

**APPLICATION FOR MOTHER'S OR FATHER'S INSURANCE BENEFITS\***

(Do not write in this space)

I apply for all insurance benefits for which I am eligible under Title II (Federal Old-Age, Survivors, and Disability Insurance) and Part A of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act, as presently amended.

The information you furnish on this application will ordinarily be sufficient for a determination on the lump-sum death payment.

\*This may also be considered an application for survivors benefits under the Railroad Retirement Act and for Veterans Administration payments under title 38 U.S.C., Veterans Benefits, Chapter 13 (which is, as such, an application for other types of death benefits under title 38).

1.	(a) PRINT name of deceased wage earner or self-employed person (herein referred to as the "Deceased").	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(b) Check (X) one for the Deceased.	<input type="checkbox"/> Male <input type="checkbox"/> Female
	(c) Enter Deceased's Social Security Number.	____ / ____ / ____
2.	(a) PRINT your name.	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(b) Enter your Social Security Number.	____ / ____ / ____
3.	Enter your name at birth if different from item 2.	
4.	(a) Enter your date of birth.	MONTH, DAY, YEAR
	(b) Enter name of State or foreign country where you were born.	

Please read carefully before answering item 5

lower case "d"

You may receive a mother's or a father's benefit for any month in which you have in your care the Deceased's child or dependent grandchild who is entitled to a child's benefit if the child is:

- under age 16, or
- disabled or handicapped (age 16 or over and disability began before age 22).

If you are filing as a surviving divorced mother or father, such child must be your son, daughter, or legally adopted child who is entitled to child's benefits on the Deceased's earnings record.

Mother's or father's benefits are not payable if the only child in your care is a child age 16 or over who is not disabled.

5.	Has an unmarried child or dependent grandchild of the Deceased, who is under age 16 or disabled, lived with you any time from the month of death through the present month? (Include <del>natural</del> child, adopted child, stepchild, and stepgrandchild.) (If "Yes," enter the information requested below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of child	Months child lived with you (If all, write "All")
6.	(a) Have you (or has someone on your behalf) ever filed an application for Social Security benefits, a period of disability under Social Security, Supplemental Security Income, or hospital or medical insurance under Medicare?	<input type="checkbox"/> Yes (If "Yes," answer (b) and (c).) <input type="checkbox"/> No (If "No," go on to item 7.)
	(b) Enter name of person on whose Social Security record you filed other application.	
	(c) Enter Social Security Number of person named in (b). (If "Unknown," so indicate.)	____ / ____ / ____

Insert "This" and add "s" to word "include". See Addendum

7. (a) Are you, or during the past 14 months have you been, unable to work because of illnesses, injuries or conditions?  Yes  No  
*(If "Yes," answer (b).) (If "No," go on to item 8.)*

(b) Enter the date you became unable to work. \_\_\_\_\_  
 Month, Day, Year

8. Did you work in the railroad industry for 5 years or more?  Yes  No

9. (a) Do you have Social Security credits (for example, based on work or residence) under another country's Social Security system?  Yes  No  
*(If "Yes," answer (b).) (If "No," go on to item 10.)*

(b) If "Yes," list the country(ies). \_\_\_\_\_

10. Is there a surviving parent (or parents) of the Deceased who was receiving support from the Deceased at the time of death or at the time the Deceased became disabled?  Yes  No  
*(If "Yes," enter the name and address of the parent(s) in "Remarks".)*

lower case "d"

See Addendum for revised Q. 11 & 12.

11. Enter below information about each of your marriages. Include information on your marriage to the Deceased and any other marriages, whether before or after you married the Deceased. If you are applying for father's benefits, enter the maiden name of the Deceased.

To whom married	When (Month, day, year)	Where (Name of City and State)
Your last marriage	How marriage ended	When (Month, day, year)
	Where (Name of City and State)	
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in "Remarks")	Spouse's date of birth (or age)
	If spouse deceased, give date of death	
Spouse's Social Security Number (If "None" or "Unknown," so indicate) _____ / _____ / _____		
To whom married	When (Month, day, year)	Where (Name of City and State)
Your previous marriage (IF NONE, WRITE "NONE.")	How marriage ended	When (Month, day, year)
	Where (Name of City and State)	
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in "Remarks")	Spouse's date of birth (or age)
	If spouse deceased, give date of death	
Spouse's Social Security Number (If "None" or "Unknown," so indicate) _____ / _____ / _____		

(Use "Remarks" space on back of page for information about any other previous marriage)

12. Enter below the information requested about each marriage of the Deceased, including the marriage to you. (Indicate your marriage to the Deceased by entering your name; it is not necessary to repeat other information about this marriage you have already given in item 11.) Enter complete information on all other marriages.

To whom married	When (Month, day, year)	Where (Name of City and State)
Last marriage of Deceased	How marriage ended	When (Month, day, year)
	Where (Name of City and State)	
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)
	If spouse deceased, give date of death	
Spouse's Social Security Number (If "None" or "Unknown," so indicate) _____ / _____ / _____		
To whom married	When (Month, day, year)	Where (Name of City and State)
Previous marriage of the Deceased (IF NONE, WRITE "NONE.")	How marriage ended	When (Month, day, year)
	Where (Name of City and State)	
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)
	If spouse deceased, give date of death	
Spouse's Social Security Number (If "None" or "Unknown," so indicate) _____ / _____ / _____		

(Use "Remarks" space on back page for information about any other previous marriage)

If you are applying for surviving divorced spouse's benefits, omit 13 and go on to item 14.

13. (a) Were you and the ~~D~~ Deceased living together at the same address when the ~~D~~ Deceased died? lower case "d"  Yes  No  
 (If "Yes," go on to item 14.) (If "No," answer (b).)

(b) If either you or the ~~D~~ Deceased were away from home (whether or not temporarily) when the ~~D~~ Deceased died, give the following: lower case "d"

Who was away?  You  Deceased

Reason absence began \_\_\_\_\_

Date last at home \_\_\_\_\_

Reason you were apart at time of death \_\_\_\_\_

If separated because of illness, enter nature of illness or disabling condition lower case "d"

Answer item 14 ONLY if the ~~D~~ Deceased died before this year.

14. (a) How much were your total earnings last year? \_\_\_\_\_ \$

(b) Place an "X" in each block for EACH MONTH of last year in which you did not earn more than \*\$ \_\_\_\_\_ in wages, and did not perform substantial services in self-employment. These months are exempt months. If no months were exempt months, place an "X" in "NONE". If all months were exempt months, place an "X" in "ALL."  
 \*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits".

NONE		ALL
JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEPT
OCT	NOV	DEC

15. (a) How much do you expect your total earnings to be this year? \_\_\_\_\_ \$

(b) Place an "X" in each block for EACH MONTH of this year in which you did not or will not earn more than \*\$ \_\_\_\_\_ in wages, and did not or will not perform substantial services in self-employment. These months are exempt months. If no months are or will be exempt months, place an "X" in "NONE". If all months are or will be exempt months, place an "X" in "ALL".  
 \*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits".

NONE		ALL
JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEPT
OCT	NOV	DEC

Answer this item ONLY if you are now in the last 4 months of your taxable year (Sept., Oct., Nov., and Dec., if your taxable year is a calendar year).

16. (a) How much do you expect to earn next year? \_\_\_\_\_ \$

(b) Place an "X" in each block for EACH MONTH of next year in which you do not expect to earn more than \*\$ \_\_\_\_\_ in wages, and do not expect to perform substantial services in self-employment. These months will be exempt months. If no months are expected to be exempt months, place an "X" in "NONE". If all months are expected to be exempt months, place an "X" in "ALL".  
 \*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits".

NONE		ALL
JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEPT
OCT	NOV	DEC

If you use a fiscal year, that is, a taxable year that does not end December 31 (with income tax return due April 15), enter here the month your fiscal year ends. \_\_\_\_\_ MONTH

17.	(a) Have you qualified for, or do you expect to qualify for, a pension or annuity (or a lump sum in place of a pension or annuity) based on your own employment and earnings for the Federal Government of the United States, or one of its States or local subdivisions? (Social Security benefits are not government pensions). →	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," check the box in item (b) that applies.) (If "No," go on, to item 18.)
	(b) <input type="checkbox"/> I receive a government pension or annuity. <input type="checkbox"/> I received a lump sum in place of a government pension or annuity. <input type="checkbox"/> I applied for and am awaiting a decision on my pension or lump sum.	I have not applied for but I expect to begin receiving my pension or annuity: <input type="checkbox"/> (If the date is not known, enter "Unknown.") Month _____ Year _____

18. Check if applicable:

- I am not submitting evidence of the deceased's earnings that are not yet on his/her earnings record. I understand that these earnings will be included automatically within 24 months, and any increase in my benefits will be paid with full retroactivity.

19.	<del>Do you have any unsatisfied felony warrants for your arrest? →</del>	<del><input type="checkbox"/> Yes <input type="checkbox"/> No</del>
20.	<del>Do you have any unsatisfied Federal or State warrants for your arrest for violating the conditions of your probation or parole? →</del>	<del><input type="checkbox"/> Yes <input type="checkbox"/> No</del>

Remove Q. 19 & 20. See Addendum.

REMARKS (You may use this space for any explanations. If you need more space, attach a separate sheet.)

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, 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 information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGNATURE OF APPLICANT			Date (Month, day, year)
Signature (First Name, Middle Initial, Last Name) (Write in ink)			Telephone number(s) at which you may be contacted during the day
SIGN HERE ►			(AREA CODE)
FOR OFFICIAL USE ONLY	Direct Deposit Payment Address (Financial Institution)		
	Routing Transit Number	C/S	Depositor Account Number
			<input type="checkbox"/> No Account <input type="checkbox"/> Direct Deposit Refused

Applicant's Mailing Address (Number and street, Apt No., P.O. Box, or Rural Route) (Enter Residence Address in "Remarks," if different.)

City and State	ZIP Code	County (if any) in which you now live
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Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses. Also, print the applicant's name in the Signature block.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State and ZIP Code)	Address (Number and Street, City, State and ZIP Code)

The Social Security Administration is authorized to collect the information on this form under sections 202, 205, and 223 of the Social Security Act. The information you provide will be used by the Social Security Administration to determine if you or a dependent is eligible to insurance coverage and/or monthly benefits. You do not have to give us the requested information. However, if you do not provide the information, we will be unable to make an accurate and timely decision concerning your entitlement or a dependent's entitlement to benefit payments.

The information you provide may be disclosed to another Federal, State or local government agency for determining eligibility for a government benefit or program, to a Congressional office requesting information on your behalf, to an independent party for the performance of research and statistical activities, or to the Department of Justice for use in representing the Federal government.

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

Explanations about these and other reasons why information you provide 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.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

See revised Privacy Act and Paperwork Reduction Act Statements below.

**RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY MOTHER'S OR FATHER'S INSURANCE BENEFITS**

TELEPHONE NUMBER(S) TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT	<b>BEFORE YOU RECEIVE A NOTICE OF AWARD</b>  _____ (AREA CODE)	SSA OFFICE	DATE CLAIM RECEIVED
	<b>AFTER YOU RECEIVE A NOTICE OF AWARD</b>  _____ (AREA CODE)		

Your application for Social Security benefits has been received and will be processed as quickly as possible.

You should hear from us within \_\_\_\_\_ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.

In the meantime, if you have a change of address, or if there is

some other change that may affect your claim, you or someone for you should report the change. The changes to be reported are listed below.

Always give us your claim number when writing or telephoning about your claim.

If you have any questions about your claim, we will be glad to help you.

CLAIMANT	DECEASED'S SURNAME IF DIFFERENT FROM CLAIMANT'S	SOCIAL SECURITY NUMBER
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**CHANGES TO BE REPORTED AND HOW TO REPORT**

FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAYED, AND IN POSSIBLE MONETARY PENALTIES

- ▶ You change your mailing address for checks or residence. (To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office.)
- ▶ Your citizenship or immigration status changes.
- ▶ You go outside the U.S.A. for 30 consecutive days or longer.
- ▶ Any beneficiary dies or becomes unable to handle benefits.
- ▶ Work Changes -- On your application you told us you expect total earnings for \_\_\_\_\_ to be \$ \_\_\_\_\_.  
 (year)  
 You  (are)  (are not) earning wages of more than \$ \_\_\_\_\_ a month.  
 You  (are)  (are not) self-employed rendering substantial services in your trade or business.  
 (Report AT ONCE if this work pattern changes.)
- ▶ You are confined to 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 have an unsatisfied warrant for your arrest for a crime or attempted crime that is a felony (or, in jurisdictions that do not define crimes as felonies, a crime that is punishable by death or imprisonment for a term exceeding 1 year.) add period after parenthesis

- ▶ Custody Change or Disability Improves - Report if a person for whom you are filing, or who is in your care dies, leaves your care or custody, changes address, or if disabled, the condition improves.
- ▶ You begin to receive a government pension or annuity (from the Federal government or any State or any political subdivision thereof) or your pension or annuity amount changes.

**HOW TO REPORT**

You can make your reports by telephone, mail, or in person, whichever you prefer. If you are awarded benefits, and one or more of the above change(s) occur, you should report by:

- ▶ Calling us TOLL FREE at 1-800-772-1213;
- ▶ If you are deaf or hearing impaired, calling us TOLL FREE at TTY 1-800-325-0778; or
- ▶ Calling, visiting or writing your local Social Security office shown on your claim receipt.

For general information about Social Security, visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov).

**insert "at the phone number and address shown."**

For those under full retirement age, the law requires that a report of earnings be filed with SSA within 3 months and 15 days after the end of any taxable year in which you earn more than the annual exempt amount. You may contact SSA to file a report. Otherwise, SSA will use the earnings reported by your employer(s) and your self-employment tax return (if applicable) as the report of earnings required by law and adjust benefits under the earnings test. It is your responsibility to ensure that the information you give concerning your earnings is correct. You must furnish additional information as needed when your benefit adjustment is not correct based on the earnings on your record.

# REPORTING RESPONSIBILITIES FOR MOTHER'S OR FATHER'S INSURANCE BENEFITS

## CHANGES TO BE REPORTED AND HOW TO REPORT FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAID, AND IN POSSIBLE MONETARY PENALTIES

- ▶ You change your mailing address for checks or residence. *(To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office.)*
- ▶ Your citizenship or immigration status changes.
- ▶ You go outside the U.S.A. for 30 consecutive days or longer.
- ▶ Any beneficiary dies or becomes unable to handle benefits.
- ▶ Work Changes - On your application you told us you expect total earnings for \_\_\_\_\_ to be \$ \_\_\_\_\_.

- ▶ You begin to receive a government pension or annuity (from the Federal government or any State or any political subdivision thereof) or your pension or annuity amount changes.
- ▶ You have an unsatisfied warrant for your arrest for a crime or attempted crime that is a felony (or, in jurisdictions that do not define crimes as felonies, a crime that is punishable by death or imprisonment for a term exceeding 1 year.)
- ▶ You have an unsatisfied warrant for a violation of probation or parole under Federal or State law.

**Insert new heading "WORK AND EARNINGS"**

### HOW TO REPORT

You can make your reports by telephone, mail, or in person, whichever you prefer.

If you are awarded benefits, and one or more of the above change(s) occur, you should report by:

- ▶ Calling us TOLL FREE at 1-800-772-1213;
- ▶ If you are deaf or hearing impaired, calling us TOLL FREE at TTY 1-800-325-0778; or
- ▶ Calling, visiting or writing your local Social Security office ~~shown on your claim receipt.~~

For general information about Social Security, visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov).

For those under full retirement age, the law requires that a report of earnings be filed with SSA within 3 months and 15 days after the end of any taxable year in which you earn more than the annual exempt amount. You may contact SSA to file a report. Otherwise, SSA will use the earnings reported by your employer(s) and your self-employment tax return (if applicable) as the report of earnings required by law and adjust benefits under the earnings test. It is your responsibility to ensure that the information you give concerning your earnings is correct. You must furnish additional information as needed when your benefit adjustment is not correct based on the earnings on your record.

You  (are)  (are not) earning wages of more than \$\_\_\_\_\_ a month.

You  (are)  (are not) self-employed rendering substantial services in your trade or business.

(Report AT ONCE if this work pattern changes)

**insert "at the phone number and address shown."**

- ▶ Change of Marital Status - Marriage, divorce, annulment of marriage. You must report marriage even if you believe that an exception applies.
- ▶ Custody Change or Disability Improves - Report if a person for whom you are a filing, or who is in your care dies, leaves your care or custody, changes address, or, if disabled, the condition improves.
- ▶ You are confined to 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.

**Delete "r" and replace "a" with "are".**

**Move this paragraph under new heading above "Work and Earnings."**

### NOTICE ABOUT DOCUMENTS

We recommend that you keep all documents you submitted to us.

We are returning the documents you submitted with this claim.

**Collection and Use of Information From Your Application  
Privacy Act Notice/Paperwork Act Notice**

See Below for Revised Privacy Act Language

The Social Security Administration is authorized to collect the information on this form under sections 202, 205, and 223 of the Social Security Act. The information you provide will be used by the Social Security Administration to determine if you or a dependent is eligible to insurance coverage and/or monthly benefits. You do not have to give us the requested information. However, if you do not provide the information, we will be unable to make an accurate and timely decision concerning your entitlement or a dependent's entitlement to benefit payments.

The information you provide may be disclosed to another Federal, State or local government agency for determining eligibility for a government benefit or program, to a Congressional office requesting information on your behalf, to an independent party for the performance of research and statistical activities, or to the Department of Justice for use in representing the Federal government.

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

Explanations about these and other reasons why information you provide 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.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

Insert "should be provided"

insert "TTY  
1-800-325-0778"



The following Privacy Act Statement will be inserted at the next scheduled printing.

## Collection and Use of Information from Your Application Privacy Act Notice

The Social Security Administration (SSA) is authorized to collect the information on this form under sections 202, 205, and 223 of the Social Security Act. The information you provide will be used by SSA to determine if you or a dependent is eligible to insurance coverage and/or monthly benefits. While completion of this form is voluntary, failure to provide all or any part of the requested information may effect our ability to make an accurate and timely decision concerning your entitlement or a dependent's entitlement to benefit payments.

The information you furnish on this form may be disclosed by SSA as generally permitted under 5 U.S.C. § 522a(b) of the Privacy Act, as amended. This includes using the information: (1) to assist Social Security in establishing the right of an individual to Social Security benefits; (2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs; and (3) to comply with Federal laws requiring the release of information from our records .

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

Explanations about reasons why information you provide us may be used or provided to other agencies are available upon request from a Social Security office.