

**APPLICATION FOR SPECIAL BENEFITS FOR WORLD WAR II VETERANS**

<p><b>I am applying for all benefits for which I am eligible under title VIII (Special Benefits for Certain World War II Veterans) of the Social Security Act, and for benefits under other programs administered by the Social Security Administration.</b></p>		<p><b>FILING DATE</b> Month, Day, Year</p>
		<p><input type="checkbox"/> Actual or <input type="checkbox"/> Protective</p>
<p>1. (a) Print your name _____→</p>	<p>First Name, Middle Initial, Last Name</p>	<p>(b) Enter your date of birth ____/____/____ Month Day Year</p>
<p>2. (a) Enter your Social Security Number _____→</p>	<p>_____/____/____</p>	
<p>(b) Did you ever use any other names (including maiden name) or other Social Security Numbers (SSN)? _____→ <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>(c) Other Names or SSNs Used</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>3. Sex <input type="checkbox"/> male <input type="checkbox"/> female</p>		
<p>4. (a) Have you (or has someone on your behalf) ever filed an application for Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>(b) Are you currently receiving SSI payments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "NO," when did you last receive SSI payments? _____ Month Year</p>		
<p>5. (a) Were you in the active military, naval or air service of the United States after September 15, 1940 and before July 25, 1947? _____→</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>(b) Enter dates of service. _____→</p>	<p>From: (Month, Year)</p> <p>_____</p> <p>To: (Month, Year)</p> <p>_____</p>	
<p>6. (a) Were you in the organized military forces of the Government of the Commonwealth of the Philippines, while the forces were in the service of the Armed Forces of the United States pursuant to the military order of the President dated July 26, 1941? This includes organized guerrilla forces under commanders appointed, designated, or subsequently recognized by the Commander in Chief, Southwest Pacific Area, or other competent authority in the Army of the United States. You must have been in this service after July 25, 1941 and before December 31, 1946. _____→</p>		
<p>(b) Enter dates of service. _____→</p>	<p>From: (Month, Year)</p> <p>_____</p> <p>To: (Month, Year)</p> <p>_____</p>	

**IF YOU ANSWER "NO" TO ITEMS 5 AND 6, GO ON TO SIGNATURE BLOCK ON PAGE 4.**

7. (a) During the past 12 months, did you receive income from any of the following sources?

INCOME SOURCES	Yes	No	Dates Received		Monthly Amount
			From:	To:	
<b>FEDERAL BENEFITS</b>					
Social Security <i>(This does not include SSI)</i>					
Railroad Retirement					
Veterans Affairs					
Office of Personnel Management <i>(Civil Service)</i>					
Military Pension					
Black Lung					
Bureau of Indian Affairs					
<b>STATE/LOCAL BENEFITS</b>					
Unemployment Compensation					
Workers' Compensation					
State Disability					
State or Local Pension					
<b>PRIVATE BENEFITS</b>					
Employer or Union Pension					
Insurance or Annuity Payment					
<b>OTHER PENSION, ANNUITY, RETIREMENT OR DISABILITY BENEFIT (Show Source)</b>					

(b) During the past 12 months, did you receive a lump sum payment, instead of monthly or other recurring payments, from any of the above sources?  Yes  No  
If "YES," explain below.

8. (a) Have you ever been deported or removed from the United States?  Yes  No  
If "YES," answer (b) and (c) below.

(b) Enter Month, Day, Year you were deported or removed from the United States. \_\_\_\_\_  

Month	Day	Year
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(c) Have you ever been lawfully admitted to the United States for permanent residence after the date in (b) above?  Yes  No

9. Is there an unsatisfied warrant for your arrest for a felony crime in the United States, or in U.S. jurisdictions that do not define crimes as felonies, for a crime that is punishable by death or imprisonment for a term exceeding one year? →  Yes  No

10. Are you currently in violation of a condition of probation or parole imposed under Federal or State law? →  Yes  No

11. (a) Have you established residence outside the 50 States, the District of Columbia, or the Commonwealth of the Northern Mariana Islands? →  Yes  No  
If "YES," complete (c) and (d) below.  
If "NO," complete (b) below.

(b) Do you intend to establish residence outside the 50 States, the District of Columbia or the Commonwealth of the Northern Mariana Islands? →  Yes  No  
If "YES," complete (c) and (d) below.  
If "NO," go to **signature** block on page 4.

(c) Date residence began or will begin → \_\_\_\_\_  
Month, Day, Year  
Date residence ended or will end → \_\_\_\_\_  
(if applicable) Month, Day, Year

(d) Enter below your full address outside the United States (include zip/postal code).

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

**IMPORTANT INFORMATION — PLEASE READ CAREFULLY**

- You must tell us about any changes shown on the attached Reporting Instructions within 10 days after the end of the month it happens.
- The Social Security Administration will check your statements and compare its records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.

**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.**

<b>SIGNATURE OF APPLICANT</b>	<i>Date (Month, Day, Year)</i>
Signature <i>(First Name, Middle Initial, Last Name) (Write in ink)</i>  Sign Here	Telephone Number

Applicant's Mailing Address *(Number & Street, Apt. No., P.O. box) (Enter Residence Address in "Remarks," on page 3 if different.)*

City and State	Country	Zip/Postal Code
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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 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 <i>(Number and Street, City, State, Country and Zip/Postal Code)</i>	Address <i>(Number and Street, City, State, Country and Zip/Postal Code)</i>

## **REPORTING INSTRUCTIONS FOR SPECIAL BENEFITS FOR WORLD WAR II VETERANS**

### **You must report to Social Security if:**

- You change your mailing address or residence.
- You return to or visit the United States for a calendar month or longer.
- You become unable to manage benefits.
- You have been deported or removed from the United States.
- There is an unsatisfied warrant for your arrest for a felony crime in the United States, or in U.S. jurisdictions that do not define crimes as felonies, for a crime that is punishable by death or imprisonment for a term exceeding one year.
- You are in violation of a condition of probation or parole.
- You receive a pension, annuity or other recurring payment. This includes payments such as workers' compensation, veterans benefits or disability benefits. You must also report if the amount of these payments changes.
- Additionally, your family or other knowledgeable person must notify SSA if you die.

### **HOW TO REPORT**

YOU CAN MAKE YOUR REPORTS BY TELEPHONE, MAIL OR IN PERSON. YOU CAN CONTACT ANY U.S. EMBASSY, CONSULATE, THE VETERANS AFFAIRS REGIONAL OFFICE IN THE PHILIPPINES, OR ANY U.S. SOCIAL SECURITY OFFICE.

## RECEIPT FOR YOUR CLAIM FOR SPECIAL BENEFITS FOR WORLD WAR II VETERANS

NAME	SOCIAL SECURITY NUMBER ____ / ____ / _____	DATE
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Telephone Number to call if you have a question or something to report.

( \_\_\_ )

Social Security Office you may contact

Your application for Special Benefits for World War II Veterans will be processed as quickly as possible. If you have any questions about your claim, we will be glad to help you. 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.

See Revised Privacy Act Statement

### PRIVACY ACT NOTICE

The Social Security Administration is authorized to collect the information on your application form under Section 806 of Section 251 of P.L. 106-169. Your response to this request is voluntary; however, as explained below, no benefits may be paid unless an application has been received by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure payments not authorized by the Social Security Act.

The information on your application is needed to enable Social Security to determine if you are eligible for Special Veterans Benefits. Failure to provide all or part of the information could prevent an accurate and timely decision on your claim, and could result in the loss of some payments. Although the information you furnish on the application is rarely used for any other purpose than stated in the foregoing, there is a possibility that information may be disclosed to another person or to another governmental agency as follows: (1) to enable a third party or an agency to assist Social Security in establishing rights to Special Veterans Benefits and (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the Department of Veterans Affairs).

Computer Matching: We 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 us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in U.S. Social Security offices. If you want to learn more about this, contact any U.S. Social Security office.

### PAPERWORK REDUCTION ACT STATEMENT

See Revised 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 20 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Only comments relating to our time estimate should be provided, not the completed form.**

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

## **Privacy Act Statement**

### **Collection and Use of Personal Information**

Section 806 of Section 251 of P.L. 106-169, authorizes us to collect this information. The information you provide will be used to determine whether you are eligible for Special Veterans Benefits.

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

We generally use the information you supply for the purpose of determining eligibility for Special Veterans Benefits. 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](http://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 20 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.*