SOCIAL SECURITY ADMINISTRATION ☐ TEL TOE 120 Form Approved OMB NO. 0960-0096

(Do not write in this space)

APPLICATION FOR SPECIAL AGE-72-OR-OVER MONTHLY PAYMENTS

I apply for special payments under Sec. 228 of the Social Security Act, as amended, and for entitlement to all insurance benefits which may be payable to me under Title II and part A of Title XVIII of that Act, as presently amended.

1.	Enter Your Full Name *(First name, middle initial, last name)*	Enter Your Social Security Number *(If none or unknown so indicate)* ___ ___ / ___ ___ / ___ ___ ___ ___
2.	Enter your date of birth *(Show month, day, and year)* →	
3.	(a) Have you ever filed an application for social security benefits *(this includes application for hospital insurance protection, as well as for monthly cash benefits)*? If "Yes," complete (b), (c), and (d) below.	☐ Yes ☐ No
	(b) Enter name of person on whose earnings record you filed your previous application(s).	(c) Enter Social Security number of person named in (b) ___ ___ / ___ ___ / ___ ___ ___ ___
	(d) Since you filed your previous application(s), have you been self-employed or worked in employment covered by Social Security or the Railroad Retirement Act? →	☐ Yes ☐ No
4.	Have you ever engaged in work that was covered under the social security system of a country other than the United States? →	☐ Yes ☐ No
	If "Yes," list the country(ies): →	
5.	Were you employed or self-employed this year or last year?	☐ Yes ☐ No
6.	If you were in the active military or naval service after September 7, 1939, enter the dates of service below:	
	From *(Month, year)*	To *(Month, year)*
7.	Are you a resident of one of the 50 States of the United States, the District of Columbia or Northern Mariana Islands? *(To reside in a place means to make a home there.)* →	☐ Yes ☐ No

8.	(a) Are you a citizen of the United States? → *(If "Yes," go on to item 9.) (If "No," answer (b), (c), and (d) below.)*	☐ Yes	☐ No		
	(b) Are you lawfully admitted for permanent residence in the United States? →	☐ Yes	☐ No		
	(c) Have you resided outside the United States at any time during the last five years? → *(If "Yes," enter below the information requested.)*	☐ Yes	☐ No		
	ADDRESSES AT WHICH YOU RESIDED OUTSIDE THE U.S. IN THE LAST FIVE YEARS *(Begin with the most recent address) (If you need more space use the "Remarks" space or another sheet of paper.)*	DATE RESIDENCE BEGAN		DATE RESIDENCE ENDED	
		MONTH	YEAR	MONTH	YEAR
	(c) Name the country of which you are a citizen: →				
9.	Are you receiving public assistance cash payments or Federal Supplemental Security Income payments? →	☐ Yes	☐ No		
10.	(a) Are you receiving any periodic payments (pensions, annuities, retirement payments, etc.) from the Federal Government, or from any State or local government? (This includes cash Social Security benefits and railroad retirement annuities as well as other federal, state or local government payments such as civil service, teacher's policemen's, and firemen's annuities, pensions, or retirement payments. It does not include worker's compensation payments or Veterans Administration life insurance payments.) → *(If "Yes," answer (b), (c), and (d).) (If "No," go on to item 11.)*	☐ Yes	☐ No		
	(b) Show the amount of your payment (before any deduction for life insurance, health insurance, etc.) $ →	(c) Is you payment made monthly? *(If "No," how often? Twice-monthly, weekly, etc.)* ☐ Yes ☐ No			
	(d) Show the name of the agency or organization from which the payment is received:				
	(If the organization in (d) is the Veterans Administration, answer item (e). If not, go on to item 11.)				
	(e) Is your payment from the Veterans Administration based upon a service-connected disability or a service-connected death? →	☐ Yes	☐ No		
11.	Have you received a lump-sum payment in place of a periodic (monthly, weekly, etc.) government payment? *(Do not include worker's compensation, residual payment from the Railroad Retirement Board or Veterans Administration life insurance payments.)* →	☐ Yes	☐ No		
12.	Are you eligible for a periodic government payment as defined in question 10(a) (do not include the special age 72 payment) whether or not you are actually receiving one? (You are eligible if you could receive a government payment by applying for it. If you are now working, you are likewise eligible if you could receive a government payment, upon application or otherwise, by retiring.) →	☐ Yes	☐ No		

13. (a) Check one of the following:

Are you now: ☐ MARRIED ☐ WIDOWED ☐ SINGLE ☐ DIVORCED

(If you are now "MARRIED" or "WIDOWED" complete (b) and (c).)

(b) ENTER YOUR WIFE'S MAIDEN NAME OR YOUR HUSBAND'S NAME *(Hereafter referred to as "Spouse")*	SPOUSE'S DATE OF BIRTH *(If unknown give age)*	DATE OF MARRIAGE	YOUR SPOUSE'S SOCIAL SECURITY NUMBER *(If none or unknown, so indicate)*
			___ ___ ____

(c) If your spouse is deceased, enter the date of death ⟶

(If you are MARRIED answer items 14, 15, 16, 17 and 18. If you are NOT MARRIED go on to item 19.)

14. (a) Is your spouse receiving any periodic payments (pensions, annuities, retirement payments, etc.) from the Federal government or from any State or local government? *(This includes cash Social Security benefits and railroad retirement annuities as well as other federal, state or local government payments such as civil service, teacher's, policemen's and firemen's annuities, pensions, or retirement payments. It does not include worker's compensation payments or Veterans Administration life insurance payments).*

(If "Yes," answer (b), (c), and (d).)
(If "No," go on to item 15.)

☐ Yes ☐ No

(b) Show the amount of your spouse payment *(before any deduction for life insurance, health insurance, etc.)*

$ _____

(c) If your spouse's payment made monthly? *(If "No," how often? Twice-monthly, weekly, etc.)*

☐ Yes ☐ No

(d) Show the name of the agency or organization from which the payment is received:

(If the organization in (d) is the Veterans Administration, answer item (e). If not, go on to item 11.)

(e) Is your spouse's payment from the Veterans Administration based upon a service-connected disability or a service-connected death? ⟶ ☐ Yes ☐ No

15. Is your spouse receiving public assistance payments or Federal Supplemental Security Income payments which take into account your needs in determining eligibility for, or the amount of, such payment? ⟶ ☐ Yes ☐ No

16. Has your spouse received a lump-sum payment in place of a periodic (monthly, weekly, etc.) government payment? *(Do not include worker's compensation, residual payment from the Railroad Retirement Board or Veterans Administration life insurance payments.)* ⟶ ☐ Yes ☐ No

17. Is your spouse eligible for a periodic government payment as defined in question 14(a) (including the special age 72 payment), whether or not your spouse is actually receiving one? (Your spouse is eligible if your spouse could receive a government payment by applying for it. If your spouse is now working, your spouse is likewise eligible if your spouse could receive a government payment, upon application or otherwise, by retiring.) ⟶ ☐ Yes ☐ No

18.	Has your spouse ever engaged in work that was covered under the Social Security system of a country other than the United States? ⟶	☐ Yes ☐ No
	If "Yes," list the country(ies): ⟶	

ENROLLMENT IN THE MEDICARE SUPPLEMENTARY MEDICAL INSURANCE PLAN: The medical insurance benefits plan pays for most of the costs of physicians' and surgeons' services, and related medical services which are not covered by the hospital insurance plan. coverage under this SUPPLEMENTARY MEDICAL INSURANCE PLAN does not apply to most medical expenses incurred outside the United States. Your Social Security district office will be glad to explain the details of the plan and give you a leaflet which explains what services are covered and how payment is made under the plan.

Once you are enrolled in this plan, you will have to pay a monthly premium to cover part of the cost of your medical insurance protection. The Federal Government contributes an equal amount or more toward the cost of your insurance. Premiums will be deducted from any monthly Social Security, railroad retirement, or civil service benefit checks you receive. If you do not receive such benefits, you will be notified about when, where, and how to pay your premiums. If you do not enroll at this time, you may have to pay a higher premium and your coverage will be delayed.

19. Do you wish to enroll in the MEDICAL SUPPLEMENTARY MEDICAL INSURANCE PLAN? ☐ Yes ☐ No

The events listed below may affect monthly payments under the special age-72-or-over provision. You will find an explanation of how they affect payments in the "Rights and Responsibilities" booklet which you will receive. If any one of these events occurs, you must notify the Social Security Administration promptly.

(a) You or your spouse become ELIGIBLE FOR PERIODIC GOVERNMENTAL PAYMENTS OR THE AMOUNT OF PRESENT PAYMENT CHANGES (pensions, annuities, retirement payments, etc.), whether from the Federal government or from the State or local government.

(b) You or your spouse receive PUBLIC ASSISTANCE cash payments or Federal SUPPLEMENTAL SECURITY INCOME payments.

(c) Your MARRY or are DIVORCED.

(d) You reside outside the 50 states of the U.S. and the District of Columbia.

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

I agree to notify the Social Security Administration if any of the above events occur, and to return promptly any benefits check I receive to which I am not eligible.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

SIGNATURE OF APPLICANT

Signature *(First name, middle initial, last name) (Write in ink)*	Date *(Month, day, year)*
SIGN HERE ▶	Telephone Number Area Code

FOR OFFICIAL USE ONLY	Direct Deposit Payment Address *(Financial Institution)*			
	Routing Transit Number	C/S	Depositor Account Number	☐ No Account ☐ 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

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 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)*

RECEIPT FOR YOUR CLAIM FOR SPECIAL AGE-72-OR-OVER MONTHLY PAYMENTS

TELEPHONE NUMBER TO CALL BEFORE YOU RECEIVE A NOTICE OF AWARD	SSA OFFICE	DATE CLAIM RECEIVED
TELEPHONE NUMBER TO CALL AFTER YOU RECEIVE A NOTICE OF AWARD		

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 change your 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	SOCIAL SECURITY CLAIM NUMBER

CHANGES TO BE REPORTED

- 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.
- You go outside the U.S.A. for 30 consecutive days or longer.
- Any beneficiary dies or becomes unable to handle benefits.
- Custody Change—Report if a person for whom you are filing or who is in your care dies, leaves your care or custody, or changes address.
- Change of Marital Status—Marriage, divorce, annulment of marriage.
- You or your spouse begin to receive money payments from a public assistance or welfare agency; or Federal Supplemental Security Income.
- Your or your spouse become eligible for a pension, annuity or retirement pay under any governmental program, or amount of present payment changes.

HOW TO REPORT

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

WHEN A CHANGE OCCURS AFTER YOU RECEIVE A NOTICE OF AWARD, YOU SHOULD REPORT BY CALLING THE TELEPHONE NUMBER SHOWN NEAR THE TOP OF THIS PAGE.

COLLECTION AND USE OF INFORMATION FROM YOUR APPLICATION— PRIVACY ACT/PAPERWORK ACT NOTICE

I. The Social Security Administration is authorized to collect the information on this form under sections 226(a), 205(a), and 1872 of the Social Security Act, as amended (42 U.S.C. 426(a), 405(a), and 1395ll).

II. While it is voluntary for you to answer the questions on this form, no benefits may be paid unless an application is completed. Also, if your refusal to answer a question suggests a fraudulent intent to obtain benefits, then your response is mandatory.

III. The information on this form is needed to enable Social Security to determine if you and your spouse are entitled to insurance coverage and/or monthly benefits.

IV. Failure to provide all or part of this information could prevent an accurate and timely decision on your claim, and could result in the loss of some benefits or insurance coverage.

V. Although the information you furnish on this form is almost never used for any other purpose than stated in Part III, above, there is a possibility that in the administration of the Social Security programs or for the administration of programs requiring coordination with the Social Security Administration, information may be disclosed to another person or to another government 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 the Veterans Administration).

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).

See Revised Privacy Act Statement

VI. The information you provide may also be used without your consent in automated matching programs. These matching programs are computer comparisons of Social Security Administration records with records kept by other Federal agencies or State and 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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The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 10 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.

See Revised Paperwork Reduction Act

The following revised Privacy Act Statement will be inserted into the form as its next scheduled reprinting.

Privacy Act Statement

Collection and Use of Personal Information

Sections 228(a), 205(a), and 1872 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to determine if you and your spouse are entitled to insurance coverage and/or monthly benefits.

The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent an accurate or timely decision on your claim, and could result in the loss of some benefits or insurance coverage.

We rarely use the information you supply for any purpose other than for determining eligibility. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

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 Government Accountability Office and Department of Veterans' Affairs);

3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and

4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, 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.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at www.ssa.gov or at your local Social Security office.

The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:

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 10 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 (TTY 1-800-325-0778).** *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.***