

READY RETIREMENT (“IRRET”)  
SCREENS FOR  
OMB CLEARANCE PACKAGE



PREPARED BY:

OSES/DBSD

APRIL 23, 2008

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## 1.0 APPLICATION ENTRY PAGES

### 1.1 RETIREMENT BENEFITS



#### Welcome to the Social Security Retirement Benefit Application

Form Approved: OMB No. 0960-0618  
Expires xx/xx/xxxx

Thank you for using our online Retirement application.

#### Before you begin...

Before you start applying for benefits, you should read "[Using this application](#)" in order to understand the information and documents that may be needed.

You may also want to review:

- ◆ [When to Start Receiving Retirement Benefits](#)
- ◆ [Special Instructions For Blind Users](#)
- ◆ [Other Ways To Apply](#)
- ◆ [Medicare - For people Within Three Months of Age 65 or Older](#)
- ◆ [Help With Medicare Prescription Drug Costs](#)
- ◆ [Internet Security Policy](#)
- ◆ [Website Policies & Other Important Information](#)
- ◆ [Social Security Accessibility Policy](#)

We estimate that it will take between 10 and 30 minutes to read the instructions, gather the facts, and answer the questions, but this will depend on the number of questions you need to answer. The average time is approximately 15 minutes. For more information about estimates, go to the [Paperwork Reduction Act](#).

Before you start your application, we recommend that you get an estimate of your retirement benefit. It will help you to answer some of the questions on the application. You may want to print or save the estimate to refer to during your application.

[Estimate my Benefit](#)

If you want to finish an application that you already started:

[Continue Application](#)

#### To Start The Application Process...

**Please select one of the following.** Tell us information about the person completing this application for Retirement or Spouse's Benefits.

- I am applying for myself.
- I am helping someone who wants to apply for benefits and is with me.
- I am helping someone who is not with me, and therefore can not sign the application at this time.

[Privacy Act Statement](#)

I have read the Privacy Act Statement.

[Apply For Benefits](#)

## 1.2 DISABILITY BENEFITS

 Social Security Online **Disability Benefit Application**  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

### Welcome to the Social Security Disability Benefit Application

Form Approved: OMB No. 0960-0618  
Expires xx/xx/xxxx

Thank you for using our online Disability application.

#### Before you begin...

Before you start applying for benefits, you should read "[Using this application](#)" in order to understand the information and documents that may be needed.

You may also want to review:

- [Special Instructions For Blind Users](#)
- [Other Ways To Apply](#)
- [Medicare - For people Within Three Months of Age 65 or Older](#)
- [Help With Medicare Prescription Drug Costs](#)
- [Internet Security Policy](#)
- [Website Policies & Other Important Information](#)
- [Social Security Accessibility Policy](#)

We estimate that it will take between 10 and 30 minutes to read the instructions, gather the facts, and answer the questions, but this will depend on the number of questions you need to answer. The average time is approximately 15 minutes. For more information about estimates, go to the [Paperwork Reduction Act](#).

If you want to finish an application that you already started:

#### To Start The Application Process...

**Please select one of the following.** Tell us information about the person completing this application for Disability or Spouse's Benefits.

- I am applying for myself.
- I am helping someone who wants to apply for benefits and is with me.
- I am helping someone who is not with me, and therefore can not sign the application at this time.

[Privacy Act Statement](#)

I have read the Privacy Act Statement.

### 1.3 USERS COMING FROM THE RETIRMENT ESTIMATOR VERSION



#### Welcome to the Social Security Retirement Benefit Application

Form Approved: OMB No. 0960-0618  
Expires xx/xx/xxxx

Thank you for using our online Retirement application.

#### Before you begin...

Before you start applying for benefits, you should read "[Using this application](#)" in order to understand the information and documents that may be needed.

You may also want to review:

- [When to Start Receiving Retirement Benefits](#)
- [Special Instructions For Blind Users](#)
- [Other Ways To Apply](#)
- [Medicare - For people Within Three Months of Age 65 or Older](#)
- [Help With Medicare Prescription Drug Costs](#)
- [Internet Security Policy](#)
- [Website Policies & Other Important Information](#)
- [Social Security Accessibility Policy](#)

We estimate that it will take between 10 and 30 minutes to read the instructions, gather the facts, and answer the questions, but this will depend on the number of questions you need to answer. The average time is approximately 15 minutes. For more information about estimates, go to the [Paperwork Reduction Act](#).

If you want to finish an application that you already started:

#### To Start The Application Process...

Please select one of the following.

- I am applying for myself.
- I am helping someone who wants to apply for benefits and is with me.
- I am helping someone who is not with me, and therefore can not sign the application at this time.

Please enter the last four digits of your Social Security Number.

Please read the [Privacy Act Statement](#).

I have read the Privacy Act Statement.

You are currently logged into a secure session. Social Security collected your name, your social security number, and your date of birth. We use the information to speed up the on-line application process. If you wish to end the secure session, you can do so by pressing logout. You will need to re-enter these items when you start the application.

## 1.4 THE PAPERWORK REDUCTION ACT STATEMENT



### 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 10 and 30 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 15 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.

## 1.5 THE PRIVACY ACT STATEMENT



### The Privacy Act Statement

#### For the Applicant

##### 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.

#### For the Third Party Filer

The Social Security Administration (SSA) is allowed to collect the information you provide about yourself as a third party filer on this application under Section 205 of the Social Security Act. We need this information to identify who you are as the third party filer and to provide it to the claimant on the summary sheet of the application. Giving us this information is voluntary. However, without it we may not be able to process the application. While the information you furnish on this form would almost never be used for any purpose other than the intended use of this form, such information may be disclosed by SSA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using the information as necessary for administrative purposes or as authorized by routine uses in the applicable Privacy Act system of records. Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security office.

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**1.6 RESTART PAGE (WILL BE SHOWN TO USERS ACCESSING THE RETIREMENT ESTIMATOR FROM THE WHEN TO START BENEFITS PAGE AND THEN RETURNING TO THE APPLICATION AND TO USERS WHO SELECT “CONTINUE APPLICATION” ON THE WELCOME PAGE)**



**Restart**

Applicant's Social Security Number
<input type="text"/>
Application Number
<input type="text"/>

---

— iRRet PROTOTYPE — page default.php —  
last modified March 12, 2008 7:12:33 am

## 2.0 IDENTIFICATION: PREPARER'S PAGE FOR 3<sup>RD</sup> PARTY

 Social Security Online **Retirement Benefit Application**  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General  Other Benefits  Review  Submit  Next Steps

Initial Info  Application Number  Additional Info  Preparer's Contact Information  Go

[Next >>]

### Initial Information Section (Page 1 of 4) Preparer's Contact Information

The information entered on this page refers to the person preparing the application and **not** the person applying for benefits.

#### Preparer's Name

**Preparer's Name**

First Name  Middle Name  Last Name  Suffix

The company, business, or organization that you represent (if any)

#### Preparer's Relationship to Applicant

**Relationship to Applicant**

Select One

#### Preparer's Contact Information

**Address**

City  State  Zip

**Daytime Phone Number**  
(Include area code)

Extension:

The remaining questions in this application will pertain to the person for whom you are applying for Retirement benefits (applicant); not you, the preparer.

[Next >>]

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### 3.0 IDENTIFICATION: VERIFICATION SECTION

#### 3.1 RETIREMENT VERSION

**Social Security Online** Retirement Benefit Application  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General Other Benefits Review Submit Next Steps

Initial Info  Application Number Additional Info Applicant Identification

Initial Information Section (Page 1 of 3)

**Applicant Identification**

**Name**  
Please provide the name as it appears on the most recent Social Security card or [Statement](#).

First Name Middle Name Last Name Suffix

**Social Security Number**  
Example: 999-99-9999

**Gender**  
 Male  Female

**Date of Birth**  
Month Day Year

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— iRRet PROTOTYPE — page verification.php —  
last modified April 8, 2008 1:42:04 pm

### 3.2 DISABILITY VERSION

Social Security Online **Disability Benefit Application**  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General Other Benefits Review Submit Next Steps

Initial Info Application Number Additional Info Applicant Identification  Go

Initial Information Section (Page 1 of 3)  
**Applicant Identification**

[N]ext >>

**Name**  
Please provide the name as it appears on the most recent Social Security card or [Statement](#).

First Name Middle Name Last Name Suffix

**Social Security Number**  
Example: 999-99-9999

**Gender**  
 Male  Female

**Date of Birth**  
Month Day Year

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? [More Info](#)

Yes  No

**What date did you become unable to work?**  
Month Day Year

**Are you blind?**  
 Yes  No

[N]ext >>

<< [P]revious [N]ext >>

Initial Information Section (Page 2 of 3)  
**Contact Information for [John Doe]**

**U.S. Mailing Address**

City  State  Zip

**Do you live at this address?**  
 Yes  No

**Daytime telephone number**

Telephone Number  Type

**What is the best time to call?**  
 9a.m. to Noon  
 Noon to 5p.m.  
 Anytime between 9a.m. and 5p.m.

**Email Address**  
We will send an acknowledgement to this address

Please confirm your address

**Language Preferences**

**Language preferred for speaking**

**Language preferred for reading**

<< [P]revious [N]ext >>

<< Previous Next >>

Initial Information Section (Page 3 of 3)  
**Birth and Citizenship Information for [John Doe]**

Were you born in the United States or a U.S. Territory or Commonwealth? [More Info](#)  
 Yes  No

Place of Birth [More Info](#)  
City  State, Territory or Commonwealth

Place of Birth [More Info](#)  
City  Country

Are you a U.S. citizen? [More Info](#)  
 Yes  No


Type of citizenship

Date of Citizenship  
Month  Day  Year





Country of citizenship



<< Previous Next >>

## 4.0 IDENTIFICATION: CONFIRMATION NUMBER

Social Security Online Retirement Benefit Application

www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General  Other Benefits  Review  Submit Next Steps

Initial Info  Application Number  Additional Info  Application Number

**Application Number Section (Page 1 of 1)**  
**Application Number for [John Doe]**

*To return to the Overall Summary, please use the Return to Summary button.*

You have successfully started **[John Doe]'s** Retirement application. We are providing you with an Application Number. The number can be used to restart an incomplete application.

**Your Application Number: 12345678**

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

If you are unable to complete your online application for any reason, use the "Sign Off (finish this later)" option at the bottom left corner of each page. We will save all the information you provided prior to the page where you use the "Sign Off (finish this later)" option.

After waiting at least five minutes, you will be able to continue this application again by selecting "Continue Application" from the *Welcome to the Social Security Retirement Benefit Application* page. You will need to enter **[John Doe]'s** Social Security number and this Application Number to continue your application.

If you lose this number and have not completed the application, you can start a new application and we will give you a new Application Number. The old number will be disabled. Social Security employees will not ask for, or be able to access **[John Doe]'s** Application Number.


We may use 04/16/2008 as the official date of this application. In order to use 04/16/2008, we must receive the completed application by [six months after 04/16/2008]. **[John Doe]** may lose benefits if we do not receive the signed application by **[six months after 04/16/2008]**.

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. For more information about the SSI program, please read the pamphlet, [Supplemental Security Income](#).

[John Doe] may also lose Supplemental Security Income (SSI) benefits if you do not contact us to complete an SSI application by **[60 days after 04/16/2008]**.

If you need assistance, please call us at 1-800-772-1213, (TTY 1-800-325-0778) for more information.

## 5.0 IDENTIFICATON: PERSONAL INFO SECTION

Social Security Online  
www.socialsecurity.govRetirement Benefit Application1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification General Other Benefits Review Submit Next Steps Other SSNs and Names  Go

Initial Info Application Number Additional Info

[<< \[P\]revious](#) [\[N\]ext >>](#)

**Additional Information Section (Page 1 of 2)**  
**Other SSNs and Names for [John Doe]**

**Have you used any other Social Security Numbers?** [More Info](#)  
 Yes  No

**Other Social Security Numbers**

1.

2.

3.

4.

5.

**Have you used any other names?** [More Info](#)  
Other names could be a different birth name, previous married name(s), etc.  
 Yes  No

**Other Names**


1	First Name	Middle Name	Last Name	Suffix
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[\[S\]ign Off \(finish this later\)](#)[<< \[P\]revious](#) [\[N\]ext >>](#)

— iRRet PROTOTYPE — page othertnamesSSNs.php —  
last modified February 13, 2008 4:39:36 pm



## 5.1 RETIREMENT VERSION



Social Security Online  
www.socialsecurity.gov

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Retirement Benefit Application

Identification  General  Other Benefits  Review  Submit  Next Steps

Initial Info  Application Number  Additional Info  Disability  Go

<< [P]revious [N]ext >>

Additional Information Section (Page 2 of 2)  
**Disability for [John Doe]**

**Disability Benefits**

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? [More Info](#)  
 Yes  No


What date did you become unable to work?  
Month  Day  Year

Are you blind?  
 Yes  No

[Sign Off (finish this later)] << [P]revious [N]ext >>


— iRRet PROTOTYPE — page disability.php —  
last modified April 10, 2008 4:34:29 pm

## 6.0 GENERAL: FAMILY SECTION



Social Security Online  
www.socialsecurity.gov

Retirement Benefit Application  
1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General Other Benefits Review Submit Next Steps

Family Military Earnings When to Start Benefits Marriage Information  Go

<< [P]revious [N]ext >>

Family Section (Page 1 of 3)  
**Marriage Information for [John Doe]**

Are you currently married?  
 Yes  No

**Marriage**

**Spouse's Name**  
Provide name at birth.  
First Name Last Name

**Spouse's Social Security Number**  
Example: 999-99-9999  
  
 Unknown

**Spouse's Date of Birth OR Age**  
Month Day Year or Spouse's Age  
   or

**Marriage Date**  
Month Day Year

**Marriage Type** [More Info](#)  
Select One

**Married in United States or a U.S. Territory or Commonwealth?** [More Info](#)  
 Yes  No

<< [P]revious [N]ext >>

— iRRet PROTOTYPE — page marriages.php —  
last modified February 27, 2008 11:10:03 am

Return to Summary << [P]revious [N]ext >>

Family Section (Page 2 of 3)  
Prior Marriages for [John Doe]

To return to the Overall Summary, please use the Return to Summary button.

Did [John Doe] have any prior marriages?  
 Yes  No

Did [John Doe] have any prior marriage that lasted at least 10 years?  
 Yes  No

Did [John Doe] have any prior marriage that ended due to [his/her] spouse's death?  
 Yes  No

Prior Marriage [Remove Prior Marriage Data](#)

Provide information about the prior marriages you answered "Yes" for above. If you are not sure of the marriage date, please enter your best guess and explain in the **Remarks** page later on.

**Prior Spouse's Name**  
Provide name at birth.  
First Name Last Name

**Prior Spouse's Social Security Number**  
Example: 999-99-9999  
  
 Unknown

**Prior Spouse's Date of birth**  
Estimate if not sure  
Month Day Year or Prior Spouse's Age  
   or

**Date marriage started**  
Estimate if not sure.  
Month Day Year

**Marriage Type** [More Info](#)  
Select One

**Married in United States or a U.S. Territory or Commonwealth?**  
 Yes  No

**Marriage ended in United States or a U.S. Territory or Commonwealth?** [More Info](#)  
 Yes  No

**Date marriage ended**  
Estimate if not sure  
Month Day Year

**How did the marriage end?**  
Select One

Did [John Doe] have any prior marriage that lasted at least 10 years, or any other prior marriages that ended due to [his/her] spouse's death? [More Info](#)  
 Yes  No

[Sign Off (finish this later)] Return to Summary << [P]revious [N]ext >>

<< [P]revious [N]ext >>

Family Section (Page 3 of 3)  
Children for [John Doe]

These questions apply to natural children (including those born out of wedlock), adopted children, and step-children; and grandchildren and step-grandchildren who live with you. Note: If a child reached the age limit within the last six months, please answer Yes.

Do you have any children who became disabled prior to the age of 22?  
 Yes  No

Do you have any unmarried children under age 18?  
 Yes  No

Do you have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time?  
 Yes  No

Names of children for which you answered 'Yes' above


1. First Name	Last Name
<input type="text"/>	<input type="text"/>
2. First Name	Last Name
<input type="text"/>	<input type="text"/>
3. First Name	Last Name
<input type="text"/>	<input type="text"/>
4. First Name	Last Name
<input type="text"/>	<input type="text"/>
5. First Name	Last Name
<input type="text"/>	<input type="text"/>
6. First Name	Last Name
<input type="text"/>	<input type="text"/>
7. First Name	Last Name
<input type="text"/>	<input type="text"/>
8. First Name	Last Name
<input type="text"/>	<input type="text"/>
9. First Name	Last Name
<input type="text"/>	<input type="text"/>
10. First Name	Last Name
<input type="text"/>	<input type="text"/>

Do you have more than 10 children in the categories above?  
 Yes  No

[Sign Off (finish this later)]

<< [P]revious [N]ext >>


## 7.0 GENERAL: MILITARY SECTION




Social Security Online  
www.socialsecurity.gov

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Retirement Benefit Application

Identification  General Other Benefits Review Submit Next Steps

Family  **Military** Earnings When to Start Benefits Military Details  Go


<< [P]revious [N]ext >>


Military Section (Page 1 of 1)  
**Military Details for [John Doe]**


Were you in the Military Service prior to 1968? [More Info](#)  
 Yes  No




Are you receiving or eligible to receive a military or civilian Federal agency benefit?  
 Yes  No

**Period 1** Remove Period 1 Data

Type of Duty  
Select One 

Branch of Service  
Select One 

Start Date  
Month Day Year  
  


End Date  
Month Day Year  
  

Is there another period of military service prior to 1968?  
 Yes  No

[S]ign Off (finish this later) << [P]revious [N]ext >>

— iRRet PROTOTYPE — page militarydetails.php —  
last modified March 12, 2008 7:12:33 am


## 8.0 GENERAL: EARNINGS SECTION






Social Security Online  
www.socialsecurity.gov

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Retirement Benefit Application

Identification  General Other Benefits Review Submit Next Steps

Family  Military  **Earnings** When to Start Benefits

Employer Details  Go

<< [P]revious [N]ext >>

Earnings Section (Page 1 of 5)  
**Employer Details for [John Doe]**

Did you work for an employer in 2007? [More Info](#)  
 Yes  No



Did you work or will you work for an employer in 2008 or 2009? [More Info](#)  
 Yes  No



**Employer #1** Remove Employer #1 Data

Employer's Name

Employer's Address

City  State  Zip

Date employment began  
Month  Year 

Date employment ended  
Month  Year 

Not Ended

Another employer in 2007, 2008 or 2009?  
 Yes  No

[\[S\]ign Off \(finish this later\)](#) << [P]revious [N]ext >>

— iRRet PROTOTYPE — page employerdetails.php —  
last modified March 12, 2008 7:12:33 am

<< [P]revious [N]ext >>

Earnings Section (Page 2 of 5)  
**Self-employment Details for [John Doe]**

Were you self-employed in 2007?  
 Yes  No

Type of business

Was your self-employment net income greater than \$400? [More Info](#)  
 Yes  No

Were you self-employed in 2008?  
 Yes  No

Type of business

Will your self-employment net income be greater than \$400? [More Info](#)  
 Yes  No

Do you expect to be self-employed in 2009?  
 Yes  No

Type of business

Will your self-employment net income be greater than \$400? [More Info](#)  
 Yes  No

<< [P]revious [N]ext >>

[Return to Summary](#) << [P]revious [N]ext >>

Earnings Section (Page 3 of 5)

### Supplemental Information for [John Doe]

To return to the Overall Summary, please use the Return to Summary button.

#### Foreign Social Security

Did you ever work outside the United States? [More Info](#)

Yes  No

Are you eligible for benefits under a foreign Social Security system? [More Info](#)

Yes  No

What country?

Select One 

Have you already filed or intend to file under that country's Social Security system?

Yes  No

#### Social Security Statement

Do you agree with your earnings history as shown on your Social Security Statement? [More Info](#)

Yes  
 No  
 Not sure or I do not have a statement

#### Corporate Officer

Are you a Corporate Officer of your employer? [More Info](#)

Yes  No

Are you related to a Corporate Officer of your employer? [More Info](#)

Yes  No

Do you receive earnings from a Family Corporation or other closely held corporation? [More Info](#)

Yes  No

#### Authorization

Do we have your permission to contact your employer(s) if necessary? [More Info](#)


Yes  No


[\[S\]ign Off \(finish this later\)](#)



[Return to Summary](#) << [P]revious [N]ext >>



## 8.1 RETIREMENT VERSION

Social Security Online  
www.socialsecurity.gov1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-FridayRetirement Benefit Application

Identification  General Other Benefits Review Submit Next StepsTotal Earnings  Go

Family  Military  **Earnings** When to Start Benefits<< [P]revious [N]ext >>

Earnings Section (Page 4 of 5)  
**Total Earnings for [John Doe]**

---

**Total earnings for 2007**

Show the total of all wages and tips earned in 2007. Include net income from self-employment. Estimate if necessary.

Did you earn wages, tips, and net earnings from self-employment over \$1,080 a month or perform substantial services in self-employment in all months of 2007? [More Info](#)  
 Yes  No

If no, in which months of 2007 did you earn \$1,080 or less? [More Info](#)  
 All  
 January  February  March  April  May  June  
 July  August  September  October  November  December

---

**Total earnings for 2008**

Show the total of all wages and tips that will be earned in 2008. Include net income from self-employment. Estimate if necessary.

Will you earn wages, tips, and net earnings from self-employment over \$1,130 a month or perform substantial services in self-employment in all months of 2008? [More Info](#)  
 Yes  No

If no, in which months of 2008 will you earn \$1,130 or less? [More Info](#)  
 All  
 January  February  March  April  May  June  
 July  August  September  October  November  December

---

**Total earnings for 2009**

Show the total of all wages and tips that will be earned in 2009. Include net income from self-employment. Estimate if necessary.

Will you earn wages, tips, and net earnings from self-employment over \$1,130 a month or perform substantial services in self-employment in all months of 2009? [More Info](#)  
 Yes  No

If no, in which months of 2009 will you earn \$1,130 or less? [More Info](#)  
 All  
 January  February  March  April  May  June  
 July  August  September  October  November  December


---

**Special Payments**



Do any of the total earnings include special payments paid in one year but earned in another? [More Info](#)  
 Yes  No




<< [P]revious [N]ext >>

## 8.2 DISABILITY VERSION

Social Security OnlineRetirement Benefit Application

www.socialsecurity.gov1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification General Other BenefitsReviewSubmitNext Steps

Family Military Earnings When to Start BenefitsTotal Earnings Go

**Earnings Section (Page 4 of 5)**  
**Total Earnings for [John Doe]**

**Total earnings for 2007**

Show the total of all wages and tips earned in 2007. Include net income from self-employment. Estimate if necessary.

**Total earnings for 2008**

Show the total of all wages and tips that will be earned in 2008. Include net income from self-employment. Estimate if necessary.

**Total earnings for 2009**

Show the total of all wages and tips that will be earned in 2009. Include net income from self-employment. Estimate if necessary.

**Special Payments**

Do any of the total earnings include special payments paid in one year but earned in another? [More Info](#)

Yes  No

— iRRet PROTOTYPE — page totalearnings.php —  
last modified March 12, 2008 7:12:33 am

---

### 8.3 NO WORK OR SELF EMPLOYMENT ALLEGED VERSION

Social Security Online Retirement Benefit Application  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification **General** Other Benefits Review Submit Next Steps  
Family  Military  **Earnings** When to Start Benefits Total Earnings  Go

<< [P]revious [N]ext >>

Earnings Section (Page 4 of 5)  
**Total Earnings for [John Doe]**

**Last Year Worked**

If you were neither working for an employer nor self-employed in 2007 or later, when was the last year worked?

Never Worked

[S]ign Off (finish this later) << [P]revious [N]ext >>

---

— iRRet PROTOTYPE — page totalearnings.php —  
last modified March 12, 2008 7:12:33 am

Earnings Section (Page 5 of 5)  
**Other Pensions/Annuities for [John Doe]**

**Work Not Covered By Social Security**

Did you ever work in a job where Social Security taxes were not deducted or withheld? [More Info](#)

Yes  No

Are you receiving a pension or annuity based on this non-covered work? [More Info](#)

Yes  No

Is the pension or annuity based on government employment? [More Info](#)

Yes  No

**Railroad Employment**

Did you work for the Railroad 5 years or more? [More Info](#)

Yes  No

Are you receiving or eligible to receive a Railroad pension or annuity?

Yes  No

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

Yes  No

Does your spouse or prior spouse receive or is [he/she] eligible to receive a Railroad pension or annuity?

Yes  No

**Federal Government Employment in January 1983**

Did you work for the Federal Government in January 1983? [More Info](#)


Yes  No

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

Yes  No

## 9.0 GENERAL: WHEN TO START BENEFITS




### 9.1 FIRST PARTY APPLICANT IS MORE THAN SIX MONTHS OLDER THAN FULL RETIREMENT AGE







Social Security Online  
www.socialsecurity.gov

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Retirement Benefit Application

Identification  General  Other Benefits  Review Submit Next Steps

Family  Military  Earnings  When to Start Benefits 

When to Start Benefits  Go

<< [P]revious [N]ext >>

**When to Start Benefits Section (Page 1 of 2)**  
**When to Start Benefits for [John Doe]**

It's your choice when to start benefits. The earlier the date you start your benefits, the smaller your benefit. The later the date you start to receive benefits, the larger your benefit. This is an important decision, with several factors to consider before you choose the month your benefits should start. [More Info](#)

We have an estimator that can show you what your benefit amount will be under various scenarios. You may wish to end this session and go there now. You will be able to return and continue where you left off.

[Go to Estimator](#)

We need to know when you want to start benefits.  
You are beyond your full retirement age of [FRA age], which was [FRA date]. Benefits can start as early as [date].

**Do you want benefits to start on [date]?**  
 Yes  No, I'd like to choose another date.

**What date should benefits start?**


**Please let us know if there is a specific reason for this date.**  
 Currently working and plan to retire on this date.  
 Another reason.

**Please briefly describe your reason:**




**If you are eligible for both retirement benefits and spouse's benefit, do you want to delay receipt of retirement benefit?** [More Info](#)  
 Yes  No






[Sign Off \(finish this later\)](#) << [P]revious [N]ext >>

## 9.2 FIRST PARTY APPLICANT IS BETWEEN FULL RETIREMENT AGE AND SIX MONTHS OLDER THAN FULL RETIREMENT AGE

 Social Security Online  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

**Retirement Benefit Application**

Identification  General  Other Benefits  Review Submit Next Steps

Family  Military  Earnings  **When to Start Benefits ** When to Start Benefits  Go

<< [P]revious [N]ext >>

**When to Start Benefits Section (Page 1 of 2)**  
**When to Start Benefits for [John Doe]**

It's your choice when to start benefits. The earlier the date you start your benefits, the smaller your benefit. The later the date you start to receive benefits, the larger your benefit. This is an important decision, with several factors to consider before you choose the month your benefits should start. [More Info](#)

We have an estimator that can show you what your benefit amount will be under various scenarios. You may wish to end this session and go there now. You will be able to return and continue where you left off.

[Go to Estimator](#)

We need to know when you want to start benefits.  
You are [at/beyond] your full retirement age of [FRA age], which was [date]. Benefits can start as early as [date].

**Do you want benefits to start on [date]?**  
 Yes  No, I'd like to choose another date.

**What date should benefits start?**


**Please let us know if there is a specific reason for this date.**  
 Currently working and plan to retire on this date.  
 Another reason.

**Please briefly describe your reason:**

**If you are eligible for both retirement benefits and spouse's benefit, do you want to delay receipt of retirement benefit?** [More Info](#)  
 Yes  No

[Sign Off \(finish this later\)](#) << [P]revious [N]ext >>




### 9.3 FIRST PARTY APPLICANT IS BETWEEN FOUR MONTHS BEFORE FULL RETIREMENT AGE AND FULL RETIREMENT AGE







Social Security Online  
www.socialsecurity.gov

Retirement Benefit Application

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General  Other Benefits  Review Submit Next Steps

Family  Military  Earnings  When to Start Benefits 

When to Start Benefits

#### When to Start Benefits Section (Page 1 of 2)

#### When to Start Benefits for [John Doe]

It's your choice when to start benefits. The earlier the date you start your benefits, the smaller your benefit. The later the date you start to receive benefits, the larger your benefit. This is an important decision, with several factors to consider before you choose the month your benefits should start. [More Info](#)

We have an estimator that can show you what your benefit amount will be under various scenarios. You may wish to end this session and go there now. You will be able to return and continue where you left off.

We need to know when you want to start benefits.

You are within 4 months of your full retirement age of [FRA age] which is [date].

Do you want benefits to start on [date]?

Yes  No, I'd like to choose another date.

What date should benefits start?

Please let us know if there is a specific reason for this date.

Currently working and plan to retire on this date.  
 Another reason.

Please briefly describe your reason:

If you are eligible for both retirement benefits and spouse's benefit, do you want to delay receipt of retirement benefit? [More Info](#)


Yes  No

— iRRet PROTOTYPE — page monthofelection.php —  
last modified March 21, 2008 10:19:06 am

Prepared by OSES/DBSD

Page 28




## 9.4 FIRST PARTY APPLICANT IS BETWEEN 61 YEARS 9 MONTHS AND FOUR MONTHS BEFORE FULL RETIREMENT AGE







Social Security Online  
www.socialsecurity.gov

Retirement Benefit Application

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General  Other Benefits  Review Submit Next Steps

Family  Military  Earnings  When to Start Benefits  When to Start Benefits

### When to Start Benefits Section (Page 1 of 2)

#### When to Start Benefits for [John Doe]

It's your choice when to start benefits. The earlier the date you start your benefits, the smaller your benefit. The later the date you start to receive benefits, the larger your benefit. This is an important decision, with several factors to consider before you choose the month your benefits should start. [More Info](#)

We have an estimator that can show you what your benefit amount will be under various scenarios. You may wish to end this session and go there now. You will be able to return and continue where you left off.

We need to know when you want to start benefits.

Based on your age in the month of filing, the earliest benefits can start is [current month].

**Do you want benefits to start on [date]?**

Yes  No, I'd like to choose another date.

**What date should benefits start?**

**Please let us know if there is a specific reason for this date.**

Currently working and plan to retire on this date.

Another reason.

**Please briefly describe your reason:**

**If you are eligible for both retirement benefits and spouse's benefit, do you want to delay receipt of retirement benefit? [More Info](#)**

Yes  No


— iRRet PROTOTYPE — page monthofelection.php —  
last modified March 21, 2008 10:19:06 am

Prepared by OSES/DBSD

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## 9.5 FIRST PARTY APPLICANT IS EXACTLY 61 YEARS 8 MONTHS OF AGE








Social Security Online  
www.socialsecurity.gov

Retirement Benefit Application

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General  Other Benefits  Review Submit Next Steps

Family  Military  Earnings  **When to Start Benefits ** When to Start Benefits  Go

**When to Start Benefits Section (Page 1 of 2)**  
**When to Start Benefits for [John Doe]**

It's your choice when to start benefits. The earlier the date you start your benefits, the smaller your benefit. The later the date you start to receive benefits, the larger your benefit. This is an important decision, with several factors to consider before you choose the month your benefits should start. [More Info](#)

We have an estimator that can show you what your benefit amount will be under various scenarios. You may wish to end this session and go there now. You will be able to return and continue where you left off.

We need to know when you want to start benefits.

Based on your age in the month of filing, the earliest benefits can start is [age 62 date]. This is the month you attain age 62.

**Do you want benefits to start on [date]?**

Yes  No, I'd like to choose another date.

The above date is the earliest benefits can begin. If you want benefits to begin later, please call us at 1-800-772-1213 (TTY 1-800-325-0778) for more information.

**If you are eligible for both retirement benefits and spouse's benefit, do you want to delay receipt of retirement benefit?** [More Info](#)


Yes  No

— iRRet PROTOTYPE — page monthofelection.php —  
last modified March 21, 2008 10:19:06 am

Prepared by OSES/DBSD

Page 30




## 9.6 3<sup>RD</sup> PARTY VERSION







Social Security Online  
www.socialsecurity.gov

Retirement Benefit Application

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General  Other Benefits  Review Submit Next Steps

Family  Military  Earnings  When to Start Benefits 

When to Start Benefits  Go

<< [P]revious [N]ext >>

**When to Start Benefits Section (Page 1 of 2)**  
**When to Start Benefits for [John Doe]**

It's [John Doe]'s choice when to start benefits. The earlier the date [s/he] starts [his/her] benefits, the smaller the benefit. The later the date [s/he] starts to receive [his/her] benefits, the larger the benefits. This is an important decision, with several factors to consider before choosing the month [John Doe]'s benefits should start. [More Info](#)

We need to know when [John Doe] wants to start benefits.

Based on [John Doe]'s age in the month of filing, the earliest benefits can start is [age 62 date]. This is the month that [John Doe] attains age 62.

**Does [John Doe] want benefits to start on [date]?**  
 Yes  No, [s/he] would like to choose another date.

The above date is the earliest benefits can begin. If you want benefits to begin later, please call us at 1-800-772-1213 (TTY 1-800-325-0778) for more information.

**If [John Doe] is eligible for both retirement benefits and spouse's benefit, does [s/he] want to delay receipt of retirement benefit?** [More Info](#)  
 Yes  No

[S]ign Off (finish this later)

<< [P]revious [N]ext >>

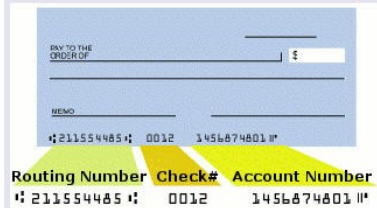
— iRRet PROTOTYPE — page monthofelection.php —  
last modified March 21, 2008 10:19:06 am

<< [P]revious [N]ext >>

When to Start Benefits Section (Page 2 of 2)  
Direct Deposit Details for [John Doe]

Direct Deposit is Safe, Quick, and Convenient. [More Info](#)

The picture below is an example that identifies the location of the Routing Transit Number and the Account Number.



Routing Transit Number [More Info](#)

Enter the 9-digit routing number for your bank or other financial institution.

Account Number

Enter your account number at this bank or other financial institution.

Account Type [More Info](#)

- Checking
- Savings

I do not have an account at a bank or other financial institution.

<< [P]revious [N]ext >>

## 10.0 OTHER BENEFITS: BENEFIT INFO

 Social Security OnlineRetirement Benefit Application

www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General  Other Benefits  Review Submit Next StepsBenefit Information  Go

Benefit Info  Disability QuestionsBenefit Information  Go

<< [P]revious [N]ext >>

**Benefit Information Section (Page 1 of 2)**  
**Benefit Information for [John Doe]**

**Supplemental Security Income (SSI)**

The SSI program pays benefits to people age 65 and older or blind or disabled adults under 65 who have limited income and resources. [More Info](#)

**Have you recently applied for Supplemental Security Income?**

Yes  No

**Do you intend to apply for Supplemental Security Income?**

Yes  No

---

**Previous Application for Medicare, Social Security Benefits, or Supplemental Security Income (SSI)**

**Have you previously applied for Medicare, Social Security Benefits, or Supplemental Security Income (SSI) benefits?**

Yes  No

**Which type(s) of benefits?**  
Please select all that apply

Medicare benefits  
 Social Security benefits  
 Supplemental Security Income benefits

**Did you previously file on your own Social Security number?**

Yes  No

**Please provide the Social Security number and name of the person on whose record you previously applied.**  
For example, please provide a parent's name and Social Security number if an application for child's benefits was filed.

1 First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number			
<input type="text"/>			
2 First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number			
<input type="text"/>			

[S]ign Off (finish this later)<< [P]revious [N]ext >>

---

 Social Security Online Retirement Benefit Application  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General  Other Benefits  Review Submit Next Steps

Benefit Info  Disability Questions Health Insurance

**Benefit Information Section (Page 2 of 2)**  
**Health Insurance for [John Doe]**

**Medicare Coverage**

Are you already enrolled in Medicare Part B? [More Info](#)

Yes  No

Are you enrolled on your own Social Security Number?

Yes  No

**Other Health Insurance Coverage**

Are you receiving Medicaid? [More Info](#)

Yes  No

Are you covered under a Group Health Plan through your own employment or your spouse's employment? [More Info](#)

Yes  No

---

— iRRet PROTOTYPE — page medicare.php —  
last modified February 19, 2008 3:00:31 pm

## 11.0 OTHER BENEFITS: DISABILITY QUESTIONS

The screenshot shows the Social Security Online Retirement Benefit Application interface. At the top, there is a red banner with the Social Security Online logo and contact information. Below the banner is a navigation bar with tabs for Identification, General, Other Benefits, Review, Submit, and Next Steps. The 'Disability Questions' tab is selected. The main content area is titled 'Disability Questions Section (Page 1 of 4) Ability To Work for [John Doe]'. It contains a text input field for listing illnesses, injuries, or conditions that limit ability to work. Below this are two radio button questions: 'Are these illnesses, injuries or conditions related to work in any way?' and 'Are you now able to work?'. The second question has a 'Yes' option selected. At the bottom, there are two dropdown menus for 'Month' and 'Year' to specify the date the user became able to work. Navigation buttons for '<< [P]previous' and '[N]ext >>' are located at the top right and bottom right of the form area. A '[Sign Off (finish this later)]' button is at the bottom left.

Social Security Online Retirement Benefit Application

www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification General Other Benefits Review Submit Next Steps

Benefit Info ✓ Disability Questions Ability To Work Go

<< [P]previous [N]ext >>

Disability Questions Section (Page 1 of 4)  
Ability To Work for [John Doe]

Please list the illnesses, injuries or conditions that limit ability to work. [More Info](#)  
Include mental or emotional conditions

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

Are you now able to work?  
 Yes  No

What is the date you became able to work?  
Month Year

[Sign Off (finish this later)] << [P]previous [N]ext >>

<< [P]revious [N]ext >>

Disability Questions Section (Page 2 of 4)  
**Disability Payments for [John Doe]**

**Workers' Compensation / Public Disability Benefits**

Have you filed or intend to file for any workers' compensation or other public disability benefits? [More Info](#)

Yes  No

Provide reason not filing for workers' compensation or other public disability benefit

**Money from Employer**

Have you received money from your employer on or after the date you became unable to work?

Yes  No

Total amount and type(s) of pay received

(\$\$\$\$ ¢¢)

Select all that apply

- Sick Pay
- Vacation Pay
- Other

Do you expect to receive any money from your employer in the future?

Yes  No

Total amount and type(s) of pay you expect to receive

(\$\$\$\$ ¢¢)

Select all that apply

- Sick Pay
- Vacation Pay
- Other

[\[S\]ign Off \(finish this later\)](#)

<< [P]revious [N]ext >>

<< [P]revious [N]ext >>

Disability Questions Section (Page 3 of 4)  
Dependents for [John Doe]

Parents

Do you have a parent who receives one-half support from you?  
 Yes  No

First Parent's Name

First Name Middle Name Last Name Suffix

First Parent's Address

City State Zip

Do you have another parent who receives one-half support from you?  
 Yes  No

Second Parent's Name

First Name Middle Name Last Name Suffix

Same address as first parent?

Yes  No

Second Parent's Address

City State Zip

Child Care Years

Do you have any years with no earnings in which you were caring for a child under the age of 3? [More Info](#)  
 Yes  No

Select number of years

Select Number

Years with no earnings

(Please enter up to six years.)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.




[Sign Off (finish this later)]

<< [P]revious [N]ext >>



---

 Social Security Online **Retirement Benefit Application**  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General  Other Benefits | Review | Submit | Next Steps  
Benefit Info  **Disability Questions** Authorization

Disability Questions Section (Page 4 of 4)  
**Authorization for [John Doe]**

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 information that shows you have a disability.

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

I authorize disclosure of medical information. [More Info](#)

Yes  No

Do you want to receive reduced Retirement benefits while waiting for the disability decision? [More Info](#)

Yes  No

---

— iRRet PROTOTYPE — page medicalinfo.php —  
last modified February 22, 2008 10:53:38 am

## 12.0 REVIEW: OVERALL SUMMARY

Social Security Online
Retirement Benefit Application

www.socialsecurity.gov
1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification
General
Other Benefits
Review
Submit
Next Steps

Overall Summary
Remarks
Overall Summary
Go

<< Previous
Next >>

Overall Summary Section (Page 1 of 1)  
**Overall Summary for [John Doe]**

This page shows all the questions and answers you've provided. If you need to make changes, select the "Edit" button to return to that part of the application. To return to the Overall Summary, please select the Review tab or the Return to Summary Button.

**Identification Tab**

**Initial Information Section**

Edit Applicant Identification Page  
Applicant name: Please enter a first and last name  
Social Security Number: Please provide a valid SSN  
Gender: Please answer this question  
Date of Birth: Please enter a complete date  
You are Hispanic or Latino:  
Race you have selected:

Edit Contact Information Page  
Mailing Address  
Mailing Address:  
Reside at this address:  
Phone and email  
Daytime telephone number:  
Type of phone:  
Best time to call:  
Email address:  
Language preferences  
Preferred language for speaking:  
Preferred language for reading:

Edit Birth and Citizenship Information Page  
Born in the United States or a U.S. territory or commonwealth:  
U.S. citizen:

Application Number Section  
Edit The confirmation number is: 12345678  
(the confirmation number cannot be edited)

Personal Info Section  
Edit Other Social Security Numbers and Names Page  
Other Social Security Numbers  
Any other Social Security Numbers used:  
Other names  
Any other names used:

**General Tab**

Family Section  
Edit Marriage Information Page  
Marriage  
Currently married:  
Edit Prior Marriages Page  
Edit Children Page  
Military Section  
Edit Military Details Page

Earnings Section  
Edit Employer Details Page  
Edit Self-employment Details Page  
Edit Supplemental Information Page  
Edit Total Earnings Page  
Edit Other Pensions/Annuities Page

When to Start Benefits Section  
Edit When to Start Benefits Page  
Edit Direct Deposit Details Page  
Bank routing number:  
Account number:  
Account type:  
No account:

**Other Benefits Tab**

Benefit Information Section  
Edit Benefit Information Page  
Edit Medicare Page  
Disability Questions Section  
Edit Ability To Work Page  
Edit Disability Payments Page  
Edit Dependents Page  
Edit Authorization Page


**Review Tab**

Review Section  
Edit Remarks Page  
Remarks:

Sign Off (finish this later)
<< Previous
Next >>

— iRRet PROTOTYPE — page summary.php —  
 last modified February 8, 2008 9:04:06 am





### 13.0 REVIEW: REMARKS





Social Security Online  
www.socialsecurity.gov

Retirement Benefit Application

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General  Other Benefits  Review  Submit Next Steps

Overall Summary  Remarks Remarks  Go

[Return to Summary](#) [<< Previous](#) [Next >>](#)

**Remarks Section (Page 1 of 1)**  
**Remarks for [John Doe]**

*To return to the Overall Summary, please use the Return to Summary button.*

**Remarks**  
Please provide any additional information or remarks you want to send with this application. If you estimated any dates, places, or amounts, please explain. For example, if you estimated a date of marriage, please explain. There is a limit of 750 characters (about 15 lines).

[Sign Off \(finish this later\)](#) [Return to Summary](#) [<< Previous](#) [Next >>](#)

— iRRet PROTOTYPE — page remarks.php —  
last modified February 8, 2008 9:04:06 am

Prepared by OSES/DBSD

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## 14.0 SUBMIT: SEND THIS APPLICATION

### 14.1 FIRST PARTY VERSION

The screenshot shows the 'Send this application' section of the Retirement Benefit Application. At the top, there is a red header with the Social Security Administration logo and the text 'Social Security Online Retirement Benefit Application'. Below the header, there is a navigation bar with tabs for 'Identification', 'General', 'Other Benefits', 'Review', 'Submit', and 'Next Steps'. The 'Send this application' tab is active. The main content area contains the following text:

**Send this application Section (Page 1 of 1)**  
**Send this application for [John Doe]**

*To return to the Overall Summary, please use the Return to Summary button.*

Congratulations, you're just about ready to complete your application for retirement benefits. Please read and accept the following statement to finish the application. If you are helping someone to complete the application, then that person needs to read and accept the statement.

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 information electronically to the Social Security Administration. You will no longer be able to change your information.

Buttons at the bottom of the section include: [Sign Off (finish this later)], [Return to Summary], << Previous, and Sign Now.

---

— iRRet PROTOTYPE — page send.php —  
last modified March 21, 2008 9:25:44 am

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## 14.2 3<sup>RD</sup> PARTY VERSION

The header features the Social Security Administration logo on the left, followed by the text "Social Security Online" and "www.socialsecurity.gov". To the right, it says "Retirement Benefit Application" with three stars. Below this, contact information "1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday" is provided. A navigation bar contains buttons for "Identification" (with a warning icon), "General" (with a checkmark), "Other Benefits" (with a checkmark), "Review" (with a checkmark), "Submit" (with a warning icon), and "Next Steps". At the bottom of the header, there is a "Send this application" button with a warning icon and a dropdown menu with "Send this application" and a "Go" button.

**Send this application Section (Page 1 of 1)**  
**Send this application for [John Doe]**

Congratulations, you've almost completed **[John Doe]'s** [Retirement/Disability] application. Please read and accept the following statement to finish your part of the application.

I understand and agree that by selecting the **Finish** option below, this information will be sent electronically to Social Security. An application will be mailed to **[John Doe]** for [his/her] signature, and the application must be submitted to a Social Security office before processing can begin. 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.

---

— iRRet PROTOTYPE — page send.php —  
last modified March 21, 2008 9:25:44 am

## **15.0 NEXT STEPS: RECEIPT SECTION**

Title: iRRet Screens for OMB Clearance Package

Social Security Online Retirement Benefit Application  
 www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification General Other Benefits Review Submit Next Steps  
 Receipt What's Next? Social Security Retirement Application Receipt Go

Receipt Section (Page 1 of 1)  
**Social Security Retirement Application Receipt for [John Doe]**

We have received your application, we recommend that you print or save this page for your records  
 Your [retirement/disability] benefits application was received on February 27, 2008 at 9:44:34 am ET.

**Identification**

**Initial Information**

**Applicant Identification**

Applicant name:  
 Social Security Number:  
 Gender:  
 Date of Birth:  
 You are Hispanic or Latino:  
 Race you have selected:

**Contact Information**

**Mailing Address**

Mailing Address:  
 Reside at this address:

**Phone and email**

Daytime telephone number:  
 Type of phone:  
 Best time to call:  
 Email address:

**Language preferences**

Preferred language for speaking:  
 Preferred language for reading:

**Birth and Citizenship Information**

Born in the United States or a U.S. territory or commonwealth,  
 U.S. citizen:

**Application Number**

The confirmation number is: 12345678

**Personal Info**

**Other Social Security Numbers and Names**

**Other Social Security Numbers**

Any other Social Security Numbers used:

**Other names**

Any other names used:

**General**

**Family**

**Marriage Information**

**Marriage**

Currently married:

**Prior Marriages**

**Children**

**Military**

**Military Details**

**Earnings**

**Employer Details**

**Self-employment Details**

**Supplemental Information**

**Total Earnings**

**Other Pensions/Annuities**

**When to Start Benefits**

**When to Start Benefits**

**Direct Deposit Details**

Bank routing number:  
 Account number:  
 Account type:  
 No account: No

**Other Benefits**

**Benefit Information**

**Benefit Information**

**Medicare**

**Disability Questions**

**Ability To Work**

**Disability Payments**

**Dependents**

**Authorization**

— iRRet PROTOTYPE — page confirmation.php —  
 last modified February 6, 2008 9:40:57 am

## 16.0 NEXT STEPS: WHAT'S NEXT SECTION

### 16.1 NO DISABILITY ALLEGED FIRST PARTY

Social Security Online  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification General Other Benefits Review Submit Next Steps

Receipt What's Next? What's Next Go

<< [P]previous [N]ext >>

#### What's Next? Section (Page 1 of 3) What's Next for [John Doe]?

Thank you for using our online Retirement application. Completing this application online saves Social Security and taxpayers \$(will be hardcoded) in administrative costs. It also enables Social Security employees more time to work on complex applications. We appreciate your help in these areas.

If you discover that something is incorrect on the electronic application you sent, please contact the office processing your claim. We recommend that you print this page or write down the Social Security office information.

#### Social Security Office Processing Your Retirement Application

SOCIAL SECURITY ADMIN  
BIRMINGHAM ICTU  
PO BOX 830684  
BIRMINGHAM, AL 35283

**You indicated you intend to file a Supplemental Security Income (SSI) application. You need to contact us [same SSI date displayed on Confirmation Number page] or you may lose SSI benefits. Call us at 1-800-772-1213 to arrange an appointment to file for SSI. If you are deaf or hard of hearing, call our TTY number, 1-800-325-0778. You cannot apply for SSI over the Internet.**

#### Checking the Status of Your Application

Information about the status of your application is available on the Internet. *Please wait at least 5 business days from today before you check your application status.* Just go to the What You Can Do Online page at [www.SocialSecurity.gov/online services](http://www.SocialSecurity.gov/online services), select "**Check Your Application Status**" and enter your Application Confirmation Number. The Confirmation Number for this claim is: 64715213. Please guard this number carefully. It's the key to your application information. Social Security employees will **never** ask for your Application Confirmation Number.

#### Reporting Responsibilities [More Info](#)

#### 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 any Social Security Office. 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>.

#### Frequently Asked Questions

If you have questions about this application, please check our [Frequently Asked Questions\(FAQs\)](#) site. Use the drop-down box on that site 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. The web address for Frequently Asked Questions is <http://ssa-custhelp.ssa.gov>.

#### Online Services

After your application has been processed and you are awarded benefits, you will be receiving information about registering a [Password](#). This Password can be used to access our online services. Please visit our Online Services site at [Social Security Online: What You Can Do Online](#) for more information.

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

<< [P]previous [N]ext >>



<< [P]revious [N]ext >>

## What's Next? Section (Page 2 of 3) Evidence for [John Doe]

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

### Documents You Need to Submit to Social Security

Please submit the document(s) described below so that we can complete your application.

- **Original Birth Certificate** or a **Certified Copy** of your birth certificate or other [proof of birth](#). We cannot accept a photocopy unless it is certified by the office that issued the document;
- [Citizenship/Naturalization](#) (if other than your U.S. birth certificate). We cannot accept a photocopy;
- [U.S. Military Service](#) (e.g., DD214 - Certificate of Release or Discharge from Active Duty). We can accept a photocopy of this document;
- [Wages from your employer](#) for last year (e.g., copy of your W-2 form). We can accept a photocopy of this document;
- [Self-employment income](#) for last year (e.g., IRS Schedules C and SE). We can accept a photocopy of these documents; 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 we need this document.

**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.

You can also submit your documents to any Social Security office.

**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.

If you want to submit your documents to a Social Security office other than the one processing your application, please go to our [Office Locator](#) to obtain the address for the office of your choice. Mailing or taking your documents to a different Social Security office will not affect how your claim is processed.

<< [P]revious [N]ext >>



## 16.2 NO DISABILITY ALLEGED 3<sup>RD</sup> PARTY

Social Security Online  
www.socialsecurity.gov1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-FridayRetirement Benefit Application

Identification General Other BenefitsReview Submit Next Steps

Receipt What's Next?What's Next Go

[<< \[P\]revious](#)   [\[N\]ext >>](#)

### What's Next? Section (Page 1 of 3) What's Next for [John Doe]?

Thank you for using our online Retirement application. Completing this application online saves Social Security and taxpayers \$[will be hardcoded] in administrative costs. It also enables Social Security employees more time to work on complex applications. We appreciate your help in these areas.

If [John Doe] discovers that something is incorrect on the electronic application [s/he] sent, please have [him/her] contact the office processing their claim. We recommend that you print this page or write down the Social Security office information.

#### Social Security Office Processing Your Retirement Application

SOCIAL SECURITY ADMIN  
BIRMINGHAM ICTU  
PO BOX 830684  
BIRMINGHAM, AL 35283

You indicated [John Doe] intends to file a Supplemental Security Income (SSI) application. [S/he] needs to contact us [same SSI date displayed on Confirmation Number page] or [s/he] may lose SSI benefits. Tell [him/her] to call us at 1-800-772-1213 to arrange an appointment to file for SSI. If [s/he] is deaf or hard of hearing, tell [him/her] to call our TTY number, 1-800-325-0778. [S/he] cannot apply for SSI over the Internet.

#### Reporting Responsibilities [More Info](#)

#### Voluntary Tax Withholding

If [John Doe]'s claim is allowed and [s/he] would like to voluntarily have Federal Income Tax withheld from your [his/her] Social Security benefits, please have [him/her] submit IRS Form W4-V to any Social Security Office. [S/he] can obtain more information about tax withholding and obtain a copy of the form by entering this link to [Voluntary Tax Withholding](#). The web address for Voluntary Tax Withholding is <http://www.SocialSecurity.gov/taxwithhold.html>.

#### Frequently Asked Questions

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

#### Online Services

After [John Doe]'s application has been processed and [s/he] is awarded benefits, [s/he] will be receiving information about registering a [Password](#). This Password can be used to access our online services. Please visit our Online Services site at [Social Security Online: What You Can Do Online](#) for more information.

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

[<< \[P\]revious](#)   [\[N\]ext >>](#)

— iRRet PROTOTYPE — page steps.php —  
last modified March 21, 2008 9:25:47 am

 Social Security Online  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7 am-7pm Monday-Friday

## Retirement Benefit Application

Identification  General  Other Benefits Review  Submit  Next Steps

Receipt  What's Next? Evidence  Go

<< [P]revious [N]ext >>

### What's Next? Section (Page 2 of 3) Evidence for [John Doe]

We cannot complete processing of [John Doe]'s claim until we have received and verified all of [his/her] documents.

#### Documents [S/he] Needs to Submit to Social Security

Please submit the document(s) described below so that we can complete [his/her] application.

- **Original Birth Certificate** or a **Certified Copy** of [John Doe]'s birth certificate or other [proof of birth](#). We cannot accept a photocopy unless it is certified by the office that issued the document.
- [Citizenship/Naturalization](#) (if other than [John Doe]'s U.S. birth certificate). We cannot accept a photocopy.
- [U.S. Military Service](#) (e.g., DD214 - Certificate of Release or Discharge from Active Duty). We can accept a photocopy of this document;
- [Wages from \[John Doe\]'s employer](#) for last year (e.g., copy of [John Doe]'s W-2 form). We can accept a photocopy of this document;
- [Self-employment income](#) for last year (e.g., IRS Schedules C and SE). We can accept a photocopy of these documents; and
- If we determine that [John Doe] qualifies for benefits as a spouse, we may also need proof of [his/her] marriage. We will contact [him/her] if we need this document.

**We will return all documents and photocopies to [John Doe] unless [s/he] specifically tells us otherwise.**

**Do not delay mailing or bringing in these documents, even if [John Doe] does not have all the documents we need.** We will help [John Doe] get any other documents [s/he] needs.

[S/he] can also submit [his/her] documents to any Social Security office.

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

**Caution: Do not** mail foreign birth records or any Department of Homeland Security (DHS) documents to us - especially those [s/he] is required to keep with [him/her] 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 [his/her] Social Security office where they will be examined and returned to [him/her].

If [s/he] wants to submit [his/her] documents to a Social Security office other than the one processing [his/her] application, please go to our [Office Locator](#) to obtain the address for the office of [his/her] choice. Mailing or taking [his/her] documents to a different Social Security office will not affect how [his/her] claim is processed.

<< [P]revious [N]ext >>

---

 Social Security Online **Retirement Benefit Application**  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General  Other Benefits Review  Submit  **Next Steps**

Receipt  **What's Next?** Medicare Information

**What's Next? Section (Page 3 of 3)**  
**Medicare Information**

**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 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 <http://www.medicare.gov>.

---

— iRRet PROTOTYPE — page medicareinfo.php —  
last modified February 6, 2008 6:17:43 pm

## 16.3 DISABILITY ALLEGED FIRST PARTY

### What's Next? Section (Page 1 of 3) What's Next for [John Doe]?

Thank you for using our online Disability application. Completing this application online saves Social Security and taxpayers \$[will be hardcoded] in administrative costs. It also enables Social Security employees more time to work on complex applications. We appreciate your help in these areas.

**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 "My Social Security Office".**

**Please print this page and the next page.** They provide instructions on what you need to do now. They tell you how to provide more detailed medical information about your disability, advise you where to submit your documents (if necessary), 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.

**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.**

1. Use the 'Continue' button at the bottom of the third page of this section 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.

#### Social Security Office Processing Your Disability Application

SOCIAL SECURITY ADMIN  
BIRMINGHAM ICTU  
PO BOX 830684  
BIRMINGHAM, AL 35283

**You indicated you intend to file a Supplemental Security Income (SSI) application. You need to contact us [same SSI date displayed on Confirmation Number page] or you may lose SSI benefits. Call us at 1-800-772-1213 to arrange an appointment to file for SSI. If you are deaf or hard of hearing, call our TTY number, 1-800-325-0778. You cannot apply for SSI over the Internet.**

#### Checking the Status of Your Application

Information about the status of your application is available on the Internet. *Please wait at least 5 business days from today before you check your application status.* Just go to the Social Security Claims page at [www.SocialSecurity.gov/online-services](http://www.SocialSecurity.gov/online-services), select "**Check Your Application Status**" and enter your Application Confirmation Number. The Confirmation Number for this claim is: 64715213. Please guard this number carefully. It's the key to your application information. Social Security employees will **never** ask for your Application 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 Application Status**" will reflect a final decision on your disability claim.

#### Reporting Responsibilities [More Info](#)

#### 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 W-4-V to any Social Security Office. 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>.

#### Frequently Asked Questions

If you have questions, please check our [Frequently Asked Questions \(FAQs\)](#) 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.

#### Online Services

After your application has been processed, if you are awarded benefits, you will be receiving information about registering a **Password**. This Password can be used to access our online services. Please visit our Online Services site at [Social Security Online: What You Can Do Online](#) for more information.

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

<< | Previous    Next >> |

Social Security Online  
www.socialsecurity.gov 1-800-772-1213 or TTY: 1-800-325-0778, 7am-7pm Monday-Friday

Disability Benefit Application

Identification ✓ General ⚠ Other Benefits Review ✓ Submit ✓ Next Steps ⚠

Receipt ✓ What's Next? ⚠ Evidence [v] Go

<< [P]previous [N]ext >>

What's Next? Section (Page 2 of 3)  
Evidence for [John Doe]

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

**Documents You Need to Submit to Social Security**

Please submit the document(s) shown below so that we can complete your application.

- **Original Birth Certificate** or a **Certified Copy** of your birth certificate or other [proof of birth](#). We cannot accept a photocopy unless it is certified by the office that issued the document;
- [Citizenship/Naturalization](#) (if other than your U.S. birth certificate). We cannot accept a photocopy;
- [U.S. Military Service](#) (e.g., DD214 - Certificate of Release or Discharge from Active Duty). We can accept a photocopy of this document;
- [Wages from your employer](#) for last year (e.g., copy of your W-2 form). We can accept a photocopy of this document;
- [Self-employment income](#) for last year (e.g., IRS Schedules C and SE). We can accept a photocopy of these documents; 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 we need this document.

**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.

**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.

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 shown above, please select the [Office Locator](#) to obtain the address for 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.

**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.

**We will return all documents and photocopies to you unless you specifically tell us otherwise.**

**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.





**16.4 DISABILITY ALLEGED 3<sup>RD</sup> PARTY**

Social Security Online  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Disability Benefit Application

Identification General Other Benefits Review Submit Next Steps

Receipt What's Next? What's Next

<< [P]revious [N]ext >>

What's Next? Section (Page 1 of 3)  
What's Next for [John Doe]?

Thank you for using our online Disability application. Completing this application online saves Social Security and taxpayers \$[will be hardcoded] in administrative costs. It also enables Social Security employees more time to work on complex applications. We appreciate your help in these areas.

**[John Doe] will receive a printed version of the electronic application you sent. If [s/he] discovers that something is incorrect, [s/he] should mark the corrections per the instructions that come with the application.**

**Please print this page and the next page.** They provide instructions on what you need to do now to help [John Doe]. They tell you how to provide more detailed medical information about [John Doe]'s disability, advise you where to submit [his/her] documents (if necessary), and give you information about changes [s/he] must report.

**Since [John Doe] is 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.

1. Use the 'Continue' button at the bottom of the third page of this section 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.

**Social Security Office Processing Your Disability Application**

SOCIAL SECURITY ADMIN  
BIRMINGHAM ICTU  
PO BOX 830684  
BIRMINGHAM, AL 35283

**You indicated [John Doe] intends to file a Supplemental Security Income (SSI) application. [John Doe] needs to contact us by [same SSI date displayed on Confirmation Number page] or [s/he] may lose SSI benefits. Call us at 1-800-772-1213 to arrange an appointment to file for SSI. If [s/he] is deaf or hard of hearing, call our TTY number, 1-800-325-0778. [S/he] cannot apply for SSI over the Internet.**

**Reporting Responsibilities** [More Info](#)

**Voluntary Tax Withholding**

If [John Doe]'s claim is allowed and [s/he] would like to voluntarily have Federal Income Tax withheld from [his/her] Social Security benefits, please have [him/her] submit IRS Form W4-V to any Social Security Office. [S/he] can obtain more information about tax withholding and obtain a copy of the form by entering this link to [Voluntary Tax Withholding](#). The web address for Voluntary Tax Withholding is <http://www.SocialSecurity.gov/taxwithhold.html>.

**Frequently Asked Questions**

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

**Online Services**

After [John Doe]'s application has been processed and [s/he] is awarded benefits, [s/he] will be receiving information about registering a [Password](#). This Password can be used to access our online services. Please visit our Online Services site at [Social Security Online: What You Can Do Online](#) for more information.

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

<< [P]revious [N]ext >>

<< [P]revious [N]ext >>

**What's Next? Section (Page 2 of 3)**  
**Evidence for [John Doe]**

We cannot complete processing of [John Doe]'s claim until we have received and verified all of [his/her] documents.

**Documents [S/he] Needs to Submit to Social Security**

**Please submit** the document(s) described below so that we can complete [his/her] application.

- **Original Birth Certificate** or a **Certified Copy** of [John Doe]'s birth certificate or other [proof of birth](#). We cannot accept a photocopy unless it is certified by the office that issued the document.
- **Citizenship/Naturalization** (if other than [John Doe]'s U.S. birth certificate). We cannot accept a photocopy.
- **U.S. Military Service** (e.g., DD214 - Certificate of Release or Discharge from Active Duty). We can accept a photocopy of this document.
- **Wages from [John Doe]'s employer** for last year (e.g., copy of [John Doe]'s W-2 form). We can accept a photocopy of this document.
- **Self-employment income** for last year (e.g., IRS Schedules C and SE). We can accept a photocopy of these documents; and
- If we determine that [John Doe] qualifies for benefits as a spouse, we may also need proof of [his/her] marriage. We will contact [him/her] if we need this document.

**We will return all documents and photocopies to [John Doe] unless [s/he] specifically tells us otherwise.**

**Do not delay mailing or bringing in these documents, even if [John Doe] does not have all the documents we need.** We will help [John Doe] get any other documents [s/he] needs.

[S/he] can also submit [his/her] documents to any Social Security office.

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

**Caution: Do not** mail foreign birth records or any Department of Homeland Security (DHS) documents to us - especially those [s/he] is required to keep with [him/her] 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 [his/her] Social Security office where they will be examined and returned to [him/her].

If [s/he] wants to submit [his/her] documents to a Social Security office other than the one processing [his/her] application, please go to our [Office Locator](#) to obtain the address for the office of [his/her] choice. Mailing or taking [his/her] documents to a different Social Security office will not affect how [his/her] claim is processed.

<< [P]revious [N]ext >>

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Social Security Online Disability Benefit Application

www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Identification  General Other Benefits Review  Submit  Next Steps

Receipt  What's Next? Medicare Information  Go

<< Previous Finish

**What's Next? Section (Page 3 of 3)**  
**Medicare Information**

**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 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 <http://www.medicare.gov>.

<< Previous Finish

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— iRRet PROTOTYPE — page medicareinfo.php —  
last modified February 6, 2008 6:17:43 pm

## 17.0 MESSAGE PAGES

### MSG010

Social Security Online Retirement Benefit Application  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday



#### Check the Information You Entered

Please make sure all the 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 Retirement Application. Be sure to tell the representative that you tried the Internet Social Security Retirement Application and received this message.

To contact Social Security:

- Call our number, **1-800-772-1213**. If you are deaf or hard of hearing, call our 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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MSG025

Social Security Online Retirement Benefit Application  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday



**Your Time Has Expired**

We are sorry for the inconvenience but your time has expired. This happens if your computer has been inactive for 30 minutes.

If you would like to continue completing the Social Security Retirement Application, you may sign in again by selecting the button below.

[Return to Application](#)

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MSG029

Social Security Online Retirement Benefit Application  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday



**Limit on the Number of Restarts on a Partial Application**

In order to protect your information we limit the number of attempts to access an application. You have reached that limit. Information you provided in this application is no longer available. You can start a new Social Security Retirement Application or call us to help you complete this application.

If you start a new Social Security Retirement 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 number, **1-800-772-1213**. If you are deaf or hard of hearing, call our 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

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MSG045

Social Security Online Retirement Benefit Application  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday



**Hours of Operation**

This Internet Social Security Retirement Application is scheduled to shut down for the day within one hour.

The Social Security Retirement 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 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 10 and 30 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.

[Continue](#)

[Exit](#)

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**MSG111**

Social Security Online Retirement Benefit Application  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday



**We Cannot Process Your Request at This Time**

We cannot match the information you have provided with our records. Please check your entries and try again.

[Exit](#)

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## 17.1 MSG112

Social Security Online Retirement Benefit Application  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday



### We Cannot Process Your Request at This Time

Our second attempt to match your information with our records has 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 TTY number, **1-800-325-0778**.

Exit

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MSG113

Social Security Online Retirement Benefit Application  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday



**You Have Reached the Limit on the Number of Requests**

We cannot continue because we cannot match the information you 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 TTY number, **1-800-325-0778**.

[Exit](#)

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MSG152

Social Security Online Retirement Benefit Application  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday



Sign Off

**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 "Continue 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 Retirement Application:

- Call our 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 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](#).

Sign Off (finish this later)

Return to Application

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MSG153

Social Security Online Retirement Benefit Application  
www.socialsecurity.gov 1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday



**We Cannot Process Your Request**

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 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.

Exit

MSG156

Social Security Online  
www.socialsecurity.gov

Retirement Benefit Application  
1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

 **Go to Estimator**

**Warning:** When you go to the Retirement Estimator, you will be logged off from the benefit application and you will have to come back later to finish applying for benefits.

**To Come Back to This Application Later:**

1. Go to this web site: <http://www.socialsecurity.gov/applytoretire>
2. Select "Continue Application".
3. Type in your Social Security Number and the Application Number shown below.
4. You will be taken back to where you left off in the application. The information on the pages you completed will be saved.

**DO NOT Forget Your Application Number:**  
Your Application Number is **38338529**. **Do not give this number to anyone else**. If you lose or forget your Application 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 Application Number. Social Security can help you start the process over again, but we cannot access your Application Number. To have a record of your Application 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 Retirement 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](#).

[Return to Application](#)      [Go to the Estimator](#)