

If your prior spouse is deceased, what was the date of death? Estimate if you cannot remember or don't know the exact date. Month  If your prior spouse is deceased, what was the date of death? Estimate if you cannot remember or don't know the exact date. Day  If your prior spouse is deceased, what was the date of death? Estimate if you cannot remember or don't know the exact date. Year

**Do you have another prior marriage?**

**If "Yes," we will ask for details on the next screen.**

-  Do you have another prior marriage?Yes  Do you have another prior marriage?No

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## Children of JOHN DOE

Please list the name(s) of your child(ren) who are unmarried and:

- Are under age 18,  
OR
- Are age 18 - 19 and still attending secondary school (below college level),  
OR
- Became disabled before age 22.

This applies to your natural children (including those born out of wedlock), adopted children and step-children; and possibly your grandchildren and step-grandchildren who live with you.

If you have more than 10 children, list the 10 youngest children in the spaces provided. We will contact you later to get the names of the others.

### Child #1:

First Name Child #1 First Name  
Last Name Child #1 Last Name

### Child #2:

First Name Child #2 First Name  
Last Name Child #2 Last Name

### Child #3:

First Name Child #3 First Name  
Last Name Child #3 Last Name

### Child #4:

First Name Child #4 First Name  
Last Name Child #4 Last Name

### Child #5:

file://D:\TEMP\ba015.html

Children

First Name Child #5 First Name

Last Name Child #5 Last Name

**Child #6:**

First Name Child #6 First Name

Last Name Child #6 Last Name

**Child #7:**

First Name Child #7 First Name

Last Name Child #7 Last Name

**Child #8:**

First Name Child #8 First Name

Last Name Child #8 Last Name

**Child #9:**

First Name Child #9 First Name

Last Name Child #9 Last Name

**Child #10:**

First Name Child #10 First Name

Last Name Child #10 Last Name

**Do you have additional children as described above?**

**If "Yes", we will contact you for the additional names after we have received your application.**

-  Do you have additional children as described above? If "Yes", we will contact you for the additional names after we have received your application. Yes  No

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# Military Information for JOHN DOE

You indicated that you were in the United States Military.

Please provide all periods of

- Active Duty,
- Active Duty for Training (ACDUTRA - e.g., Basic Training, Boot Camp, Summer Camp, cruises, etc.) and/or
- Reserve Duty (if the information is for a period of monthly, weekly or other periodic drills or meetings while in the Reserve).

You can enter up to 10 periods of military service data. Enter the following information for each period of your U.S. military service beginning with the earliest period first. If you cannot remember or don't know the exact dates, you can estimate your Start and/or End date(s). If you know the month and year but are unsure of the day, you may use "02" as the day. If you know only the year, you may use "January" as the month and "02" as the day.

## Information about your service

### Period 1

#### Type of Duty:

Type of Duty  Select One

#### Branch of Service:

Branch of Service  Select One

#### Start Date:

Start Date Month  Start Date Day  Start Date Year

#### End Date:

End Date Month  End Date Day  End Date Year   End Date Not Ended

### Period 2

**Type of Duty:**

Type of Duty  Select One

**Branch of Service:**

Branch of Service  Select One

**Start Date:**

Start Date Month  Start Date Day  Start Date Year

**End Date:**

End Date Month  End Date Day  End Date Year   End Date Not EndedNot Ended

**Period 3**

**Type of Duty:**

Type of Duty  Select One

**Branch of Service:**

Branch of Service  Select One

**Start Date:**

Start Date Month  Start Date Day  Start Date Year

**End Date:**

End Date Month  End Date Day  End Date Year   End Date Not EndedNot Ended

**Period 4**

**Type of Duty:**

Type of Duty  Select One

**Branch of Service:**

Branch of Service  Select One

**Start Date:**

Start Date Month  Start Date Day  Start Date Year

**End Date:**

End Date Month  End Date Day  End Date Year   End Date Not EndedNot Ended

**Period 5**

**Type of Duty:**

Type of Duty Select One

**Branch of Service:**

Branch of Service Select One

**Start Date:**

Start Date Month  Start Date Day  Start Date Year

**End Date:**

End Date Month  End Date Day  End Date Year   End Date Not EndedNot Ended

**Period 6**

**Type of Duty:**

Type of Duty Select One

**Branch of Service:**

Branch of Service Select One

**Start Date:**

Start Date Month  Start Date Day  Start Date Year

**End Date:**

End Date Month  End Date Day  End Date Year   End Date Not EndedNot Ended

**Period 7**

**Type of Duty:**

Type of Duty Select One

**Branch of Service:**

Branch of Service  Select One

**Start Date:**

Start Date Month  Start Date Day  Start Date Year

**End Date:**

End Date Month  End Date Day  End Date Year   End Date Not EndedNot Ended

**Period 8**

**Type of Duty:**

Type of Duty  Select One

**Branch of Service:**

Branch of Service  Select One

**Start Date:**

Start Date Month  Start Date Day  Start Date Year

**End Date:**

End Date Month  End Date Day  End Date Year   End Date Not EndedNot Ended

**Period 9**

**Type of Duty:**

Type of Duty  Select One

**Branch of Service:**

Branch of Service  Select One

**Start Date:**

Start Date Month  Start Date Day  Start Date Year

**End Date:**

End Date Month  End Date Day  End Date Year   End Date Not EndedNot Ended

**Period 10**

**Type of Duty:**

Type of Duty Select One

**Branch of Service:**

Branch of Service Select One

**Start Date:**

Start Date Month  Start Date Day  Start Date Year

**End Date:**

End Date Month  End Date Day  End Date Year   End Date Not EndedNot Ended

**Do you have more than 10 periods of service?**

**If "Yes," we will contact you for the additional information after we receive your application.**

-  Do you have more than 10 periods of service? If "Yes", we will contact you for the additional information after we receive your application. Yes  No

**Do you receive or are you eligible to receive a Military or Civilian Federal Agency benefit?**

-  Do you receive or are you eligible to receive a Military or Civilian Federal Agency benefit? Yes  No

**If "Yes," which type?**

If "Yes", what type? Select One

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## Work History for JOHN DOE

You said that you have been employed in 2005 or 2006. Please give us some information about your employer(s) for these years only.

You may enter information for up to 9 employers. Depending on your answers, we may need to contact you for more information about your work activity.

### Do we have your permission to contact your employer(s) if necessary?

If you give us permission, we may contact your employer(s) directly to obtain any evidence we need.

-  Do we have your permission to contact your employer(s) if necessary? If you give us permission, we may contact your employer(s) directly to obtain any evidence we need. Yes  No

### Are you a corporate officer with your employer?

-  Are you a corporate officer with your employer? Yes  No

### Are you related to a corporate officer of your employer?

Includes by blood or marriage.

-  Are you related to a corporate officer of your employer? Includes by blood or marriage. Yes  No

### Did you work for a family corporation or other closely held corporation from which you received earnings?

(e.g., a family-run business or one run by close friends).

-  Did you work for a family corporation or other closely held corporation from which you received earnings? (e.g., a family-run business or one run by close friends). Yes  No

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# Employers

## Employer # 1

On this page we ask for details about your employers. You can provide information about up to 9 employers in 2005 or 2006.

### Employer Name:

Employer Name

### Employer Address:

Street Address 1

### Employer City:

City

### Employer State:

State

### Employer Zip Code:

ZIP Code

### Date Employment Began:

Date Employment Began Month  Date Employment Began Year

### Date Employment Ended:

Date Employment Ended Month  Date Employment Ended Year   
 Date Employment Ended Not EndedNot Ended

### Did you have another employer in 2005 or 2006?

-  Did you have another employer in or ? If "Yes", we will contact you for additional information after we receive your application. Yes  No

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## Self-Employment Information for JOHN DOE

You said that you have been self-employed in 2005, 2006, and/or 2007. Please give us some information about your business(es). Respond to any year that applies.

### Do you expect to be self-employed in 2007?

-  Do you expect to be self-employed in {insert variable}? Yes  No

**If "Yes," enter your type of business.**

If Yes enter your type of business.

### Do you expect your net income from self-employment to be over \$400 in 2007?

-  Do you expect your net income from self-employment to be over \$400 in {insert variable}? Yes  No

**Are you, were you, or do you expect to be self-employed in 2006?**

-  Are you, were you, or do you expect to be self-employed in {insert variable}? Yes  No

**If "Yes," enter your type of business.**

If Yes enter your type of business.

### Do you expect your net income from self-employment to be over \$400 in 2006?

-  Have you been, or will you be working for an employer in {year}? Yes  No

**Were you self-employed in 2005?**

-  Were you self-employed in {insert variable}? Yes  No

**If "Yes," enter your type of business.**

If Yes enter your type of business.

**Was your net income from self-employment over \$400 in 2005?**

-  Was your net income from self-employment over \$400 in {insert variable}? Yes  No

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## Earnings Information for JOHN DOE

You said that you worked or were self-employed. Please give us a little information about your earnings in the years below.

You can work while you receive Social Security benefits. And when you do, it could mean a higher benefit for you. That can be important to you later in life. It also could increase the future benefit amounts your family and/or survivors may receive.

In 2000, the law that determines what happens when you work and receive benefits at the same time was changed. If you continue working, your earnings may cause a deduction from your benefit amount. Once you reach full retirement age you can earn as much as you want without your benefits being affected. We will use this formula to determine your benefit deduction:

- If you are under full retirement age when you start receiving Social Security payments, \$1 in benefits will be deducted for each \$2 you earn above the annual limit. For 2005, the limit is \$12,000. For 2006, the limit is \$12,480. For 2007, the limit is \$12,960.
- In the year you reach full retirement age, \$1 in benefits will be deducted for each \$3 you earn above a different limit, but only counting earnings for the months before you reach full retirement age. For 2005, this other limit is \$31,800. For 2006, this limit is \$33,240. For 2007, the limit is \$34,440.

*Starting with the month you reach full retirement age, you may receive your benefits with no limit on your earnings.*

**What is the total amount of your earnings for 2005 (include net earnings from self-employment over \$400 and all wages and tips)? Estimate if necessary.**

\$ What is the total amount of your earnings for 2005 (include net earnings from self-employment over \$400 and all wages and tips)? Estimate if necessary. \$ .00

**Did you earn over \$ 1,000 a month or perform substantial services in self-employment in all months of 2005?**

-  Did you earn over \$1,000 or perform substantial services in self-employment in all months of 2005? Yes  No  
If "No," in which months did you earn \$1,000 or less?

If No, in which months did you earn \$1,000 or less? All

JanuaryJanuary  FebruaryFebruary  MarchMarch  AprilApril  MayMay  JuneJune  JulyJuly

AugustAugust  SeptemberSeptember  OctoberOctober  NovemberNovember  DecemberDecember

**What is the total amount of your earnings for 2006 (include net earnings from self-employment over \$400 and all wages and tips)? Estimate if necessary.**

\$ What is the total amount of your earnings for 2006 (include net earnings from self-employment over \$400 and all wages and tips)? Estimate if necessary. \$ .00

**Do you expect to earn over \$1,040 a month or perform substantial services in self-employment in all months of 2006?**

-  Do you expect to earn over \$1,040 a month or perform substantial services in self-employment in all months of 2006? Yes  No

**If "No," in which months do you expect to earn \$1,040 or less?**

If No, in which months do you expect to earn \$1,040 or less? All

January January  February February  March March  April April  May May  June June  July July  
 August August  September September  October October  November November  December December

**What is the total amount of your earnings for 2007 (include net earnings from self-employment over \$400 and all wages and tips)? Estimate if necessary.**

\$ What is the total amount of your earnings for 2007 (include net earnings from self-employment over \$400 and all wages and tips)? Estimate if necessary. \$ .00

**Do you expect to earn over \$2,870 a month or perform substantial services in self-employment in all months of 2007?**

-  Do you expect to earn over \$2,870 a month or perform substantial services in self-employment in all months of 2007? Yes  No

**If "No," in which months did you earn \$2,870 or less?**

If No, in which months did you earn \$2,870 or less? All

January January  February February  March March  April April  May May  June June  July July  
 August August  September September  October October  November November  December December

**Do any of your total earnings include special payments paid in one year but earned in another year?**

-  Do any of your total earnings include special payments paid in one year but earned in another year? Yes  No

**Your most recent earnings may not be recorded on your earnings record. We will automatically update your record with these earnings. However, this may take up to two years. When we update your record we will also automatically recalculate your benefit amount and send you any increase you may be due. If you do not wish to wait for this update, answer the following question "Yes" and submit your W-2 form(s) and/or self-employment tax returns for last year.**

**Do you want us to include your recent earnings when we compute your Social Security benefits?**

-  Do you want us to include your recent earnings when we compute your Social Security benefits? Yes  No

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## When Social Security Benefits Should Begin for JOHN DOE

We need to know when you would like your benefit to begin. We understand that many different factors can affect when you want to begin receiving your payments.

**Based on your date of birth:**

**You can receive reduced benefits as early as 01/2007. (Option 1)**

For additional information, read [Deciding When You Wish to Receive Benefits](#).

Please read the following carefully and tell us when you want to start receiving Social Security benefits.

### SELECT ONE OF THE OPTIONS BELOW.

If you **want your benefits to begin as soon as possible**, Option 1 is usually your best choice. The date displayed in this option is the **later** of the first month you were age 62 for an entire month or the first month you established an intent to file an application after you attained age 62.

If you select Option 1 and you worked this year, we will reevaluate your first month of entitlement to benefits at the end of the year to be sure that you receive the most benefits possible. Our review will be based on the wages reported on the Form-W2 and self-employment income reported to the Internal Revenue Service. We will contact you if necessary.

-  Select one of the options below. Option 1: I want my benefits to begin in 01/2007. I understand that this is the most advantageous month even if this month is before my full retirement age and may cause my benefits to be permanently reduced. Option 1: I want my benefits to begin in 01/2007. I understand that this is the most advantageous month even if this month is before my full retirement age and may cause my benefits to be permanently reduced.

Select Option 2 and enter a date **only** if you have a specific reason **other than your work and earnings** to delay receipt of Social Security benefits.

For example, you are currently receiving unemployment insurance payments that would be offset by Social Security benefits or you have an income tax liability and it would be more advantageous for you to delay receipt of Social Security benefits.

**Note: If you select Option 2, the date you choose must be within the next 4 months and you must specify the reason for choosing this option. After receiving your application, we will read your explanation to be certain**

**that you understand the full impact of your decision.** As long as the explanation indicates that you fully understood your options, **we will process your claim using the month you choose without any further discussion.** If we think a different month would be a better choice, we will contact you to **discuss it further.** **When you reach the 'Summary of Information Provided' page, please confirm that you have given us a number where you can easily be reached during the day.** If we are unable to quickly contact you, your benefits may be delayed.

-  Option 2: I want my benefits to begin in Option 2: I want my benefits to begin in because . I am aware that either a higher initial payment or a higher continuing payment amount may be possible, but I choose not to take it.

Option 2: I want my benefits to begin in Year

because Reason For Selection

I am aware that either a higher initial payment or a higher continuing payment amount may be possible, but I choose not to take it.

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## When Social Security Benefits Should Begin for JOHN DOE

We need to know when you would like your benefit to begin. We understand that many different factors can affect when you want to begin receiving your payments.

### Based on your date of birth:

**You can receive reduced benefits as early as 11/2006. (Option 1)**

**You are eligible for unreduced benefits in 03/2007. (Option 2)**

For additional information, read [Deciding When You Wish to Receive Benefits](#).

## BENEFIT OPTIONS COMPARISON CHART

Since you are near your full retirement age, you may want to consider the potential difference in the long term between reduced and unreduced benefits before choosing when you want your benefits to start. The figures used in the following chart are for comparison purposes only and do not reflect your actual benefit amount.

Situation	Example & Explanation	Comparison
Situation 1  High benefit amount with the possibility of one additional month of entitlement to reduced benefits.	John Smith files for benefits on February 14 and reaches full retirement age on March 16 of this year. His full benefit in March is \$1,573, and reduced benefit in February is \$1,564 or \$9 less than his full benefit. By choosing a reduced benefit in February, Mr. Smith would receive \$1,564 for the month of February and thereafter. At \$9 a month difference, it would take Mr. Smith 14 years and 6 months beginning in March to recover the loss he would have experienced if he elected not to receive reduced benefits in February.	\$1,573 Full amount - 1,564 Reduced amount <hr/> \$ 9 Less  \$1,564 - one additional month of benefits for February  $\$1,564 \div \$9 = 173.7$ months or 14 years and 6 months
	Bernice Jones files for benefits on March 25 and	\$858 Full amount

<p>Situation 2</p> <p>Average benefit amount with the possibility of four additional months of entitlement to reduced benefits.</p>	<p>reaches full retirement age on July 12 of this year. Her full benefit in July is \$858, and reduced benefit in March is \$838 or \$20 less than her full benefit. By choosing a reduced benefit in March, Ms. Jones would receive a total of \$3,352 from March through June. At \$20 a month difference, it would take Ms. Jones exactly 14 years beginning in July to recover the loss she would have experienced if she elected not to receive reduced benefits from March through June.</p>	<p>- 838 Reduced amount</p> <hr/> <p>\$ 20 Less</p> <p><math>\\$838 \times 4 = \\$3,352</math> - four additional months of benefits for March through June</p> <p><math>\\$3,352 \div \\$20 = 167.6</math> months or 14 years</p>
<p>Situation 3</p> <p>Low benefit amount with the possibility of four additional months of entitlement to reduced benefits.</p>	<p>Jason Lynch files for benefits on January 3 and reaches full retirement age on May 27 of this year. His full benefit in May is \$216, and reduced benefit in January is \$211 or \$5 less than his full benefit. By choosing a reduced benefit in January, Mr. Lynch would receive a total of \$844 from January through April. At \$5 a month difference, it would take Mr. Lynch 14 years and one month beginning in May to recover the loss he would have experienced if he elected not to receive reduced benefits from January through April.</p>	<p>\$216 Full amount</p> <p>- 211 Reduced amount</p> <hr/> <p>\$ 5 Less</p> <p><math>\\$211 \times 4 = \\$844</math> - four additional months of benefits for January through April</p> <p><math>\\$844 \div \\$5 = 168.8</math> months or 14 years and one month</p>

Please read the following carefully and tell us when you want to start receiving Social Security benefits.

## SELECT ONE OF THE OPTIONS BELOW.

If you **want your benefits to begin as soon as possible**, Option 1 is usually your best choice. The date displayed in this option should be the current month or the first month you established an intent to file this application.

If you select Option 1 and you worked this year, we will reevaluate your first month of entitlement to benefits at the end of the year to be sure that you receive the most benefits possible. Our review will be based on the wages reported on the Form-W2 and self-employment income reported to the Internal Revenue Service. We will contact you if necessary.

-  Select one of the options below. Option 1: I want my benefits to begin in 11/2006. I understand that this is the most advantageous month even if this month is before my full retirement age and may cause my benefits to be permanently reduced. Option 1: I want my benefits to begin in 11/2006. I understand that this is the most advantageous month even if this month is before my full retirement age and may cause my benefits to be permanently reduced.

If you **do not want your benefits permanently reduced**, Option 2 is usually your best choice. The date displayed in this option should be the month and year you reach your full retirement age.

If you select Option 2 and you worked this year, we will reevaluate your first month of entitlement to benefits at the end of the year to be sure that you receive the most benefits possible. Our review will be based on the wages reported on the Form-W2 and self-employment income reported to the Internal Revenue Service. We will contact you if necessary.

-  Option 2: I want my benefits to begin in 03/2007. I am within 4 months of my full retirement age and want my benefits to begin with the earliest month possible without any age-related reduction. Option 2: I want my benefits to

begin in **03/2007**. I am within 4 months of my full retirement age and want my benefits to begin with the earliest month possible without any age-related reduction.

Select Option 3 and enter a date **only** if you have a specific reason **other than your work and earnings** to choose a month other than the ones recommended in the options above.

For example, you are currently receiving unemployment insurance payments that would be offset by Social Security benefits or you have an income tax liability and it would be more advantageous for you to delay receipt of Social Security benefits.

**Note:** If you select Option 3, the date you choose must be within the next 4 months and you must specify the reason for choosing this option. **After receiving your application, we will read your explanation to be certain that you understand the full impact of your decision.** As long as the explanation indicates that you fully understood your options, **we will process your claim using the month you choose without any further discussion.** If we think a different month would be a better choice, we will contact you **to discuss it further.** **When you reach the 'Summary of Information Provided' page, please confirm that you have given us a number where you can easily be reached during the day.** If we are unable to quickly contact you, your benefits may be delayed.

-  Option 3: I want my benefits to begin in Option 2: I want my benefits to begin in . I am within four months of my full retirement age and want my benefits to begin with the earliest month possible without any age-related reduction.

Option 3: I want my benefits to begin in because I am aware that either a higher initial payment or a higher continuing payment amount may be possible, but I choose not to take it.

because Reason For Selection

I am aware that either a higher initial payment or a higher continuing payment amount may be possible, but I choose not to take it.

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## When Social Security Benefits Should Begin for JOHN DOE

We need to know when you would like your benefit to begin. We understand that many different factors can affect when you want to begin receiving your payments.

**Based on your date of birth:**

**You are eligible for unreduced benefits in 11/2006. (Option 1)**

For additional information, read [Deciding When You Wish to Receive Benefits](#).

**Please read the following carefully and tell us when you want to start receiving Social Security benefits.**

### **SELECT ONE OF THE OPTIONS BELOW.**

If you **want your benefits to begin as soon as possible**, Option 1 is usually your best choice. The date displayed in this option should be the month and year you reached your full retirement age.

-  Option 1: I want my benefits to begin in 11/2006, which is the earliest month possible.

Select Option 2 and enter a date **only** if you have a specific reason to delay receipt of Social Security benefits.

For example, you are currently receiving unemployment insurance payments that would be offset by Social Security benefits or you have an income tax liability and it would be more advantageous for you to delay receipt of Social Security benefits.

**Note:** If you select Option 2, the date you choose must be after 11/2006 but within the next 4 months and you must specify the reason for choosing this option. **After receiving your application, we will read your explanation to be certain that you understand the full impact of your decision.** As long as the explanation indicates that you fully understood your options, we will process your claim using the month you choose without any further discussion. If we think a different month would be a better choice, we will contact you to discuss it further. **When you reach the 'Summary of Information Provided' page, please confirm that you have given us a number where you can easily be reached during the day.** If we are unable to quickly contact you, your benefits may be delayed.

-  Option 2: I want my benefits to begin in because I am aware that either a higher initial payment or a higher continuing payment amount may be possible, but I choose not to take it.

Option 2: I want my benefits to begin in Year

because Reason For Selection

I am aware that either a higher initial payment or a higher continuing payment amount may be possible, but I choose not to take it.

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## When Social Security Benefits Should Begin for JOHN DOE

We need to know when you would like your benefit to begin. We understand that many different factors can affect when you want to begin receiving your payments.

### Based on your date of birth:

**You are eligible for unreduced benefits in 05/2006. (Option 1)**

For additional information, read [Deciding When You Wish to Receive Benefits](#).

**Please read the following carefully and tell us when you want to start receiving Social Security benefits.**

### **SELECT ONE OF THE OPTIONS BELOW.**

If you want your benefits to begin as soon as possible, Option 1 is usually your best choice.

-  Select one of the options below. Option 1: I want my benefits to begin in 05/2006, which is the earliest month possible. Option 1: I want my benefits to begin in **05/2006**, which is the earliest month possible.

Select Option 2 and enter a date **only** if you have a specific reason to delay receipt of Social Security benefits.

For example, you are currently receiving unemployment insurance payments that would be offset by Social Security benefits or you have an income tax liability and it would be more advantageous for you to delay receipt of Social Security benefits.

**Note:** If you select Option 2, the date you choose must be after 05/2006 but within the next 4 months and you must specify the reason for choosing this option. **After receiving your application, we will read your explanation to be certain that you understand the full impact of your decision.** As long as the explanation indicates that you fully understood your options, we will process your claim using the month you choose without any further discussion. If we think a different month would be a better choice, we will contact you to discuss it further. **When you reach the 'Summary of Information Provided' page, please confirm that you have given us a number where you can easily be reached during the day.** If we are unable to quickly contact you, your benefits may be delayed.

-  Option 2: I want my benefits to begin in Option 2: I want my benefits to begin in because I am aware that either a higher initial payment or a higher continuing payment amount may be possible, but I choose not to take it.

Option 2: I want my benefits to begin in Year

because Reason For Selection

I am aware that either a higher initial payment or a higher continuing payment amount may be possible, but I choose not to take it.

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## Delay Retirement Benefits for JOHN DOE

If we determine that you are eligible to receive **both** a retirement benefit and a spouse's benefit, you may choose to delay receiving your retirement benefit. Why? If you choose to delay your retirement benefit, you will receive a special credit for each month in which you are eligible for, but do not receive, retirement benefits before you reach age 70. This means the retirement benefits you receive at a later date will be higher than they would be if you elect to receive them now. And during the time in between, you will receive benefits based on your spouse's earnings.

**Do you wish to delay receipt of your retirement benefit if we determine that you are eligible for both a retirement and a spouse's benefit?**

**If yes, we will contact you after we receive your signed application.**

-  Do you wish to delay receipt of your retirement benefit if we determine that you are eligible for both a retirement and a spouse's benefit? If "Yes", we will contact you after we receive your signed application. Yes  No

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## Medicare Enrollment Information for JOHN DOE

You are within 3 months of age 65 or older. You are eligible for Medicare at age 65. We need to ask you a few questions about Medicare.

You are automatically enrolled in Medicare Part A (Hospital Insurance) at age 65. You can elect to enroll in Medicare Part B (Supplementary Medical Insurance). Part B pays for most of the costs of doctors' services and related medical services that are not covered by the Hospital Insurance. There is a monthly premium charge for Part B. Under a recent change in the law, people with higher incomes (over \$80,000 for individuals and over \$160,000 for couples) may be subject to a higher premium. This premium will automatically be deducted from your Social Security benefits if you enroll in Part B. In some cases, your state may pay the premium for you.

The Federal Government helps pay for the cost of your Part B insurance. The amount of your premium and the government's payment are based on the cost of services covered by medical insurance. You will receive advance notice if there is any change in your premium amount.

If you enroll in Part B more than three months after you turn 65, your Part B premium may be higher. The premium amount will be increased by 10% for each 12 month period you do not have Part B coverage. We will tell you if your premium amount is higher. If you decide not to enroll at age 65 and you change your mind later, you may have to wait until the next calendar year to enroll and your premiums may be higher.

**Note:** If you are already enrolled in Medicare Part B on your own Social Security number, your coverage will continue as is.

### Do you wish to enroll in Medicare Part B?

Select "No" if you are already enrolled under your own SSN.

-  Do you wish to enroll in Medicare Part B? (Select "No" if you are already enrolled under your own SSN)Yes

Do you wish to enroll in Medicare Part B? (Select "No" if you are already enrolled under your own SSN)No

-  Already enrolled under another SSN

### Medicaid

Medicaid is a jointly-funded, Federal-State health insurance program for certain low-income and needy people. Eligibility requirements vary for each State, and many States use a different name for Medicaid (e.g., MediCal in California or the Arizona Health Care Cost Containment System in Arizona). The Medicaid program is administered by the Centers for Medicare and Medicaid Services under the Department of Health and Human Services. If you are eligible, your State may pay your Medicaid premium.

**Are you receiving Medicaid?**

-  Are you receiving Medicaid?Yes  Are you receiving Medicaid?No

**Are you covered under a group health plan through your own or your spouse's employment?**

-  Are you covered under a group health plan through your own or your spouse's employment?Yes  Are you covered under a group health plan through your own or your spouse's employment?No

If we determine that you are not entitled to Social Security benefits but you still want Medicare coverage, you should call 1-800-772-1213 toll-free to arrange an appointment. If you are deaf or hard of hearing, call our toll-free TTY number, 1-800-325-0778. You can also call the toll-free number for the Centers for Medicare & Medicaid Services at 1-800-633-4227 (TTY 1-877-486-2048) for general Medicare-related information.

## The Medicare Prescription Drug Program

The Medicare Prescription Drug program offers help with your prescription drug costs, and gives you a choice of prescription drug plans that provide various types of coverage.

You may also be eligible to receive extra help to pay for the premiums, annual deductible, and co-payments of the Medicare Prescription Drug program. But before you can receive this extra help, you must complete an Application for Help with Medicare Prescription Drug Plan Costs and submit it to Social Security. You can do this over the Internet **after you complete this Internet application.**

At the end of this application, we will provide a link to another Social Security website where you will find more detailed information about enrolling in the Medicare Prescription Drug program and the eligibility requirements for receiving the extra help mentioned above.

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## Where Do You Want Your Claim Processed?

You may choose to have your electronic claim handled in a special processing unit for claims submitted electronically via the Internet. If you select this option, you will also be asked to **mail** any documents we may need to this address.

**OR**

You may choose to have your electronic claim processed in your local Social Security office. If you select this option, you will also be asked to **mail or bring** any documents we may need to this address.

**Please select one of the options below.**

-  I want my claim handled in a special processing unit. The address of my special processing unit is:

SOCIAL SECURITY ADMIN  
BIRMINGHAM ICTU  
P.O. BOX 830684  
BIRMINGHAM, AL 35283

-  I want my claim processed in a Social Security office. The address of my local office is:

SOCIAL SECURITY  
7401C FORBES BLVD  
SEABROOK, MD 20706

**Please write down the address you selected or print this page using your browser's print function. You will need this address if you have questions about the processing of your claim or you have documents to submit.**

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## Summary Information for JOHN DOE

Please review the information below. If you need to make changes, select the "**Fix**" button at the end of the section where you need to make the change. Changes may require additional information to be entered or changed on subsequent pages.

Once you're satisfied that all your information is correct, **you may print this page for your records**. You should then read the **Perjury Statement** at the bottom of the page, verify all of your information for accuracy and select the "**SIGN NOW**" button to send your completed electronic application to the Social Security Administration. On the following page, we'll tell you what documents we need to see.

### Identification Information

Your Name: **JOHN DOE**.

Your Social Security Number: **743181220**.

Your Date of Birth: **11/01/1941**.

Your Address is:

**123 MAIN STREET  
ANYWHERE, NC 23173**

Your home phone number is: **(800) 111 - 2222**.

Your daytime phone number is: **(800) 111 - 3333**.

The best time to reach you is: **12 Noon - 5 PM**.

During the past 14 months, you have been unable to work due to illnesses, injuries or conditions that lasted, or are expected to last at least 12 months, or could be expected to result in death. You stopped working due to illnesses, injuries or conditions beginning **07/07/2004**.

You have not filed and do not intend to file for Supplemental Security Income payments.

Your e-mail address: **NOONE@NOWHERE.COM**

**Fix Identification Information**

### Disability Information

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1/26/2007

You **do not** have any illness, injuries or conditions that limit your ability to work.

You **are** blind.

Your disability **is** related to work.

You became able to return to work on: **12/2005**.

You **did not** receive money from an employer on or after the date you became unable to work.

You **do not** expect to receive money from an employer on or after the date you became unable to work.

You **do not** have any parents who received support from you when you became unable to work.

You **do** authorize the release of your medical information.

You **do** wish to receive reduced Retirement benefits while waiting for your Disability decision.

You **have** filed or intend to file for workers' compensation or other public disability benefits.

Your disability is work-related and you **have** filed, or **do** intend to file for workers' compensation or other public disability benefits.

You had a child of yours (or your spouse's) under age 3 living with you during the following years with no earnings: **1990**.

Fix Disability Information

### Other Names Information

Other name(s) you have used:

**JACK SMITH**

Fix Other Name Information

### Other Social Security Number Information

Other Social Security Numbers you have used: **111111111**

Fix Other Social Security Number Information

### Personal Information

You are: **Male**.

You **were not** born in the U.S.

Your city and country of birth is: **ISBAVILLE, ANTARCTICA**.

You **have public** records of your birth prior to age 5.

You **do not have religious** records of your birth prior to age 5.

You **do not** have open felony warrants.

You **do not** have any open Federal or State warrants for probation or parole violations.

You **do not** want your benefits deposited in your bank (or other financial institution) account.

You prefer to speak **English**.

You prefer to read **English**.

You **do not** want to register a password.

Fix Personal Information

### **Citizenship and Country of Birth Information**

You became a U.S. Citizen by **being born of U.S. Citizens Outside the U.S.** on 11/01/1941.

Fix Citizenship and Country of Birth Information

### **Additional Information**

You **have** been married.

You **have** eligible children.

You **did** serve in the United States military.

You **have** been or **will** be employed in 2005, 2006, and/or 2007.

You **have** been or **will** be self-employed in 2005, 2006, and/or 2007.

You **have not** worked for the railroad for 5 years or more.

Your spouse or prior spouse **has not** worked for the railroad for 5 years or more.

You **are not** receiving nor expect to receive a railroad pension or annuity.

Your spouse or prior spouse **is not** receiving nor expects to receive a railroad pension or annuity.

You **did not work** for the Federal Government in January 1983.

Your spouse or prior spouse **did not work** for the Federal Government in January 1983.

You **agree** with your earnings history as shown on your Social Security Statement.

You **are not** included in another country's social security system.

Your spouse **is not** included in another country's social security system.

**Summary Information**

You **have not** taken a vow of poverty.

You **have not** previously filed for Social Security benefits.

You **have not** previously filed for Supplemental Security Income benefits.

You **have not** previously filed for Medicare.

**Fix Additional Information**

**Marriage Information****Current Marriage Information**

You are currently married to **MARY SMITH**.

You were married on **04/24/1999**.

Your spouse's Social Security number is **unknown**.

**MARY SMITH** is **50** years old.

You were married by **clergy or public official**.

You were married in **ISBAVILLE, VIRGINIA**.

**Prior Marriage Information**

You were previously married on **04/24/1978**.

You were previously married to **JANE JONES**.

Your prior spouse's Social Security Number is **unknown**.

**JANE JONES** was born on **08/16/1940**.

You were previously married by **clergy or public official**.

You were previously married in **LAS VEGAS, NEVADA**.

Your marriage ended in **AUGUSTA, GEORGIA**.

Your marriage ended on **10/10/1980**.

Your marriage ended by **divorce**.

**Fix Marriage Information**

**Children Information**

You have **1** eligible children named:

file:///D:/TEMP/ba024.html

**JIMMY DOE**

Fix Children Information

**Military Service Information**

You served **reserve** duty in the **Army** from **01/01/1960** to **01/01/1965**.

You **are not** receiving or you **are not** eligible to receive a military or civilian Federal agency benefit.

Fix Military Service Information

**Work History Information**

You **have not** given Social Security your permission to contact your employer(s) if necessary.

You **are not** a corporate officer with your employer.

You **are not** related to a corporate officer of your employer.

You **are not** a member of a family corporation or other closely held corporation from which you receive earnings.

You were employed by **XYZ, INC., 123 MAPLE STREET, HOMETOWN, NM 13579**. Your employment began **04/1997** and ended **04/1999**.

Fix Work History Information

**Self-Employment Information**

You **will** be self-employed in **2007**. Your business is **TUTOR**.

You **do not** expect to earn over \$400 in net self-employment income in **2007**.

You **will not** be self-employed in **2006**.

You **were not** self-employed in **2005**.

Fix Self-Employment Information

**Earnings Information**

Your total earnings from work or self-employment in **2005** were **\$66**.

You **did not** earn over **\$1,000** in any month of **2005**.

Your total earnings from work or self-employment in **2006** are or will be **\$66**.

You expect to earn over **\$1,040** a month in all months of **2006**.



You expect your total earnings from work or self-employment in 2007 are or will be \$66.

You expect to earn over \$2,870 a month in all months of 2007.

Your total earnings **do not** include special payments.

You **do not** want us to include your recent earnings when we compute your Social Security benefits.

Fix Earnings Information

### Start of Benefits Information

You want your benefits to begin in 01/2007 even if your benefits may be permanently reduced.

Fix Start of Benefits Information

### Medicare Enrollment Information

You are **not** receiving Medicaid.

You are **not** covered under a group health plan through your own or your spouse's current employer.

Fix Medicare Enrollment Information

**If you need to discuss a particular question and the response you provided, please enter some information about it in the Remarks box below. A Social Security employee will call you to review this after we receive your application. We may also contact you if we directed you to explain an item in Remarks (e.g., marriage related issue). In addition use this area to provide us with the name of a person who can take a message for you.**

**If you are an authorized representative for this claimant, please enter your full name, associated firm or organization (if applicable), complete address and phone number (including area code) in this box.**

**750 characters maximum. This is about 15 lines of typing.**

Remarks

**PLEASE READ THE FOLLOWING PERJURY STATEMENT CAREFULLY BEFORE SENDING YOUR CLAIM:**

**I understand and agree that my application will be signed electronically by selecting "SIGN NOW" below. I also understand that my electronic signature means that I intend to file for benefits and have provided the Social Security Administration with accurate information. I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.**

**When you select "Sign Now," you will be sending your completed application electronically to the Social Security Administration. You will no longer be able to change your information. Please review your information before selecting "Sign Now."**

**REMINDER:** If you are applying on behalf of someone else, you cannot use the "SIGN NOW" button below. Only the actual claimant can sign his or her application. To avoid any potential loss of benefits for the claimant, call **1-800-772-1213** toll-free as soon as possible to arrange an appointment over the phone or in person at a Social Security office. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**.

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## What You Need to Do Now!

**Thank You! Your electronic application has been received. Please print this screen now or write down the information that applies to you.**

It will list the address where you sent your completed application, advise you where to submit your documents, give you information about changes you must report and repeat the confirmation number you need to check the status of your claim on the Internet. You will not be able to return here if you go to another screen.

**We cannot complete processing your claim until we have received and verified all of your required documents.**

If you discover that something is incorrect on the electronic application you sent, please submit the corrections to the office you chose to process your claim, along with any documents.

**If you indicated that you intend to file a Supplemental Security Income (SSI) application and we do not hear from you within 60 days, you may lose SSI benefits. Call our toll-free number at 1-800-772-1213 to arrange an appointment to file for SSI. If you are deaf or hard of hearing, call our toll-free TTY number, 1-800-325-0778. These claims cannot be applied for over the Internet.**

## Documents You Need to Submit to Social Security

**You must submit your Original Birth Certificate or a Certified Copy of your birth certificate or other **proof of birth** to the office you choose to process your claim. **And, if applicable**, you must also submit proof of your:**

- **Citizenship/Naturalization** (if other than your U.S. birth certificate);
- **U.S. Military Service** (e.g., DD214 - Certificate of Release or Discharge from Active Duty);
- **Wages from your employer** for last year (e.g., copy of your W-2 form);
- **Self-employment income** for last year (e.g., IRS Schedules C and SE); and
- If we determine that you qualify for benefits as a spouse, we may also need proof of your marriage. We will contact you if necessary after we receive your application.

**Note:** If you have already proven your date of birth and citizenship status while filing a claim for another benefit administered by Social Security (e.g. Medicare, Supplemental Security Income, prior Social Security disability, etc.), you do not have to submit these proofs again.

**We must see your original birth certificate or other proof of age. We cannot accept photocopies unless they are certified by the office that issued the original. If Citizenship or Naturalization is involved, we also must see your**

**original documents.** For your convenience, we can accept uncertified copies of your military service papers, W-2 or IRS Schedule C or SE forms. **We will return all documents and photocopies to you unless you specifically tell us otherwise.**

**Do not delay mailing or bringing in your documents, even if you do not have all the documents we need.** We will help you get any other documents you need.

## **Where Do I Submit My Documents?**

Please mail or take the documents we indicated we need to:

SOCIAL SECURITY ADMIN  
BIRMINGHAM ICTU  
P.O. BOX 830684  
BIRMINGHAM, AL 35283

You can also submit your documents to a Social Security office other than the one you chose to process your claim.

**Note:** If you mail any documents to us, we must have your Social Security number so that we can match them with your claim. Please write your Social Security number on a separate sheet of paper and include it in the mailing envelope along with your documents. **Do not write anything on your original documents.** If you do not want to mail your documents or photocopies, you may bring them to the Social Security office where they will be examined and returned to you. Or, if a later office visit becomes necessary, you may bring them with you at that time.

**Caution: Do not** mail foreign birth records or any Department of Homeland Security (DHS) documents to us - especially those you are required to keep with you at all times. These documents are extremely difficult, time-consuming and expensive to replace if lost; and some cannot be replaced. Instead, bring them to your Social Security office where they will be examined and returned to you.

**Note:** DHS was formerly the Immigration & Naturalization Service (INS).

If you want to submit your documents to a Social Security office other than the one you chose to process your claim, please select the [Office Locator](#) to identify the office of your choice. Mailing or taking your documents to a different Social Security office will not affect how your claim is processed.

## **Changes You Must Report and How to Report**

If you are awarded benefits, you must tell us if:

- You change your address;
- You go outside the United States for 30 consecutive days or longer;
- Any beneficiary dies or becomes unable to handle benefits;
- The amount you expect to earn this or next year changes;
- You are confined to a jail, prison, penal institution, or correctional facility for conviction of a crime or you are confined to a public institution by court order in connection with a crime;
- You become entitled to a pension or annuity based on your employment that was not covered by Social Security or if such a pension or annuity stops;
- A stepchild becomes entitled to benefits on your record and you and the stepchild's parent divorce; and
- You change your marital status.

### **How to Report**

You can report by phone, mail or in person. Many changes can also be reported online at [www.socialsecurity.gov](http://www.socialsecurity.gov). If

you wish to report by phone, you may do so by calling **1-800-772-1213** toll-free. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**.

If you do not report any of these changes and the change causes an overpayment, you may have to pay a penalty in addition to repaying the overpayment.

## Checking the Status of Your Claim

Information about the status of your claim will soon be available on the Internet. *Please wait at least 5 days before you check your claim status.* Just go to the Social Security Claims page at [www.SocialSecurity.gov/applyforbenefits](http://www.SocialSecurity.gov/applyforbenefits), select "**Check Your Claim Status**" and enter your Confirmation Number. The Confirmation Number for this claim is: 83667935

**Remember to guard your Confirmation Number carefully.** Your Confirmation Number is the key to your application information!

- Don't put it where others can see it.
- Don't store it with other personal information, like your Social Security number.
- Don't give it to anyone else.
- Social Security employees will **Never** ask for your Confirmation Number.

## Voluntary Tax Withholding

If your claim is allowed and you would like to voluntarily have Federal Income Tax withheld from your Social Security benefits, please submit IRS Form W4-V to the office you choose to process your claim. You can obtain more information about tax withholding and obtain a copy of the form by entering this link to [Voluntary Tax Withholding](http://www.SocialSecurity.gov/taxwithhold.html). The web address for Voluntary Tax Withholding is <http://www.SocialSecurity.gov/taxwithhold.html>.

## How to Learn More About the Medicare Prescription Drug Program and/or File for Extra Help With Medicare Prescription Drug Plan Costs

If you want to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, you may:

- visit our website at <http://www.socialsecurity.gov/prescriptionhelp>; or
- call Social Security toll-free at **1-800-772-1213** (TTY 1-800-325-0778).

For a list of names of Medicare prescription drug providers in your area, contact the Centers for Medicare & Medicaid Services toll-free at **1-800-MEDICARE** (TTY 1-877-486-2048) or visit [www.medicare.gov](http://www.medicare.gov).

If you have questions, please check our [Frequently Asked Questions \(FAQs\)](http://ssa-custhelp.ssa.gov) site. The web address for our FAQ site is <http://ssa-custhelp.ssa.gov>. Use the drop-down box titled "**Category**" to select "**Internet Benefit Claim**." Then select "**Search**" to see a list of questions that may provide the information you are seeking. Select any question to see the answer.

We hope you found our Internet application convenient to use and easy to understand. Please select the feedback link below and give us your comments.

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Finished

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[www.socialsecurity.gov](http://www.socialsecurity.gov)

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## What You Need to Do Now!

**Thank You! Your electronic application has been received. Please print this screen now or write down the information that applies to you.**

It will list the address where you sent your completed application, tell you how to provide more detailed medical information about your disability, advise you where to submit your documents, give you information about changes you must report and repeat the Confirmation Number you need to check the status of your claim on the Internet. You will not be able to return here if you go to another screen.

**We cannot complete processing your claim until we have received and verified all of your required documents.**

**If you discover that something is incorrect on the electronic application you sent, please submit the corrections to the office displayed below under the heading "Where Do I Submit My Documents?", along with any documents.**

**If you indicated that you intend to file a Supplemental Security Income (SSI) application and we do not hear from you within 60 days, you may lose SSI benefits. Call our toll-free number at 1-800-772-1213 to arrange an appointment to file for SSI. If you are deaf or hard of hearing, call our toll-free TTY number, 1-800-325-0778. These claims cannot be applied for over the Internet.**

## Documents You Need to Submit to Social Security

**You must submit your Original Birth Certificate or a Certified Copy of your birth certificate or other proof of birth to the office displayed below under the heading "Where Do I Submit My Documents?". **AND, if applicable**, you must also submit proof of your:**

- **Citizenship/Naturalization** (if other than your U.S. birth certificate);
- **U.S. Military Service** (e.g., DD214 - Certificate of Release or Discharge from Active Duty);
- **Wages from your employer** for last year (e.g., copy of your W-2 form);
- **Self-employment income** for last year (e.g., IRS Schedules C and SE); and
- If we determine that you qualify for benefits as a spouse, we may also need proof of your marriage. We will contact you if necessary after we receive your application.

**Note:** If you have already proven your date of birth and citizenship status while filing a claim for another benefit administered by Social Security (e.g. Medicare, Supplemental Security Income, prior Social Security disability, etc.), you do not have to submit these proofs again.

**Since you are applying for disability benefits, we will need the Disability Report - Adult (SSA-3368) and Authorization To Disclose Information To The Social Security Administration (SSA-827), if you have not**

**already submitted them to us.**

**Note:** We will need one signed and dated SSA-827 for each of the medical sources that you list as soon as possible so we can begin evaluating your disability claim. We will also need two additional signed and dated SSA-827s in case we need to contact other sources at a later date.

**We will also need, and can accept uncertified photocopies of, the following:**

- Any **medical evidence** already in your possession regarding your disability.
- Award letters, pay stubs, settlement agreements or other proof of temporary or permanent **workers' compensation**-type benefits you received. The documents should show:
  - the date of your injury or illness;
  - the amount and effective date of your current payment and all increases or decreases within the last 17 months or, if later, since payments began;
  - if you receive workers' compensation, the type of payment (i.e., temporary partial, temporary total, permanent partial, permanent total, a lump sum or an annuity);
  - how often these payments are paid (e.g., weekly, bi-weekly, monthly, bi-monthly, etc.) or the period covered by a lump sum;
  - if benefits have already ended, the last day you were entitled to a payment and your last payment amount (if different than your regular payment amount);
  - your employer's name, address and phone number; and
  - if other than your employer, the name, address and phone number of the insurance carrier making the payments.

**We must see your original birth certificate or other proof of age.** We cannot accept photocopies unless they are certified by the office that issued the original. If **citizenship** or **naturalization** is involved, **we also must see your original documents.** For your convenience, we can accept uncertified copies of your military service papers, W-2 or IRS Schedule C or SE forms, medical information and documents related to your workers' compensation and/or similar benefits. **We will return all documents and photocopies to you unless you specifically tell us otherwise.**

**Do not delay mailing or bringing in your documents, even if you do not have all the documents we need.** We will help you get any other documents you need.

## Where Do I Submit My Documents?

Please mail or take the documents we indicated we need to:

SOCIAL SECURITY  
1834 WEST CARY STREET  
RICHMOND, VA 23220

You can also mail or take your documents to a more convenient Social Security office.

If you want to submit your documents to a Social Security office other than the one you chose to process your claim, please select the [Office Locator](#) to identify the office of your choice. Mailing or taking your documents to a different Social Security office will not affect how your claim is processed.

**Note:** If you mail any documents to us, we must have your Social Security number so that we can match them with your claim. Please write your Social Security number on a separate sheet of paper and include it in the mailing envelope along with your documents. **Do not write anything on your original documents.** If you do not want to mail your documents or photocopies, you may bring them to the Social Security office where they will be examined and returned to you. Or, if a later office visit becomes necessary, you may bring them with you at that time.

**Caution: Do not mail foreign birth records or any Department of Homeland Security (DHS) documents to us -**

especially those you are required to keep with you at all times. These documents are extremely difficult, time-consuming and expensive to replace if lost; and some cannot be replaced. Instead, bring them to your Social Security office where they will be examined and returned to you.

**Note:** DHS was formerly the Immigration & Naturalization Service (INS).

### **A Social Security Employee May Contact You For The Following Reason(s):**

- You indicated that you received, or will receive money from an employer on or after the date you became unable to work.
- We may need more medical information about your disabling condition.

## **Changes You Must Report and How to Report**

If you are awarded benefits, you must tell us if:

- You change your address;
- You go outside the United States for 30 consecutive days or longer;
- Any beneficiary dies or becomes unable to handle benefits;
- The amount you expect to earn this or next year changes;
- You are confined to a jail, prison, penal institution, or correctional facility for conviction of a crime or you are confined to a public institution by court order in connection with a crime;
- You become entitled to a pension or annuity based on your employment that was not covered by Social Security or if such a pension or annuity stops;
- A stepchild becomes entitled to benefits on your record and you and the stepchild's parent divorce; or
- You change your marital status.

**If you are less than full retirement age, and indicated that you have a disability, you must tell us if:**

- Your medical condition improves so that you would be able to work, even though you have not yet returned to work;
- You go to work, whether as an employee or a self-employed person; or
- You apply for or receive a decision on benefits under any workers' compensation or similar type plan (including Black Lung benefits from the Department of Labor) or if the amount of such benefits changes.

### **How to Report**

You can report by phone, mail or in person. Many changes can also be reported online at [www.socialsecurity.gov](http://www.socialsecurity.gov). If you wish to report by phone, you may do so by calling **1-800-772-1213** toll-free. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**.

If you do not report any of these changes and the change causes an overpayment, you may have to pay a penalty in addition to repaying the overpayment.

### **Since you applied for disability benefits...**

you need to provide us with medical details related to your disability. This is in addition to any medical records you may have. If you have not already completed and submitted a **Disability Report - Adult (SSA-3368)** and the required number of **Authorization to Disclose Information to the Social Security Administration (SSA-827)** forms, you have the following choices to provide us with this information:

1. Use the 'Continue' button at the bottom of this page to proceed to another Social Security website where you will



find the **Disability Report - Adult (SSA-3368)** and the **Authorization to Disclose Information to the Social Security Administration (SSA-827)**; or

2. Call **1-800-772-1213 (TTY 1-800-325-0778)** toll-free to arrange an appointment for us to help you complete the forms.

**Note:** If you choose option 1. and elect to go to the Disability Report - Adult (SSA-3368) Internet site, you must have a working printer connected to your computer.

## Checking the Status of Your Claim

Information about the status of your claim will soon be available on the Internet. *Please wait at least 5 days before you check your claim status.* Just go to the Social Security Claims page at [www.SocialSecurity.gov/applyforbenefits](http://www.SocialSecurity.gov/applyforbenefits), select "**Check Your Claim Status**" and enter your Confirmation Number. Disability claims take longer to process than other types of Social Security claims because of the need to obtain sufficient medical evidence to show that you are disabled. It may take 90-120 days before "**Check Your Claim Status**" will reflect a final decision on your disability claim. The Confirmation Number for this claim is: 68776643

**Remember to guard your Confirmation Number carefully.** Your Confirmation Number is the key to your application information!

- Don't put it where others can see it.
- Don't store it with other personal information, like your Social Security number.
- Don't give it to anyone else.
- Social Security employees will **Never** ask for your Confirmation Number.

## Voluntary Tax Withholding

If your claim is allowed and you would like to voluntarily have Federal Income Tax withheld from your Social Security benefits, please submit IRS Form W4-V to the office displayed above under the heading "Where Do I Submit My Documents?". You can obtain more information about tax withholding and obtain a copy of the form by entering this link to [Voluntary Tax Withholding](http://www.SocialSecurity.gov/taxwithhold.html). The web address for Voluntary Tax Withholding is <http://www.SocialSecurity.gov/taxwithhold.html>.

## How to Learn More About the Medicare Prescription Drug Program and/or File for Extra Help With Medicare Prescription Drug Plan Costs

You can learn more about the Medicare Prescription Drug Program or apply for the extra help with costs related to this program on another Social Security website, **after you complete and submit your Disability Report - Adult (SSA-3368)**. You will not be able to return to this page if you go to another website first. Therefore, you should copy or write down this web address, <http://www.socialsecurity.gov/prescriptionhelp>, so you can visit it later; or you may call our toll-free number at **1-800-772-1213 (TTY 1-800-325-0778)** and ask about the Medicare Prescription Drug Program.

For a list of names of Medicare prescription drug providers in your area, contact the Centers for Medicare & Medicaid Services toll-free at **1-800-MEDICARE (TTY 1-877-486-2048)** or visit <http://www.medicare.gov>.

## Frequently Asked Questions

If you have questions, please check our [Frequently Asked Questions \(FAQs\)](http://ssa-custhelp.ssa.gov) site. The web address for our FAQ site is <http://ssa-custhelp.ssa.gov>. Use the drop-down box titled "**Category**" to select "**Internet Benefit Claim.**" Then select "**Search**" to see a list of questions that may provide the information you are seeking. Select any question to see

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the answer.

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es002	Claim Status Selection
es003	We Cannot Process Your Request At This Time
es005	Awaiting Receipt of Proofs
es006	A Decision Has Not Been Made On Your Application
es007	A Decision Has Been Made On Your Claim
es008	Your State is Processing the Medical Portion Of Your Claim
es009	Your Application is Being Processed

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## Claim Status Information

**Enter your Social Security Number:**

Enter your Social Security Number:

**Enter your Confirmation Number:**

Enter Your Confirmation Number

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## Claim Status Information

Disability Benefits Claim Status

Health Insurance Benefits Under Medicare for Individuals with Chronic Renal Disease Claim Status

If you need more information, you may call us toll-free at 1-800-772-1213, Monday through Friday between 7 a.m. and 7 p.m.

If you are deaf or hard-of-hearing, you may call our TTY number 1-800-325-0778, Monday through Friday between 7 a.m. and 7 p.m.

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## Claim Status Information

### We Cannot Process Your Request At This Time

We are sorry for the inconvenience but we cannot process your request at this time.

If you still wish to make your request, you may try again later. As an alternative, you may call 1-800-772-1213.

If you are deaf or hard-of-hearing, you may call our TTY number 1-800-325-0778, Monday through Friday between 7 a.m. and 7 p.m.

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## Claim Status Information

The following statements are informational only. They are current as of today. You will receive the official notice of any decision made on your claim by U.S. mail.

As of today's date, a decision has not been made on your application. We requested that you send the following documents to the office that is processing your application:

Proof of Age. We requested this document on 05/08/2006.

Proof of Earnings. We requested this document on 11/16/2006.

Proof of Marriage. We requested this document on 11/16/2006.

Proof of Military Service. We requested this document on 11/16/2006.

Your application is being processed. You may bring your original documents to your local Social Security Office or you may mail them to the following address:

SOCIAL SECURITY  
ONE EDGEWATER DRIVE  
SUITE 102  
NORWOOD, MA 02062

We will return any documents that you send us.

If you need more information, you may call us toll-free at 1-800-772-1213, Monday through Friday between 7 a.m. and 7 p.m.

If you are deaf or hard-of-hearing, you may call our TTY number 1-800-325-0778, Monday through Friday between 7 a.m. and 7 p.m.

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## Claim Status Information

The following statements are informational only. They are current as of today. You will receive the official notice of any decision made on your claim by U.S. mail.

As of today's date, a decision has not been made on your application.

If you need more information, you may call us toll-free at 1-800-772-1213, Monday through Friday between 7 a.m. and 7 p.m.

If you are deaf or hard-of-hearing, you may call our TTY number 1-800-325-0778, Monday through Friday between 7 a.m. and 7 p.m.

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## Claim Status Information

The following statements are informational only. They are current as of today.

A decision has been made on your claim. You will receive the official notice of any decision made on your claim by U.S. mail.

If you need more information, you may call us toll-free at 1-800-772-1213, Monday through Friday between 7 a.m. and 7 p.m.

If you are deaf or hard-of-hearing, call our toll-free TTY number 1-800-325-0778, Monday through Friday between 7 a.m. and 7 p.m.

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## Claim Status Information

The following statements are informational only. They are current as of today. You will receive the official notice of any decision made on your claim by U.S. mail.

As of today's date, a decision has not been made on your application.

The Disability Determination Service in your State is processing the medical portion of your claim.

If you need more information, you may call us toll-free at 1-800-772-1213, Monday through Friday between 7 a.m. and 7 p.m.

If you are deaf or hard-of-hearing, call our toll-free TTY number 1-800-325-0778, Monday through Friday between 7 a.m. and 7 p.m.

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## Claim Status Information

The following statements are informational only. They are current as of today. You will receive the official notice of any decision made on your claim by U.S. mail.

As of today's date, a decision has not been made on your application. We requested that you send the following documents to the office that is processing your application:

Proof of Age. We requested this document on 11/16/2006.

Proof of Military Service. We requested this document on 11/16/2006.

Your application is being processed. You may bring your original documents to your local Social Security Office or you may mail them to the following address:

OIO CDS 2  
PO BX 17775  
BALTIMORE, MD 21235

We will return any documents that you send us.

As of today's date a decision has not been made on your request for a Federal Reviewing Official Review.

If you need more information, you may call us toll-free at 1-800-772-1213, Monday through Friday between 7 a.m. and 7 p.m.

If you are deaf or hard-of-hearing, you may call our toll-free TTY number, 1-800-325-0778, Monday through Friday between 7 a.m. and 7 p.m.

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<a href="#">msg017</a>	<a href="#">Sign-In Problem</a>
<a href="#">msg025</a>	<a href="#">Your Session Has Expired</a>
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<a href="#">msg028</a>	<a href="#">This Service Is Not Available At This Time</a>
<a href="#">msg029</a>	<a href="#">Limit on the Number of Restarts on a Partial Application</a>
<a href="#">msg030</a>	<a href="#">We Are Processing This Request</a>
<a href="#">msg045</a>	<a href="#">Hours of Operation</a>
<a href="#">msg101</a>	<a href="#">Failure to Meet Conditions</a>
<a href="#">msg111</a>	<a href="#">We Cannot Process Your Request At This Time (First Strike)</a>
<a href="#">msg112</a>	<a href="#">We Cannot Process Your Request At This Time (Second Strike)</a>
<a href="#">msg113</a>	<a href="#">You have reached the limit on the number of requests</a>
<a href="#">msg114</a>	<a href="#">Child Under Age 3</a>
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<a href="#">msg133</a>	<a href="#">Proof of Self-Employment Income</a>
<a href="#">msg134</a>	<a href="#">Proof of Wages From Your Employer</a>
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<a href="#">msg136</a>	<a href="#">Reduced Retirement Benefits</a>

<a href="#">msg137</a>	<a href="#">Routing Transit Number</a>
<a href="#">msg138</a>	<a href="#">Special Payments</a>
<a href="#">msg139</a>	<a href="#">The Privacy Act Statement</a>
<a href="#">msg140</a>	<a href="#">Unable to Work</a>
<a href="#">msg141</a>	<a href="#">United States Military</a>
<a href="#">msg142</a>	<a href="#">What are my choices for when my benefits may begin? (BA020A)</a>
<a href="#">msg143</a>	<a href="#">What are my choices for when my benefits may begin? (BA020B)</a>
<a href="#">msg144</a>	<a href="#">What are my choices for when my benefits may begin? (BA020C and BA020D)</a>
<a href="#">msg145</a>	<a href="#">Workers' Compensation or Other Public Disability Benefits</a>
<a href="#">msg146</a>	<a href="#">Your Social Security Statement</a>
<a href="#">msg147</a>	<a href="#">Bank or Other Financial Institution</a>
<a href="#">msg148</a>	<a href="#">Bank Account Number</a>
<a href="#">msg149</a>	<a href="#">Password</a>
<a href="#">msg150</a>	<a href="#">Working for an Employer</a>
<a href="#">msg151</a>	<a href="#">We Cannot Match Your Zip Code</a>
<a href="#">msg152</a>	<a href="#">Sign Off</a>
<a href="#">msg153</a>	<a href="#">We Cannot Process Your Request</a>

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## More Information on Security

### Is it safe to apply for Social Security benefits over the Internet?

You need to know that SSA is taking all reasonable and appropriate measures, including encryption, to ensure that your personal information is disclosed only to you. However, the Internet is an open system and there is no absolute guarantee that others will not intercept the personal information you have entered or requested and decrypted. Although this possibility is remote, it does exist.

### What is encryption?

Encryption means that all information relating to you and your account is scrambled and locked with a mathematical key during the electronic transfer. Most browsers have an icon such as a key or a lock to represent an encrypted mode or session. A broken key, open lock, or no lock indicates that the session or mode is not encrypted.

There are two different types of encryption: domestic-grade encryption and international-grade encryption. The difference between these two types of encryption is one of capability. Domestic-grade encryption is exponentially more powerful than international-grade encryption:

- 40-bit encryption, also called international-grade encryption, means there are 2 to the 40th possible keys that could fit into the lock that holds your account information. That means there are billions of possible keys.
- 128-bit encryption, also called domestic-grade encryption, means there are 2 to the 88th times as many key combinations than there are for 40-bit encryption. That means a computer would require exponentially more processing power than for 40-bit encryption to find the correct key.

### Why is special software necessary to access the Internet application?

So that your online request can remain confidential, SSA uses a security protocol called Secure Sockets Layer (SSL) for this application. You must use a Web browser that supports SSL. Netscape Navigator and Microsoft Internet Explorer are two browsers that support SSL. Using this security protocol, all information sent between your computer and our server is encrypted before being sent on the Internet.

### Why SSL?

SSL provides a high level of security and is the security protocol supported by more browsers than any other. It is estimated that about 92% of Web browsers have an SSL browser available for their use.

### I have the right software and I am trying to connect during your posted business hours, but I still cannot access your form. Why?

We have discovered that a number of corporate, government and educational networks do not have their firewalls configured to allow passage of secure Web traffic. Check with your systems administrator to determine if this is the case at your site. If it is, you will not be able to access this application website.

Close this window to return to the application.

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## Check the Information You Entered

Please make sure all identifying information you entered is correct.

- If you typed the wrong information, you will need to correct it before continuing. To return to your application, select the Continue button below.
- If you prefer, you can contact Social Security to make other arrangements to complete a Social Security Benefit Application. Be sure to tell the representative that you tried the Internet Social Security Benefit Application and received this message.

To contact Social Security:

- 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 a.m. to 7 p.m.
- Visit your [local Social Security Office](#).

Continue



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## Sign-In Problem

We could not find a match for the Social Security Number and Confirmation Number you entered.

Please check the numbers and sign in again.

You can start the Social Security Benefit Application over again or call us to help you file your claim.

To contact Social Security:

- 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 a.m. to 7 p.m.
- Visit your [local Social Security Office](#).

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Your Session Has Expired

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## Your Session Has Expired

We are sorry for the inconvenience but your session has expired. This happens if your computer has been inactive for 30 minutes.

If you would like to continue completing the Social Security Benefit Application, you may sign in again by selecting the button below.

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## We Cannot Process Your Request At This Time

We are sorry for the inconvenience but we cannot process your request at this time.

If you still wish to complete the Social Security Benefit Application, you may try again later or you may call **1-800-772-1213** or contact your [local Social Security office](#). If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**.

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This Service Is Not Available At This Time

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## **This Service Is Not Available At This Time**

This service is available during the following hours (Eastern Time):

Monday through Friday: 5:00 AM - 1:00 AM

Saturday: 5:00 AM - 11:00 PM

Sunday: 8:00 AM - 10:00 PM

Holidays: 5:00 AM - 11:00 PM

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## Limit on the Number of Restarts on a Partial Application

You have reached the limit on the number of requests to restart a Social Security Benefit Application. You can start a new Social Security Benefit Application or call us to help you complete this application.

If you start a new Social Security Benefit Application you will have to reenter any information that may have been entered on a prior one.

To contact Social Security to help file this claim:

- 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 a.m. to 7 p.m.
- Visit your [local Social Security office](#).

Exit

We Are Processing This Request

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## We Are Processing This Request

Please wait a moment before selecting the Continue button.

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## Hours of Operation

This Internet Social Security Benefit Application is scheduled to shut down for the day within one hour.

The Social Security Benefit Application is available during the following hours (Eastern Time):

Monday through Friday: 5:00 AM - 1:00 AM

Saturday: 5:00 AM - 11:00 PM

Sunday: 8:00 AM - 10:00 PM

Holidays: 5:00 AM - 11:00 PM

If you choose to start the application now and the system shuts down before you finish it, you will lose only the information on the page you are working on at the time of the shutdown.

We estimate that it will take between 15 and 45 minutes to read the instructions, gather the facts, and answer the questions, but this will depend upon the number of questions you need to answer.

You may want to consider starting the application at another time to avoid losing any information. If you decide to start this application later, you should write down this web site so that you can return to it:

<http://www.socialsecurity.gov/applytoretire>

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## Failure to Meet Conditions

Based on your answers to the conditions cited on the previous page, you do not meet the requirements to complete this Internet application.

If you need additional information and you are in the United States

- Call us toll-free at **1-800-772-1213** Monday through Friday between 7 a.m. and 7 p.m.
- If you are deaf or hard-of-hearing, call our toll-free "TTY" number, **1-800-325-0778**, Monday through Friday between 7 a.m. and 7 p.m.; or
- Visit your local Social Security Office. You can get directions and a map to your local Social Security Office by visiting the Social Security Office Locator.

### [Social Security Office Locator](#)

If you are outside of the United States, contact your nearest Social Security office, U.S. Embassy or consulate, or the Veterans Affairs Regional Office (VARO) in the Philippines.

### [Services Around the World](#)

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## We Cannot Process Your Request At This Time

We are sorry for the inconvenience, but we cannot match the information you have provided with our records. If the information that you have provided is correct, then it may be necessary to correct your Social Security record. Please call **1-800-772-1213** or contact your local Social Security office. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**.

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## We Cannot Process Your Request At This Time

Several attempts to match your information with our records have been unsuccessful. If the information that you have provided is correct, then it may be necessary to correct your Social Security record. Please call **1-800-772-1213** or contact your local Social Security office. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**.

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## You have reached the limit on the number of requests

We are sorry for the inconvenience, but we cannot match the information you have provided with our records. If the information that you have provided is correct, then it may be necessary to correct your Social Security record. Please call **1-800-772-1213** or contact your local Social Security office. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**.

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## Child Under Age 3

A child is considered to be living with you substantially throughout the entire year if:

- For full calendar years - the child was alive, under age 3, and the period during which the child was not living with you did not total more than 91 days; or
- For partial calendar years - the child was under age 3, and the period during which the child was not living with you was either 91 days or less **OR** one half of the **period in question - whichever is smaller**. For partial years, the **period in question** would begin on the day of the child's birth and end on the last day of that calendar year. Or, it would begin on the first day of a calendar year and end on the day the child reached his/her third birthday or, if earlier, the day the child died.

From the drop down list, select the number that indicates the calendar years you had a child living with you (as described above) **AND** that you also had no earnings. If there were no years that you had a child living with you and also had no earnings, select "**ZERO**". If you are unsure, select "**ONE**".

If other than "**ZERO**" was selected, enter the actual year(s) in the space(s) provided. If you selected "**ONE**" because you were unsure whether any year applied, please estimate at least one year. If there were more than six years, enter "**SIX**" here. We will contact you later if we determine that your benefit amount could be affected.

Close this window to return to the application.

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# Deciding When You Wish to Receive Benefits

## What is full retirement age?

Your full retirement age is based on your date of birth. Individuals born January 1st, 1938 or earlier reach their full retirement age at 65. Use the chart below to determine your full retirement age.

### If you were born:

Jan. 1st, 1938 or earlier

Jan. 2nd, 1938 - Jan. 1st, 1939

Jan. 2nd, 1939 - Jan. 1st, 1940

Jan. 2nd, 1940 - Jan. 1st, 1941

Jan. 2nd, 1941 - Jan. 1st, 1942

Jan. 2nd, 1942 - Jan. 1st, 1943

Jan. 2nd, 1943 - Jan. 1st, 1955

Jan. 2nd, 1955 - Jan. 1st, 1956

Jan. 2nd, 1956 - Jan. 1st, 1957

Jan. 2nd, 1957 - Jan. 1st, 1958

Jan. 2nd, 1958 - Jan. 1st, 1959

Jan. 2nd, 1959 - Jan. 1st, 1960

Jan. 2nd, 1960 or later

### Your Full Retirement Age is:

65

65 and 2 months

65 and 4 months

65 and 6 months

65 and 8 months

65 and 10 months

66

66 and 2 months

66 and 4 months

66 and 6 months

66 and 8 months

66 and 10 months

67

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66

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66 and 4 months

66 and 6 months

66 and 8 months

66 and 10 months

67

### What is my earliest retirement date?

**If you are not yet 62 years old**, the earliest month you can be eligible for benefits is the first month that you are **62 years old for the entire calendar month**. For example, if your date of birth is June 10, 1938 you will become 62 in June 2000. However, the first month that you are 62 for an entire calendar month is July 2000. Therefore, July 2000 would be the first month that you could be eligible for benefits. But if, in the same example, your date of birth falls on June 1st or 2nd, the first month you are 62 for an entire month is June 2000 because you actually attain age 62 the day before your 62nd birthday. In other words, your 62nd birthday is really the first day of your 63rd year.

**If you are already 62 or more but have not reached your full retirement age**, the earliest month you can receive benefits is the first month you establish an intent to file your application. Therefore, if you have to leave this Internet application for any reason, even mistakenly, it is in your best interest to call **1-800-772-1213** toll-free and schedule an appointment to discuss filing your application. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. You may lose benefits if you delay filing.

## How will early retirement affect my benefits?

You can start to receive your benefits as early as the first full month that you are age 62. However, for each month you receive a benefit before you reach your full retirement age, your benefits will be permanently reduced.

The amount of reduction is based upon your age when you elect to begin receiving benefits. For individuals born January 1, 1938 or earlier (i.e., full retirement age is age 65), your reduction rate is:

- 20% if you retire at age 62;
- 13% if you retire at age 63; or
- 6% if you retire at age 64

Your Social Security Statement shows your benefit estimate at age 62 and your full retirement age. This can help you decide on the best time to begin receiving benefits. You should compare the amount your benefits would be reduced for early retirement to the number of months you would receive benefits prior to your full retirement age. For most people it takes about 15 years to recoup the money lost because of the age-related reduction from the money gained by waiting until their full retirement age to receive unreduced benefits.

**Example:**

Full Retirement Age is 65 and the benefit estimate is \$945. At age 62 the reduction is \$189 (\$945 multiplied by 20%), for an age 62 benefit amount of \$756.

Multiply \$756 by 36 months (the months prior to age 65 that benefits are received) which totals \$27,216.

Divide \$27,216 by the reduction amount of \$189, which equals 144 months.

Therefore, it would take 144 months (12 years) at the full rate of \$945 beginning at age 65 to break even with the 180 months (15 years - the 3 years from age 62 to age 65 and 12 additional years) that would have been payable at the reduced rate of \$756. You should also consider any earnings you expect to make if you continue working and elect to receive reduced benefits before your full retirement age. Remember, part or all of your reduced Social Security benefits could be withheld because of your work and earnings until you reach full retirement age.

**Important! If you elect to wait and receive unreduced benefits and your full retirement age is more than 4 months in the future, you cannot continue this Internet application. However, you should immediately call 1-800-772-1213 toll-free for assistance and further information about your Social Security benefits. If you are deaf or hard of hearing, call our toll-free "TTY" number, 1-800-325-0778.**

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## Deciding When You Wish to Receive Benefits

### What is full retirement age?

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Jan. 2nd, 1956 - Jan. 1st, 1957

Jan. 2nd, 1957 - Jan. 1st, 1958

Jan. 2nd, 1958 - Jan. 1st, 1959

Jan. 2nd, 1959 - Jan. 1st, 1960

Jan. 2nd, 1960 or later

#### Your Full Retirement Age is:

65

65 and 2 months

65 and 4 months

65 and 6 months

65 and 8 months

65 and 10 months

66

66 and 2 months

66 and 4 months

66 and 6 months

66 and 8 months

66 and 10 months

67

### What is my earliest retirement date?

**If you are already over age 62 but have not reached your full retirement age**, the earliest month you can receive benefits is the first month you establish an intent to file your application. Therefore, if you have to leave this Internet application for any reason, even mistakenly, it is in your best interest to call **1-800-772-1213** toll-free and schedule an appointment to discuss filing your application. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. You may lose benefits if you delay filing.

### How will early retirement affect my benefits?

You can start to receive your benefits as early as the first full month that you are age 62. However, for each month you receive a benefit before you reach your full retirement age, your benefits will be permanently reduced.

The amount of reduction is based upon your age when you elect to begin receiving benefits. For individuals born January 1, 1938 or earlier (i.e., full retirement age is age 65), your reduction rate is:



20% if you retire at age 62;  
13% if you retire at age 63; or  
6% if you retire at age 64

Your Social Security Statement shows your benefit estimate at age 62 and your full retirement age. This can help you decide on the best time to begin receiving benefits. You should compare the amount your benefits would be reduced for early retirement to the number of months you would receive benefits prior to your full retirement age. For most people it takes about 15 years to recoup the money lost because of the age-related reduction from the money gained by waiting until their full retirement age to receive unreduced benefits.

**Example:**

Full Retirement Age is 65 and the benefit estimate is \$945. At age 62 the reduction is \$189 (\$945 multiplied by 20%), for an age 62 benefit amount of \$756.

Multiply \$756 by 36 months (the months prior to age 65 that benefits are received) which totals \$27,216.

Divide \$27,216 by the reduction amount of \$189, which equals 144 months.

Therefore, it would take 144 months (12 years) at the full rate of \$945 beginning at age 65 to break even with the 180 months (15 years - the 3 years from age 62 to age 65 and 12 additional years) that would have been payable at the reduced rate of \$756.

You should also consider any earnings you expect to make if you continue working and elect to receive reduced benefits before your full retirement age. Remember, part or all of your reduced Social Security benefits could be withheld because of your work and earnings until you reach full retirement age.

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## Effect of delaying receipt of your retirement benefit

Select **"Yes"** if you are eligible for both **retirement** and spouse's benefits and want to delay receiving your retirement benefit.

Select **"No"** if you are eligible for retirement and spouse's benefits and want to receive them both with no delay.

The "Senior Citizens' Freedom to Work Act of 2000" has been passed. This removed the benefit deduction applied when a person filed for retirement but continued to work past their full retirement age. However, your right to delay your Social Security start date continues. If you do elect to delay your benefit start date, you will receive a credit for each month past your full retirement age up to your 70th birthday that you do not receive benefits. The following chart shows the amount of the credit increase each year based on your date of birth.

<b>Year of birth</b>	<b>Yearly increase rate</b>
1/2/1927 - 1/1/1929	4%
1/2/1929 - 1/1/1931	4.5%
1/2/1931 - 1/1/1933	5%
1/2/1933 - 1/1/1935	5.5%
1/2/1935 - 1/1/1937	6%
1/2/1937 - 1/1/1939	6.5%
1/2/1939 - 1/1/1941	7%
1/2/1941 - 1/1/1943	7.5%
After 1/1/1943	8%

You should compare the amount of benefits received between your full retirement age and age 70 to the amount of the yearly increase. For most people it takes about 16 years beginning at the increased rate at age 70 to recoup the money that would have been payable at a lower rate beginning at their full retirement age.

Example:

Individual was born in 1937. The age 65 benefit estimate is \$945.

Multiply \$945 by 60 months (5 years between age 65 and age 70), which equals \$56,700.

Multiply \$945 by 6.5% (the yearly increase rate for an individual born in 1937) for a yearly rate increase of \$61.40. Then multiply by 5 (years) to get \$307.

Divide \$56,700 by \$307, which equals just over 184 months (15 years).

It would take a little over 15 years at the increased monthly rate of \$1,252 beginning at age 70 to break even with the benefits payable at the smaller monthly rate of \$945 between the ages of 65 and 70.

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## Electronic Signature

When you complete this online Social Security Benefit Application, you also will sign and submit it electronically. You will be able to review your entries as you complete the application, and to review a Summary page at the end that displays all of the information you provided. A Perjury Statement will be displayed just above the "**SIGN NOW**" button on the Summary page explaining the penalties for intentionally providing inaccurate or misleading information. Selection of the "**SIGN NOW**" button means that you agree to accept responsibility for the accuracy of the information you submitted. This electronic signature will also authorize the Social Security Administration to complete the processing of your claim.

If you want to **print** the Summary page (or any other page) for your records, you **must have a working printer** connected to your computer.

If you do not want to sign and submit your application electronically, please call **1-800-772-1213** toll-free to avoid any loss of benefits. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. Our representatives can arrange for your application to be taken over the phone or in person at a Social Security office.

Close this window to return to the application.

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## Full Retirement Age

If you were born after January 1, 1938, you will reach full retirement age sometime after age 65. You will receive a reduced benefit if you file for retirement or spouse's benefits before you reach full retirement age. Please use the chart below to determine when you actually reach full retirement age if you do not want to receive reduced benefits.

**NOTE:** Although you are eligible for Medicare coverage at age 65 and can apply up to 3 months in advance, you should **NOT** use this Internet application to file solely for Medicare. Instead, you should call **1-800-772-1213** toll-free to set up an appointment over the phone or in a convenient Social Security office. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**.

### If you were born:

Jan. 1st, 1938 or earlier

Jan. 2nd, 1938 - Jan. 1st, 1939

Jan. 2nd, 1939 - Jan. 1st, 1940

Jan. 2nd, 1940 - Jan. 1st, 1941

Jan. 2nd, 1941 - Jan. 1st, 1942

Jan. 2nd, 1942 - Jan. 1st, 1943

Jan. 2nd, 1943 - Jan. 1st, 1955

Jan. 2nd, 1955 - Jan. 1st, 1956

Jan. 2nd, 1956 - Jan. 1st, 1957

Jan. 2nd, 1957 - Jan. 1st, 1958

Jan. 2nd, 1958 - Jan. 1st, 1959

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Jan. 2nd, 1960 or later

### Your Full Retirement Age is:

65

65 and 2 months

65 and 4 months

65 and 6 months

65 and 8 months

65 and 10 months

66

66 and 2 months

66 and 4 months

66 and 6 months

66 and 8 months

66 and 10 months

67

**If you want your benefits to begin with the month you reach full retirement age, please make sure that month is within four months of the date you complete this electronic application. We cannot accept an application more than 4 months in the future.**

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## Full Retirement Age

Your full retirement age is based on your date of birth. Individuals born January 1st, 1938 or earlier reach their full retirement age at 65. Use the chart below to determine your full retirement age.

**If you were born:**

Jan. 1st, 1938 or earlier

Jan. 2nd, 1938 - Jan. 1st, 1939

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Jan. 2nd, 1940 - Jan. 1st, 1941

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Jan. 2nd, 1943 - Jan. 1st, 1955

Jan. 2nd, 1955 - Jan. 1st, 1956

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## Group Health Plan

### Special Enrollment Period (SEP)

In certain cases, you can delay your Medicare Part B enrollment without having to pay higher premiums. If you don't take Medicare Part B when you are first eligible because **you** or your **spouse** are **working** and have group health plan coverage through your or your spouse's employer or union, you can sign up for Medicare Part B during a Special Enrollment Period.

You can sign up:

- Anytime you are still covered by the employer or union group health plan through your or your spouse's **current** or **active employment**; or
- During the eight months following the month the employer or union group health plan coverage ends, or when the employment ends (whichever is first).

If you are disabled and working (or you have coverage from a working family member), the Special Enrollment Period rules also apply.

Effective date if you sign up during a Special Enrollment Period:

- If you enroll in Medicare Part B while covered by the group health plan or during the first full month after coverage ends, your Medicare Part B coverage starts on the first day of the month you enroll. You also can delay the start date for Medicare Part B coverage until the first day of any of the following three months; or
- During the eight months following the month the employer or union group health plan coverage ends, or when the employment ends (whichever is first).

**Note:** If you are working for a small company (less than **20** employees), you should talk to your employee health benefits administrator before making any decision not to take Medicare Part B. If your employer has less than **20** employees, Medicare is the primary payer and your group health insurance would be the secondary payer.

**Remember:** If you do not enroll in Medicare Part B during your Special Enrollment Period, you'll have to wait until the next General Enrollment Period, which is January 1 through March 31 of each year. You may then have to pay a higher Medicare Part B premium because you could have had Medicare Part B and did not take it.

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## Medical Evidence

If you have received treatment, we will ask for your medical evidence. This includes copies or photocopies of medical records, doctors' reports and recent test results. Your treatment records are used along with other information to see if you meet our definition of disability.

We need information about your medical treatment for any illnesses, injuries or conditions that limit your ability to work. If you already have copies of your medical evidence in your possession from your doctors, hospitals, clinics and other medical sources, we will not have to request them. This will allow us to process your claim faster. **DO NOT DELAY FILING YOUR CLAIM IF YOU DO NOT HAVE THIS EVIDENCE IN YOUR POSSESSION.** Instead, we will ask the medical sources you list to send them to us. If you have not received treatment, or we do not obtain enough evidence about your condition(s), we may ask you to go to a special examination at our expense.

We also ask for information such as:

- What are your illnesses, injuries or conditions?
- When did they begin?
- How do they limit your activities?
- What did medical tests show?
- What treatment did you receive?

In addition, we ask for information about your ability to do work-related activities, such as walking, sitting, lifting, carrying, and understanding and remembering instructions.

We do **NOT** ask your doctors to decide if you are disabled.

For your convenience, we can accept uncertified photocopies of your medical evidence. We will return all documents and photocopies unless you specifically tell us otherwise. If you have the documents we need, you should submit them as soon as possible. If you don't have all the documents, you should submit any documents you do have. We will help you get the other documents. **Do not delay sending your application** while gathering evidence. If you do, **you may lose benefits.**

**NOTE:** If you mail any documents to us, we must have your Social Security number so that we can match them with your claim. Please write your Social Security number on a separate sheet of paper and include it in the mailing envelope along with your documents. **Do not write anything on your original documents.** If you do not want to mail your documents or photocopies, you may bring them to the Social Security office where they will be examined and returned to you. Or, if a later office visit becomes necessary, you may bring them with you at that time.

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## Proof of U.S. Military Service

Proof of U.S. Military Service includes your military service papers (e.g., Form DD-214 - Certificate of Release or Discharge from Active Duty). If you served two or more periods of active duty that were separated by at least one month in which no active duty was performed, we will need to see the DD214s that show the beginning and ending dates of active duty for each period.

For your convenience, we can accept uncertified photocopies of your military service papers. **We will return all documents and photocopies to you unless you specifically tell us otherwise.** If you have the documents we need, you should submit them as soon as possible. **If you don't have all the documents, you should still send us your completed electronic application** and any documents you do have. We will help you get the other documents after we receive your application.

**NOTE:** If you mail any documents to us, we must have your Social Security number so that we can match them with your claim. Please write your Social Security number on a separate sheet of paper and include it in the mailing envelope along with your documents. **Do not write anything on your original documents.** If you do not want to mail your documents or photocopies, you may bring them to the Social Security office where they will be examined and returned to you. Or, if a later office visit becomes necessary, you may bring them with you at that time.

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## Months You Worked During The Year

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## One-Half of Their Support

**'Support'** means ordinary and customary items for a person's maintenance, such as food, shelter, clothing and ordinary medical expenses.

You were providing at least one-half support to your parent(s) if:

- you were contributing cash, goods or services for support; and
- these contributions amounted to at least one-half of your parent's income from all sources.

### Why We Are Asking This Question

If a worker dies and had enough work credits, his or her parent who is at least age 62 and meets other entitlement requirements may be entitled to benefits based on the worker's record. If the worker was disabled until death, the parent must have been receiving at least one-half support from the worker when the worker became disabled or died. The parent must file proof of support within two years after the worker applied for disability benefits or died. (There are some exceptions to the 2-year requirement.)

If you were providing support for your parent(s) when you became disabled, select **'Yes.'** We will help determine the amount of support you were providing.

If you were not providing any support for your parent(s) when you became disabled, select **'No.'**

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## Proof of Birth

You **must submit** a birth certificate or religious record of birth made before you were age 5 **if one was established**. This is our preferred proof of age.

If a public or religious record was not made prior to age 5, then provide at least two other documents you may have to prove your age, such as a delayed birth certificate, school records, a State census record, vaccination record, insurance policy, hospital admission record, etc. Please provide us with the oldest of these documents.

**WE MUST SEE THE ORIGINAL DOCUMENTS(S).** We **CANNOT** accept photocopies unless they are certified by the office that issued the original. **We will return all documents and photocopies to you unless you specifically tell us otherwise.** If you have the documents we need, you should submit them as soon as possible. **If you don't have all the documents,** you should still **send us your completed electronic application** and submit any documents you do have. We will help you get the other documents after we receive your application.

**NOTE:** If you mail any documents to us, we must have your Social Security number so that we can match them with your claim. Please write your Social Security number on a separate sheet of paper and include it in the mailing envelope along with your documents. **Do not write anything on your original documents.** If you do not want to mail your documents or photocopies, you may bring them to the Social Security office where they will be examined and returned to you. Or, if a later office visit becomes necessary, you may bring them with you at that time.

**CAUTION:** Do **NOT** mail foreign birth records or any Department of Homeland Security (DHS) documents to us - especially those you are required to keep with you at all times. These documents are extremely difficult, time-consuming and expensive to replace if lost; and some cannot be replaced. Instead, bring them to the Social Security office where they will be examined and returned to you.

**NOTE:** DHS was formerly the Immigration & Naturalization Service (INS).

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## Proof of Citizenship/Naturalization

We can accept most documents that show you were born in the U.S. If you are a U.S. Citizen born outside the U.S., we need to see a document such as a U.S. consular report of birth, a U.S. passport, a Certificate of Naturalization, or a Certificate of Citizenship. If you are not a U.S. citizen, we need to see your INS form I-551 (Green Card) to verify your 9-digit Alien Registration Number (A-Number). If you have an 11-digit Admission Number, whether or not you have an A-Number, we need to see your INS form I-94 to verify your Admission Number.

**We must see the original document(s)**, but we cannot accept them if they have expired. We cannot accept photocopies. **We will return all documents to you unless you specifically tell us otherwise.** If you have the documents we need, you should submit them as soon as possible. **If you don't have all the documents**, you should submit any documents you do have. We will help you get the other documents. **Do not delay sending your application** while gathering evidence. If you do, **you may lose benefits.**

**NOTE:** If you mail any documents to us, we must have your Social Security number so that we can match them with your claim. Please write your Social Security number on a separate sheet of paper and include it in the mailing envelope along with your documents. **Do not write anything on your original documents.** If you do not want to mail your documents, you may bring them to the Social Security office where they will be examined and returned to you. Or, if a later office visit becomes necessary, you may bring them with you at that time.

**CAUTION:** Do **not** mail foreign birth records or any Department of Homeland Security (DHS) documents to us - especially those you are required to keep with you at all times. These documents are extremely difficult, time-consuming and expensive to replace if lost; and some cannot be replaced. Instead, bring them to your local Social Security office where they will be examined and returned to you.

**NOTE:** DHS was formerly the Immigration & Naturalization Service (INS).

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## Proof of Self-Employment Income

If you were self-employed last year, we need to see a copy of Schedule C and SE from your tax return.

For your convenience, we can accept uncertified photocopies of your self-employment tax returns. **We will return all documents and photocopies to you unless you specifically tell us otherwise.** If you have the documents we need, you should submit them as soon as possible. **If you don't have all the documents**, you should submit any documents you do have. We will help you get the other documents. **Do not delay sending your application** while gathering evidence. If you do, **you may lose benefits.**

**NOTE:** If you mail any documents to us, we must have your Social Security number so that we can match them with your claim. Please write your Social Security number on a separate sheet of paper and include it in the mailing envelope along with your documents. **Do not write anything on your original documents.** If you do not want to mail your documents or photocopies, you may bring them to the Social Security office where they will be examined and returned to you. Or, if a later office visit becomes necessary, you may bring them with you at that time.

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## Proof of Wages From Your Employer

If you worked for someone else last year, we need to see your Form W-2. For the current year, we can accept earnings statements from your employer as long as Social Security earnings (also known as FICA or OASDI earnings) are displayed separately.

For your convenience, we can accept uncertified photocopies of your W-2 forms. **We will return all documents and photocopies to you unless you specifically tell us otherwise.** If you have the documents we need, you should submit them as soon as possible. **If you don't have all the documents,** you should submit any documents you do have. We will help you get the other documents. **Do not delay sending your application** while gathering evidence. If you do, **you may lose benefits.**

**NOTE:** If you mail any documents to us, we must have your Social Security number so that we can match them with your claim. Please write your Social Security number on a separate sheet of paper and include it in the mailing envelope along with your documents. **Do not write anything on your original documents.** If you do not want to mail your documents or photocopies, you may bring them to the Social Security office where they will be examined and returned to you. Or, if a later office visit becomes necessary, you may bring them with you at that time.

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## Proof of Workers' Compensation and/or Similar Benefits

If you receive or received any temporary or permanent workers' compensation-type benefits, we need to see award letters, pay stubs, settlement agreements or other proof you might have.

We will need documents that show:

- The date of your injury or illness;
- The amount and effective date of your current payment and all increases or decreases within the last 17 months or, if later, since payments began;
- if receiving workers' compensation, the type of payment (i.e., temporary partial, temporary total, permanent partial, permanent total, a lump sum or an annuity);
- The frequency of your payments (e.g. weekly, bi-weekly, monthly, bi-monthly, etc.) or the period covered by a lump sum;
- If benefits have already ended, the last day you were entitled to a payment and your last payment amount (if different than your regular payment amount);
- Your employer's name and address; and
- If other than your employer, the name and address of the insurance carrier making the payments.

For your convenience, we can accept uncertified photocopies of your workers' compensation and/or similar benefit information. **We will return all documents and photocopies unless you specifically tell us otherwise.** If you have the documents we need, you should submit them as soon as possible. **If you don't have all the documents**, you should submit any documents you do have. We will help you get the other documents. **Do not delay sending your application** while gathering evidence. If you do, **you may lose benefits.**

**NOTE:** If you mail any documents to us, we must have your Social Security number so that we can match them with your claim. Please write your Social Security number on a separate sheet of paper and include it in the mailing envelope along with your documents. **Do not write anything on your original documents.** If you do not want to mail your documents or photocopies, you may bring them to the Social Security office where they will be examined and returned to you. Or, if a later office visit becomes necessary, you may bring them with you at that time.

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## Reduced Retirement Benefits

Because of your age, you are also eligible to apply for Social Security Retirement Benefits. You may wish to do so while your application for disability benefits is being processed. Disability applications take longer to process than other types of Social Security claims (about 90 to 120 days). If your application is approved, the first disability benefit will usually be paid for the sixth full month after the date we determine you became disabled.

However, if you decide to apply for reduced retirement, you should know that any retirement benefits paid for months before the determined month of your first disability payment will cause a permanent benefit reduction. Conversely, if the determined month of your first disability payment is before the month you elected to receive reduced retirement benefits, there will be no reduction.

Select **'Yes'** if you wish to file for reduced retirement benefits while you are waiting for a decision on your disability claim.

Select **'No'** if you do not wish to file for reduced retirement benefits. We will contact you to discuss this decision.

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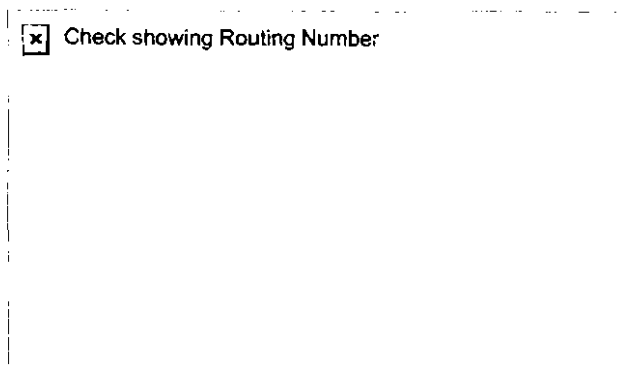
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## Routing Transit Number

Every financial institution has a Routing Transit Number. This number is used for electronic transactions.

You can locate your bank or financial institution's Routing Transit Number on your personal checks. At the bottom of your check are three sets of numbers. The Routing Transit Number consists of the first nine numbers in the bottom left-hand corner.



It may also appear on your deposit slips or your checking or savings account statements.

If you are unable to locate the Routing Transit Number, you can contact your bank or financial institution and they will provide you with the information.

**NOTE:** If you wish to have your benefits directly deposited into an account in a brokerage firm (e.g., Legg Mason, Charles Schwab, etc.), **do not assume** the Bank Account and Routing Transit Numbers printed on your personal check are correct for your brokerage firm account. Most brokerage firms are not financial institutions and they usually designate a specific bank for their business transactions. Therefore, your brokerage firm account may have a different Bank Account and Routing Transit Number than your personal checking account. Contact the brokerage firm to be sure that you have the correct Bank Account and Routing Transit numbers for your brokerage firm account.

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## Special Payments

After you retire, you may receive payments or other compensation for work you did before you started receiving Social Security benefits. We call these "**Special Payments**" because, unlike regular earnings, they **do not** cause any deduction in your Social Security benefits. They are excluded from the annual earnings test. But we may not know about these special payments unless you tell us about them.

If you worked for an employer, payments or other compensation received after retirement count as a special payment if the last thing you did to earn the payment was completed before you stopped working. Some examples of special payments to employees include:

- Bonuses;
- Vacation pay or sick leave accumulated in years prior to retirement;
- Severance pay;
- Back pay;
- Standby, idle-time, subject-to-call, or non-work pay;
- Sales commissions; or
- A payment due to retirement or delayed (deferred) compensation reported on a W-2 form for one year that was earned in a previous year.

If you were self-employed, income received after the first year you retire counts as a special payment if you performed 'substantial services in self-employment' to earn the payment before you were entitled to receive Social Security benefits. Substantial services in self-employment means that you devoted more than 45 hours a month to the business, or between 15 and 45 hours to a business in a highly skilled occupation. Some examples of special payments to self-employed people include:

- Income received by an owner of a business based on substantial services in self-employment performed in the year or years before retirement;
- Farm agricultural program payments; or
- Income from carry-over crops.

For special payments to be excluded from the annual earnings test, you must provide the following information: 1) the amount of the payment(s); 2) the number of payments; and 3) the years in which you received or expect to receive the payment(s). Use the "Remarks" section appearing on a later screen titled "Summary of Information Provided" to tell us about any special payment(s) you may have received.

If you received special payments as described above, select "**Yes.**" Otherwise select "**No.**" If you did, we will contact you for more information after we receive your application.

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# The Privacy Act Statement

## Collection and Use of Information From Your Application

We are authorized to collect the information on this form under sections 202(a), 205(a), and 1872 of the Social Security Act, as amended (42 U.S.C. 402(a), 405(a), and 1395(ii)). While it is voluntary, except in the circumstances explained below, we may not pay benefits unless we receive an application. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure benefits not authorized by the Social Security Act. We need the information on this form to determine if you and your dependents are entitled to insurance coverage and/or monthly benefits. If you do not provide all or part of this information, it could prevent us from making an accurate and timely decision on your claim or your dependent's claim, and could result in the loss of some benefits or insurance coverage.

The information you furnish on this form is almost never used for any purpose other than to determine if you and your dependents are entitled to insurance coverage and/or monthly benefits. However, there is a possibility that for the administration of the Social Security programs or for the administration of programs requiring coordination with the Social Security Administration, we may disclose information to another person or to another agency as follows:

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 from Social Security records (e.g., to the General Accounting Office and Department of Veterans' Affairs); and
3. To facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you provide without your consent in automated matching programs. These matching programs are computer comparisons of our records with records kept by other Federal agencies or State or local government agencies. Information from these matching programs 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.

Explanations about these and other reasons why information you provide us 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.

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## Unable to Work

Social Security also pays benefits to people who:

- are unable to work because of certain illnesses, injuries or conditions;
- have worked and paid Social Security taxes; and
- earned enough Social Security credits.

If you are under full retirement age and have been, or expect to be unable to work, or if there was some period in the past 14 months where you could not work **because of a serious illness, injury or condition** (including mental or emotional conditions), select **"Yes."** Otherwise, select **"No."**

**Note:** If you tried to work during this period but could not continue because of your disabling condition, or your earnings averaged \$900 per month or less (\$1,500 per month or less if you are blind), answer "Yes" to this question.

For more information about Social Security disability benefits, see our publication entitled "[Disability Benefits](#)."

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## United States Military

If you were in the U.S. military, select "Yes." Otherwise, select "No."

The following are branches of the United States Military where you could have served: Army; Navy; Air Force; Marines; National Guard; and Coast Guard. You also could have served as a Commissioned Officer in the Public Health Service (PHS); or in the Coast & Geodetic Survey (CGS).

There are three categories or types of U.S. Military service you may have served:

1. **Active Duty** (i.e., full-time active duty);
2. **AC DU** for **TR**Aining (also known as **ACDUTRA** - active duty served but not usually on a full-time basis); and
3. **Reserve** (i.e., no active duty time incurred).

You could have served in more than one of these categories. But Social Security only considers periods of regular or full-time **Active Duty** and **ACDUTRA** (e.g., basic training, boot camp, summer camp sessions, annual 2-week cruises, etc.) when determining entitlement to benefits. **Active Duty** and **ACDUTRA** can also be used to increase your monthly benefit amount.

**Reserve** periods (e.g., monthly or weekly drills or meetings) do **not** count toward your Social Security entitlement or monthly benefit amount. However, because **ACDUTRA** is routinely served while in the Reserves, it can be difficult to tell which periods should be counted and which should not.

You should enter all periods of your U.S. military service and the Type of Duty that applies to each (e.g., show "**ACDUTRA**" for each summer camp period or "**Reserve**" for each monthly drill). If either **ACDUTRA** or **Reserve** is listed as a Type of Duty for any period, we will contact you to determine which periods can be used and the documents you will need to submit for verification. If you do not have the documents needed, we will help you get them.

**Active duty**, including **ACDUTRA**, is usually documented on form DD214 (Certificate of Release or Discharge from Active Duty). If you served more than one period of active duty and there was one or more calendar months between them when you did not serve even a single day of active duty (i.e., the periods were not served consecutively), we will need to see the DD214s that show the beginning and ending dates of active duty for each period.

For more information about military service and Social Security benefits, see our publication entitled "[Military Service and Social Security](#)."

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## What are my choices for when my benefits may begin?

- Option 1 will enable you to begin receiving reduced benefits in the earliest possible month considering your age in the month of filing.

The date displayed in this option should be the **later** of the:

- Current month (or the first month you established an intent to file this claim), or
- First month you are age 62 for the entire month

If you select Option 1 and you worked this year, at the end of the year, we will re-evaluate your first month of entitlement to benefits to be sure that you receive the most benefits possible. Our review will be based on the wages reported on the Form-W2 and self-employment income reported to the Internal Revenue Service. We will contact you if necessary.

- If you want to delay receipt of Social Security benefits until a specific month for reasons **other than your work and earnings**, select Option 2 and enter a date. You will need to provide an explanation for why you chose the specific month (e.g., you are receiving unemployment that would be offset if your Social Security benefits started sooner). As long as the explanation indicates that you fully understood your options, **we will process your claim using the month you choose without any further discussion.**

**Important! If you elect to wait and receive unreduced benefits and your full retirement age is more than 4 months in the future, you cannot continue this internet application. However, you should immediately call 1-800-772-1213 toll-free for assistance and further information about your social security benefits. If you are deaf or hard of hearing, call our toll-free "TTY" number, 1-800-325-0778.**

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## What would be the impact of delaying benefit payments past my full retirement age?

The "Senior Citizens Freedom to Work Act of 2000" has been passed. This removed the benefit deduction applied when a person filed for retirement but continued to work past their full retirement age. However, your right to delay your Social Security retirement start date continues. If you do elect to delay your benefit start date, you will receive a credit for each month past your full retirement age up to your 70th birthday that you do not receive benefits. The following chart shows the amount of the credit increase each year based on your date of birth.

Year of birth	Yearly increase rate
1/2/1927 - 1/1/1929	4%
1/2/1929 - 1/1/1931	4.5%
1/2/1931 - 1/1/1933	5%
1/2/1933 - 1/1/1935	5.5%
1/2/1935 - 1/1/1937	6%
1/2/1937 - 1/1/1939	6.5%
1/2/1939 - 1/1/1941	7%
1/2/1941 - 1/1/1943	7.5%
After 1/1/1943	8%

You should compare the amount of benefits received between your full retirement age and age 70 to the amount of the yearly increase. For most people it takes about 16 years beginning at the increased rate at age 70 to recoup the money that would have been payable at a lower rate beginning at their full retirement age.

Example:

Individual was born in 1937. The age 65 benefit estimate is \$945.

Multiply \$945 by 60 months (5 years between age 65 and age 70), which equals \$56,700.

Multiply \$945 by 6.5% (the yearly increase rate for an individual born in 1937) for a yearly rate increase of \$61.40. Then multiply by 5 (years) to get \$307.

Divide \$56,700 by \$307, which equals just over 184 months (15 years).

It would take a little over 15 years at the increased monthly rate of \$1,252 beginning at age 70 to break even with the benefits payable at the smaller monthly rate of \$945 between the ages of 65 and 70.

**Important! If you elect to delay your benefit start date beyond the next 4 months, you cannot continue this internet application. However, you should immediately call 1-800-772-1213 toll-free for assistance and further information about your Social Security benefits. If you are deaf or hard of hearing, call our toll-free "TTY" number, 1-800-325-0778.**

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## What are my choices for when my benefits may begin?

- Option 1 will enable you to begin receiving reduced benefits in the earliest possible month considering your age in the month of filing. The date displayed in this option should be the current month or the first month you established an intent to file an application.

If you select Option 1 and you worked this year, at the end of the year, we will re-evaluate your first month of entitlement to benefits to be sure that you receive the most benefits possible. Our review will be based on the wages reported on the Form-W2 and self-employment income reported to the Internal Revenue Service. We will contact you if necessary.

- Select Option 2 if you do not want to receive benefits prior to your full retirement age (i.e., you do not want your monthly benefit amount reduced because you started receiving benefits before your full retirement age). The date displayed in this option should be the month and year you reach full retirement age.

If you select Option 2 and you worked this year, at the end of the year, we will re-evaluate your first month of entitlement to benefits to be sure that you receive the most benefits possible. Our review will be based on the wages reported on the Form-W2 and self-employment income reported to the Internal Revenue Service. We will contact you if necessary.

- Select Option 3 and enter a date **only** if you have a specific reason **other than your work and earnings** to choose a month different from the ones recommended in the other options. You will need to provide an explanation for why you chose the specific month (e.g., you are receiving unemployment that would be offset if your Social Security benefits started sooner). As long as the explanation indicates that you fully understood your options, **we will process your claim using the month you choose without any further discussion.**

**Important! If you elect to wait and receive unreduced benefits and your full retirement age is more than 4 months in the future, you cannot continue this internet application. However, you should immediately call 1-800-772-1213 toll-free for assistance and further information about your social security benefits. If you are deaf or hard of hearing, call our toll-free "TTY" number, 1-800-325-0778.**

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## What would be the impact of delaying benefit payments past my full retirement age?

The "Senior Citizens' Freedom to Work Act of 2000" has been passed. This removed the benefit deduction applied when a person filed for retirement but continued to work past their full retirement age. However, your right to delay your Social Security retirement start date continues. If you do elect to delay your benefit start date, you will receive a credit for each month past your full retirement age up to your 70th birthday that you do not receive benefits. The following chart shows the amount of the credit increase each year based on your date of birth.

Year of birth	Yearly increase rate
1/2/1927 - 1/1/1929	4%
1/2/1929 - 1/1/1931	4.5%
1/2/1931 - 1/1/1933	5%
1/2/1933 - 1/1/1935	5.5%
1/2/1935 - 1/1/1937	6%
1/2/1937 - 1/1/1939	6.5%
1/2/1939 - 1/1/1941	7%
1/2/1941 - 1/1/1943	7.5%
After 1/1/1943	8%

You should compare the amount of benefits received between your full retirement age and age 70 to the amount of the yearly increase. For most people it takes about 16 years beginning at the increased rate at age 70 to recoup the money that would have been payable at a lower rate beginning at their full retirement age.

Example:

Individual was born in 1937. The age 65 benefit estimate is \$945.

Multiply \$945 by 60 months (5 years between age 65 and age 70), which equals \$56,700.

Multiply \$945 by 6.5% (the yearly increase rate for an individual born in 1937) for a yearly rate increase of \$61.40. Then multiply by 5 (years) to get \$307.

Divide \$56,700 by \$307, which equals just over 184 months (15 years).

It would take a little over 15 years at the increased monthly rate of \$1,252 beginning at age 70 to break even with the benefits payable at the smaller monthly rate of \$945 between the ages of 65 and 70.

**Important! If you elect to delay your benefit start date beyond the next 4 months, you cannot continue this internet application. However, you should immediately call 1-800-772-1213 toll-free for assistance and further information about your Social Security benefits. If you are deaf or hard of hearing, call our toll-free "TTY" number, 1-800-325-0778.**

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## What are my choices for when my benefits may begin?

### What would be the impact of delaying benefit payments past my full retirement age?

The "Senior Citizens' Freedom to Work Act of 2000" has been passed. This removed the benefit deduction applied when a person filed for retirement but continued to work past their full retirement age. However, your right to delay your Social Security retirement start date continues. If you do elect to delay your benefit start date, you will receive a credit for each month past your full retirement age up to your 70th birthday that you do not receive benefits. The following chart shows the amount of the credit increase each year based on your date of birth.

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What are my choices for when my benefits may begin?

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## Workers' Compensation or Other Public Disability Benefits

Below are examples of workers' compensation and other public disability benefits. This is not an all-inclusive list:

- State Workers' Compensation (**WC**) benefits;
- Black Lung benefits from the Federal Mine Safety and Health Act (**FMSHA**);
- Disability benefits from the Civil Service Retirement System (**CSRS**);
- Benefits from the Federal Employees' Retirement System (**FERS**);
- Disability benefits from the military, including military retirement pensions based on disability (**not** Veterans' Administration or **VA** benefits);
- Temporary local government disability insurance (**LDI**) benefits;
- Temporary State government disability insurance (**SDI**) benefits;
- Federal Employees' Compensation Act (**FECA**) benefits; and
- Longshore and Harbor Workers' Compensation Act (**LSHWCA**) benefits.

Other forms of workers' compensation payments include:

- **Lump Sum Settlements** - Lump sum settlements are one-time payments made instead of periodic (e.g., weekly, bi-weekly, monthly, bi-monthly, etc.) workers' compensation (**WC**) payments. Workers who have received on-the-job injuries almost always incur significant expenses and debt that are not covered by **WC**. Lump sum settlements, therefore, become a necessity if they are going to pay their creditors. Often there can be disputes as to whether the injury is fully job-related or payable under **WC** State laws. Thus, to avoid lengthy litigation, employers will frequently settle and pay one lump sum. These lump sum settlements can cause a reduction to your Social Security benefits; and
- **Annuities** - **WC** settlements can also be awarded as annuities instead of lump sums. Such payments can be deferred or begin immediately. Annuities are annual payments paid for a specified period of time. Your Social Security benefits can be reduced if the annuity is paid as a substitute for workers' compensation payments.

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## Your Social Security Statement

In October 1999, we began sending a Social Security Statement to every American age 25 and older. The statement is mailed to you approximately three months prior to your birthday.

This statement shows information about earnings on which you have paid Social Security tax (also known as FICA or OASDI tax), your insured status for Social Security benefits, and an estimate of your benefit amount at various ages. You may also request a Social Security Statement at anytime using our website.

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## Bank or Other Financial Institution

- If your claim is approved and you want your benefits electronically deposited, we need to identify your bank or your other financial institution and the type of account where you want your benefits deposited.
- Where we use the term "bank or financial institution" in these instructions, it also includes credit unions, savings and loans, brokerage accounts, etc.

Direct Deposit into your checking or savings account is a safe, reliable and convenient way for you to receive your benefits. Federal agencies, like the Social Security Administration, are working to make most payments by Direct Deposit so that your benefit payments arrive on time every month, and you don't have to worry about your checks being stolen or lost. This modern method of payment helps us provide better service to you while allowing us to operate more efficiently. We encourage you to join the millions of Americans who currently receive their Federal benefits through Direct Deposit.

### Direct Deposit

If you currently have an account with a bank, credit union, savings and loan, brokerage firm or thrift institution, all you have to do is enter your bank's Routing Transit Number, your Account Number and the type of account where you want your benefits electronically deposited (i.e., Checking or Savings) in the spaces provided. Your name must appear on the title of the account. If you do not have an account with a financial institution, it may interest you to know that many financial institutions offer low-cost or no-fee accounts when you sign up for direct deposit.

### Electronic Transfer Account (ETA)

The U.S. Department of the Treasury designed the ETA for people who receive Federal payments but do not have, or may not qualify for a checking or savings account. This new low-cost account is available at many banks, savings and loans and credit unions. However, only those that applied and were federally approved are eligible to offer an ETA. ETA is used in combination with Direct Deposit.

If you currently use an ETA to receive other Federal benefits (e.g., VA, SSI, RRB, Military wages, etc.), you may be able to use the same account for your Social Security payments. Again, all you have to do is enter your bank's Routing Transit Number, your Account Number and the type of account where you want your benefits electronically deposited in the spaces provided.

If you don't have an ETA, you may open one even if you have been unable to qualify for a checking or savings account in the past. Like direct deposit, ETA is a safe, convenient and reliable way to automatically receive your benefits. In addition, your fee can never be more than \$3 per month by law and it could be less. (The actual monthly fee is determined by the account provider you choose.) To sign up for ETA, visit the ETA website at [www.eta-find.gov](http://www.eta-find.gov) or call 1-888-382-3311 toll-free to locate an ETA bank, a savings and loan or credit union near you. At the time you open the ETA, you must use one of the following methods:

1. enroll in Direct Deposit through automated enrollment at your financial institution;
2. enroll in Direct Deposit via telephone with the Social Security Administration; or
3. complete and submit a Direct Deposit sign-up form.

Although we believe electronically depositing your benefits is your best choice, you may choose to have your benefits mailed to you instead. If you do not want your benefits electronically deposited, make no entry in the fields asking for your 'Routing Transit Number' and 'Bank Account Number.'

**NOTE:** If your claim is approved and you do not choose to have your benefits electronically deposited, your award notice will advise you about the approximate day your check will be received each month.

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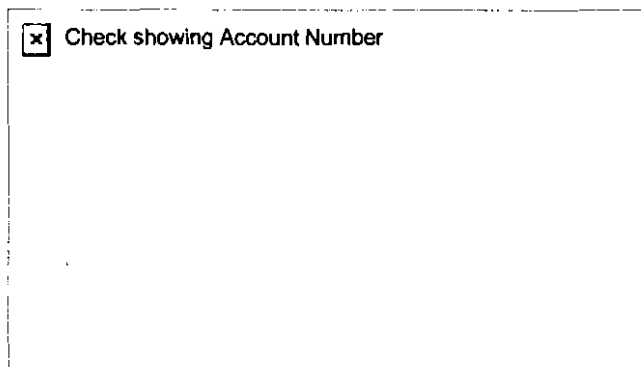
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## Bank Account Number

- This is a mandatory field if you want your benefits electronically deposited.
- We need to identify the account where you want your benefits sent. Only enter information about your own bank account. Where we use the term "bank" in these instructions, it also includes credit unions, savings and loans, brokerage accounts, etc.
- Enter your personal checking or savings account number. For checking accounts, there are three sets of numbers at the bottom of your check. The account number is either the second or third set of numbers as they appear in the lower left-hand corner after the 9-digit Routing Transit Number. The other set of numbers represents the individual check number (or check serial number). This is the same number shown in the top right-hand corner of your check, and should be ignored.



Your account number may also appear on your deposit slips or checking account statement.

**NOTE:** If you want your benefits deposited into an account with a brokerage firm (e.g., Legg Mason, Charles Schwab, etc.), **do not assume** the Bank Account and Routing Transit Numbers printed on your personal check are correct for your brokerage firm account. Most brokerage firms are not financial institutions and they usually designate a specific bank for their business transactions. Therefore, your brokerage firm account may have a different Account and Routing Transit Number than your personal checking account. Contact the brokerage firm to be sure that you have the correct Bank Account and Routing Transit numbers for your brokerage firm account.

- For savings accounts, this number should appear on your account statement. Otherwise, you will have to contact your bank. You can enter only letters, numbers, and dashes. Anything else will not be accepted.

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## Password

- SSA is providing you with a safe and secure method to view information from your Social Security benefit record on the Internet. You will be able to do business that cannot be seen or changed by others.
- With a password, you will be able to do things like:
  - Review your Social Security benefit information
  - Report changes
  - Complete electronic forms
- If you answer **"Yes"** **AND** your application is approved, we will mail you a Password Request Code. You must use this code to get into our secure website and choose your own password to access your record. No one else, including Social Security employees, will know your password.
- If you answer **"No,"** you will not be able to register a password using this online application. However, you may still be able to request one from [www.SocialSecurity.gov](http://www.SocialSecurity.gov) by selecting **"What you can do online"** and then selecting **"Get a password"** on the following page.

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## Working for an Employer

Select **"Yes"** if you worked for someone else and received wages and/or earned tips in any of the years shown. This includes earnings from which Social Security (also known as FICA or OASDI) taxes were withheld as well as those that were not subject to Social Security taxes. Only earnings covered under Social Security can be used in your benefit computation, but non-covered earnings are important for annual earnings test purposes. If you did not work in any of the years shown, select **"No"**.

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## We Cannot Match Your Zip Code

We are unable to verify this ZIP code. Please check the number you entered and make sure it is correct. If the Post Office recently gave your area a new ZIP code, it may not be on our records yet. In that case, use the prior ZIP code for your current address.

Please contact Social Security to make other arrangements to complete a Social Security Benefit Application if:

- this is your correct ZIP code and not a new code recently given to your area by the Post Office, or
- this is a new ZIP code recently given by the Post Office and you don't know the prior ZIP code.

To contact Social Security:

- 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 a.m. to 7 p.m.
- Call or visit your local Social Security office.

To reenter your ZIP code, close this window and type it in again.

Close this window to return to the application.

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## Sign Off

You indicated you want to leave the SSA application process. Later, you can come back and continue working on this application. You can also review the parts you already completed and add or change information.

**Warning:** If you leave the application process now, information you gave us on the page where you clicked the Sign Off button may be lost. Your answers are saved by Social Security when you have correctly completed a page, and clicked the continue button.

### To Come Back to This Application Later:

1. Go to this web site: <http://www.socialsecurity.gov/applytoretire>
2. Select "Restart Your Incomplete Application."
3. Type in your Social Security Number and the Confirmation Number shown below.
4. You will be taken back to the beginning of your application. The information on the pages you completed will be saved.

### DO NOT Forget Your Confirmation Number:

Your Confirmation Number is **38338529**. **Do not give this number to anyone else.** If you lose or forget your Confirmation Number, you will have to begin this application over again and you will lose all the information you already entered. To ensure your privacy, no one else can have access to your Confirmation Number. Social Security can help you start the process over again, but we cannot access your Confirmation Number. To have a record of your Confirmation Number, print this page and keep it in a safe place.

### Unable to Come Back?

If, for some reason, you are unable to come back to this application later, you can use any of the following ways to complete a Social Security Benefit Application:

- Call our toll-free number, **1-800-772-1213**. Explain that you don't want to use the online application process but do want to file a claim. 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 a.m. to 7 p.m.
- Contact your local Social Security office and tell the representative that you want to file an application.
- If you live outside the United States, see [Service Around the World](#).

[Feedback](#)

Sign Off

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## We Cannot Process Your Request

We are sorry for the inconvenience but we cannot process your request.

If you want to know about other options for completing this benefit application you may call **1-800-772-1213** or contact your [local Social Security office](#). 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 a.m. to 7 p.m.

Select the Exit button to leave this application. You will be taken to the Social Security home page.

[Feedback](#)

[Exit](#)