

TRANSFER TO XXXX RSDIR CLAIMS APPLICATION APP1

[1-M]

SP NAME XX

[2-M]

[2-M]

SSN XXXXXXXX SEX X NH BIRTHDATE 99999999

[4-M]

[5-C]

PROOF (A,B,C,F,Q) X PROOF TYPE (P,H,N,O) X

[6-M]

SELECT CLAIM TYPE(S): 9 9 9 1 RETIREMENT 4 AUXILIARY 7 AGE 72

2 DISABILITY 5 USINS MED ONLY 8 ESRD

[7-C]

3 SURVIVOR 6 LUMP SUM

ABBREVIATED APPLICATION: X

CLAIMANT (IF DIFFERENT):

A 2

[8-C]

NAME XX

[9-C]

[10-C]

[11-C]

SSN 999999999 SEX X BIRTHDATE: 99999999

[12-C]

[13-C]

PROOF (A,B,C,F,Q) X PROOF TYPE (P,H,N,O) X

[14-C]

[15-C]

RELATIONSHIP TO NH: 9 1 SPOUSE (SUBSEQUENT CLAIM: 9 1 1 RIB

2 SPOUSE WITH CHILD IN CARE 2 DIB

3 CHILD

APPLICANT (IF DIFFERENT) 4 DEPENDENT PARENT

[16-C]

NAME XX

[17-C]

[18-C]

[19-C]

SSN: 999999999 FIN: 999999999 WILL APPLICANT BE ENTERED IN RPS (Y/N) X

MCS

CLAIM CONTACT METHOD DATA

CCMD

NH:

CL:

SELECT CONTACT METHOD FOR ESTABLISHING APPLICATION

*CLAIM TYPE: PARENT CONTACT METHOD 1: 02

CLAIM TYPE: CONTACT METHOD 2: ---

CLAIM TYPE: CONTACT METHOD 3: ---

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

2-VISIT - CLAIM INITIATED IN PERSON WITH THE CLAIMANT

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

4-INTERNET - CLAIM STARTED AND COMPLETED ON THE INTERNET

5-ICT - CLAIM ORIGINATED THROUGH 800 NUMBER AND REFERRED TO ICT UNIT

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

UNSATISFIED FELONY WARRANTS FOR YOUR ARREST? (Y/N): _

UNSATISFIED FEDERAL/STATE WARRANTS FOR VIOLATION OF PROBATION/PAROLE? (Y/N): _

*IF AWARDED DO YOU WANT A PASSWORD TO USE THE INTERNET/PHONE SERVICE? (Y/N): N

SELECT MAILING METHOD (BLIND NOTICE INFORMATION) TYPE: _

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

PF1 FOR HELP

TRANSFER TO: _____

MC'S TRANSFER TO XXXX IDENTIFICATION IDEN
NH SSSSSSSS XXXX SSSSSSSS CI SSSSSSSS SSSSS SSSSSSSSSS

[1-M]

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

[2-M]

[2-C]

[4-C]

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

[5-M]

[6-M]

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

[7-C]

OTHER NAMES USED: XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXX

XX

XX

XX

XX

[8-M]

[9-M]

[10-M]

EVER MARRIED (Y/N) X CURRENTLY MARRIED (Y/N) X DEP CHILDREN (Y/N) X

[11-M]

WORK OR EARNINGS IN 1955 1955 1955 1955 (Y/N) X

[12-M]

[13-C]

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

[14-C]

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

[15-M]

[16-M]

[17-M]

PRIOR APPLICATION FOR RSD (Y/N) X FOR SSI (Y/N) X FOR MEDICARE (Y/N) X

[18-C]

[19-C]

CROSS REFERENCE SSN: 999999999 STAT: XX SSN: 999999999 STAT: XX

[20-C]

[21-C]

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX SSN: 999999999

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX SSN: 999999999

[22-C]

MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

mes TRANSFER TO: XXXX ADDITIONAL BENEFITS ADOB
M1XXXXXXXX XXXX XXXXXXXXXXXX C1 XXXXXXXX XXXX XXXXXXXXXXXX

[1-A]

ACTIVE US MILITARY RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939 (Y/N) X

[2-M]

[1-A]

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

[4-M]

[5-C]

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

[6-M]

[7-C]

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

[8-C]

[9-C]

FILING FOR FOREIGN SSA (Y/N) X REQUIRES FOREIGN QCS FOR US FILING (Y/N) X

[10-C]

[11-C]

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

[12-M]

[13-C]

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

[14-M]

[15-C]

JAPANESE INTERNEL (Y/N) X VOW OF POVERTY (Y/N) X

[16-M]

QUALIFY FOR US FED STATE/LOCAL GOVT PENSION BASED ON ANY WORK YOU PERFORMED
which was NOT COVERED UNDER SSA (Y/N) X

[17-M]

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

[18-C]

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

[19-C]

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

[20-C]

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

[21-C]

WILL MEDICARE APPLY: 0 1. YES 2. NO 3. ALREADY ENROLLED ON ANOTHER SSN

[22-M]

IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT

FILING FOR BENEFITS ON OWN RECORD (Y/N) X

TRANSFER TO XXXX NH IDENTIFICATION NHID
NH SSSSSSSSS SSSSS SSSSSSSSSSS CI SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M]

EVER MARRIED (Y/N) X

[2-M]

NH DEP CHILDREN (Y/N) X

[3-M]

NH DEP PARENTS (Y/N) X

[4-M]

WORK LAST YEAR OR THIS YEAR (Y/N) X

[5-M]

[6-M]

[7-M]

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

[8-C]

[9-C]

CROSS REFERENCE SSN: 999999999 STAT: XX SSN: 999999999 STAT: XX

[10-C]

[11-C]

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX SSN: 999999999

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX SSN: 999999999

[12-C]

MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

[13-C]

OTHER NAMES: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX XXXX
XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

MC'S 2.7 TRANSFER TO: XXXX NH ADDITIONAL BENEFITS
NHAB

NHXXXXXXXXXXXX SSSSSS SSSSSSSSSSSS CL SSSSSSSSSS SSSSSS SSSSSSSSSSSS

MC'S TRANSFER TO: XXXX INFORMATION ABOUT THE DECEASED DECD
NHXXXXXXXXXXXX SSSSSS SSSSSSSSSSSS CL SSSSSSSSSS SSSSSS SSSSSSSSSSSS

[1-M] [2-M] [3-C]
DATE OF DEATH: 99999999 PROOF (P/N): X TYPE OF PROOF (P/O): X

[4-M]
DOMICILE AT DEATH: XXXXXXXXXXXXXXXXXXXX

[5-M]
PLACE OF DEATH (CITY/STATE): XXXXXXXXXXXXXXXXXXXX

[6-M] [7-C]
DISABLED AT TIME OF DEATH (Y/N): X DISABILITY BEGAN: 999999

[8-C]
WAS CLAIMANT ELIGIBLE AS WIDOW(ER) PRIOR TO 1985 ON ANY SSN (Y/N): X

[9-C]
SURVIVING SPOUSE (Y/N): X

[10-C]
NAME: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX

[11-C]
ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX

[12-C]
SPOUSE LIVING WITH DECEASED AT TIME OF DEATH (Y/N): X

[13-C] [14-C]
AWAY FROM HOME: 9 1. DECEASED DATE LAST HOME: 999999
2. SPOUSE

[15-C]
REASON FOR SEPARATION AT DEATH:
XX

[16-C]
IF DUE TO ILLNESS, NATURE OF ILLNESS:
XX

[17-C]
REASON ABSENCE BEGAN:
XX

[18-C]
IS SPOUSE: 9 1. LIVING IN SAME HOUSEHOLD 2. ELIGIBLE OR ENTITLED TO BENS
3. NOT ENTITLED TO LSDP

MC'S 2.7 TRANSFER TO: XXXX NH ADDITIONAL BENEFITS
NHAD

NI1SSSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M]

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

[2-M]

WORKED IN RR FOR 7 YEARS OR MORE (Y/N): X

[3-M]

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

[4-M]

[5-C]

[6-C]

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

[7-C]

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

[8-M]

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

[9-M]

[10-M]

JAPANESE INTERNEE (Y/N): X

VOW OF POVERTY (Y/N): X

*system
change
pending*

COMM CITIZENSHIP (U.S. AND/OR FOREIGN) CLCZ

[1-D] [2-D] [3-D]

NI: SSSSSSSSS SSSSS SSSSSSSSSSS HN: SSSSSSSSS SSSSS
SSSSSSSSSS PIC: SSS

[4-M]

*COUNTRY/TERRITORY OF CITIZENSHIP: xx

[5-C]

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

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

[6-C]

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

1- ENUMERATION 4- DEVELOPMENT PENDING

2- TITLE 2/18 5- NO PROOF

3- TITLE 16 6- PRESUMED - SYSTEMS GENERATED ONLY

[7-M]

*CITIZENSHIP START DATE (MMDDCCYY): 99999999

[8-O]

CITIZENSHIP STOP DATE (MMDDCCYY): 99999999

[9-O]

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

[10-O]

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

[11-O]

[12-O]

ADD NEW OCCURRENCE (Y/N): X
OCCURRENCES (Y/N): X

REVIEW PRIOR

[13-D]

[14-O]

PUT HELP AVAILABLE

TRANSFER TO: XXXX

F. FACSIMILE: EARN - EARNINGS

MCS 3.7 TRANSFER TO: XXXX EARNINGS EARN

NH SSSSSSSSSS SSSSS SSSSSSSSSSSS CL. SSSSSSSSSS SSSSS SSSSSSSSSSSS

LIST ALL EARNINGS AND TYPES FOR SSSS SSSS SSSS

TYPES ARE: 1=FICA WAGES 2=SEI 3=EMPLOYEE REPORTED TIPS 4=RR LAG

PROOF CODES ARE: P=PROVEN R=READILY AVAILABLE N=NOT

AVAILABLE D=DELETED LAG

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

[5-C]

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

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

D. FACSIMILE. HIHI HEALTH INSURANCE

TRANSFER TO: XXXX HEALTH INSURANCE - SSSS HIHI

NH SSSSSSSSS SSSSS SSSSSSSSSSS SS SSSSSSSSS SSSSS SSSSSSSSSSS

[1-D]

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

[2-D]

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

[3-D]

[4-D]

BIRTH DATE: SSSSSSSS PROOF CODE: S

[5-C] [6-C]

TYPE OF ACTION - SMI: P PREMIUM HI: P

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

[7-M]

[8-M]

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

[9-O]

[10-M]

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

[11-M]

[12-M]

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

[13-O]

[14-O]

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

[15-M]

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

[16-M]

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

[17-O]

FINAL REFUSAL ACCEPTANCE DATE (MMDDYY): PPPPPP

ESRD OPTIONS:

[18-O]

BENEFICIARY RESTRICTED HI ENTITLEMENT MONTH (MMYY): PPPP

[19-C]

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

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

D. FACSIMILE: NMAR - NH MARRIAGE

MCS 3 4 NH MARRIAGE NMAR

NH SSSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSSS SSSSS SSSSSSSSSS

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

SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXXX MI: X LAST NAME:
XXXXXXXXXXXXXXXXXXXX

[4-C]

SPOUSE'S SSN: 99999999

[5-C]

[6-C]

SPOUSE'S BIRTHDATE (MMDDYYYY): 99999999 IF BIRTHDATE
UNKNOWN, AGE: 999

[7-M]

[8-M]

MARRIAGE DATE (MMDDCCYY): 99999999 PROOF (Y/N): X

[9-C]

MARRIAGE OCCURRED IN WHAT STATE/FOREIGN COUNTRY: XX

[10-C]

SELECT MARRIAGE TYPE: 9 1=CLERGY/PUBLIC OFFICIAL

2=COMMON LAW

3=OTHER CEREMONIAL

4= DEEMED.

[11-M]

[12-C]

[13-C]

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

STATE OR FOREIGN COUNTRY WHERE MARRIAGE ENDED: XX

[15-C]

SELECT REASON: 9 1=DEATH

2=DIVORCE

3=ANNULMENT OR VOIDABLE

4=PUTATIVE

5=VOID/VOIDED

[16-C]

IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999

[17-M]

[18-C]

OTHER MARRIAGES (Y/N): X DELETE SCREEN (Y/N): X

[19-D]

[20-C]

PAGE: X

TRANSFER TO: XXXX

D FACSIMILE: BMAR-BENEFICIARY MARRIAGE
COMM BENEFICIARY MARRIAGE BMAR

[1-D]

[2-D]

[3-D]

NH: SSSSSSSSS SSSSS SSSSSSSSSSS BN: SSSSSSSSS SSSSS SSSSSSSSSSS
PIC: SSS

[4-M]

[5-M] [6-M]

*SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXXX MIDDLE: X *LAST:
XXXXXXXXXXXXXXXXXXXX

[7-O]

SPOUSE'S SSN: XXXXXXXXX

[8-O]

[9-O]

SPOUSE'S BIRTHDATE (MMDDCCYY): 99999999 IF BIRTHDATE UNKNOWN.
AGE: 999

[10-M]

[11-M]

*MARRIAGE DATE (MMDDCCYY): 99999999 *PROOF (Y/N): X

[12-O]

MARRIAGE OCCURRED IN WHAT STATE/FOREIGN COUNTRY: XX

[13-M]

*SELECT MARRIAGE TYPE: 9 1=CLERGY/PUBLIC OFFICIAL 3=OTHER
CEREMONIAL

2=COMMON LAW

4=DEEMED.

[14-O]

SELECT SPECIAL RELATIONSHIP: 9 1=216B1 2=216F1 3=202C2 4=216K

[15-O]

PROTECTED MARRIAGE (Y/N): X

[16-C]

[17-C]

MARRIAGE END DATE (MMDDCCYY): 99999999 PROOF (Y/N): X

[18-C]

SELECT MARRIAGE END REASON: 9

1=DEATH 2=DIVORCE 3=ANNULMENT OF VOIDABLE 4=PUTATIVE
5=VOID/VOIDED.

[19-C]

STATE/FOREIGN COUNTRY WHERE MARRIAGE ENDED: XX

[20-O]

IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999

[21-M]

*OTHER MARRIAGES (Y/N): X

[22-O]

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

[23-O]

[24-O]

ADD NEW OCCURRENCE (Y/N): x
(Y/N) x

[25-D]

PFI HELP AVAILABLE

REVIEW PRIOR OCCURRENCES

[26-O]

TRANSFER TO: XXXX

