

Social Security Administration Retirement, Survivors and Disability Insurance Important Information

_____(1b)_____
_____(1c)_____
_____(1d)_____(1e)_____(1f)____

Date: _____(2)_____
Claim Number: ____(11)_____

_____(3a)_____
_____(3b)_____
_____(3c)_____
_____(3d)_____(3e)_____(3f)_____

Telephone: _____(1h)_____

An Internet application for Social Security benefits was started for you by _____(4)_____ _____(5)_____ on _____(6)_____. If you want this person to continue on your behalf, you do not need to take any action at this time.

What Happens Next

Once _____(4)_____ finishes entering all required information, we will mail you a printed copy of the completed application to review and sign. After you review the application and make sure it is correct, you must sign and return it to the office address shown above. We will not take any action until we receive your **signed** application.

Once we receive your application, we will decide if you can get benefits. The sooner we receive it, the sooner we can decide.

We may use _____(6)_____ as the official date of this application. In order to use _____(6)_____, we must receive the signed application by _____(7)_____. **You may lose Social Security benefits** if we do not receive the signed application by _____(7)_____.

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.

If you intend to apply for SSI, you need to file your application with us by _____(12)_____ **or you may lose SSI benefits**. Call us at 1-800-772-1213 (TTY 1-800-325-0778) to arrange an appointment to file for SSI. You **cannot** apply for SSI over the Internet.

Additional Information

If you want to get in touch with the person who started your Internet application, the address is: ____ (8) _____. The telephone number is ____ (9) _____.

If You Have Any Questions

If you have any questions, call, write, or visit any Social Security office and have this letter with you. The telephone number and mailing address of your local office are shown at the top of this letter.

You can also reach us at 1-800-772-1213 (TTY 1-800-325-0778). We can answer most questions over the phone. **The office location is: (C1)**

____ (10b) ____
____ (10c) ____
____ (10d) ____ (10e) ____ (10f) ____

(C1)

{Insert choice of UTI SSAS-30 – SSAS-39 (Signature Authority: Regional Commissioner’s printed name and Region) based on applicant’s zip code.}

Fill-ins

Fill-in 1b-1h

Fill 1b-1h with the following items for the claimant's servicing field office as *derived from the claimant's zip code*.

- 1b – mailing address
- 1c – mailing address, line 2
- 1d – City
- 1e – State
- 1f – Zip Code
- 1h - phone number

Fill-in 2

Date of notice: Calculate and display the batch run date plus 7 business days.
(Format: Month DD, YYYY)

Fill-in 3a – 3f

Applicant name and mailing address

- 3a – name of applicant (Format: First MI/Middle Last)
- 3b – mailing address
- 3c – mailing address, line 2
- 3d – City
- 3e – State
- 3f – Zip Code

Fill-in 4

Name of third party who started the Internet application.
Format: First MI/Middle Last, Suffix (use a "Special K" UTI)

Fill-in 5

If organization exists display a variable length fill-in for name of the organization with which the third party is associated.

[Display "of _____" if organization exists.]

Fill-in 6

Month, day and year the third party **started** the Internet application.
(Format: Month DD, YYYY)

Fill-in 7

Calculate and display the closeout date (equal to 6 calendar months plus 7 calendar days **after** the **start** date of the ISBA application.

(Format: Month DD, YYYY). The 6-month interval is equal to 6 calendar months and not 180 days. (E.g.: Six months from Jan 15th will be July 15th. Seven additional calendar days are then added, and if that day falls on a non-business day (weekend or holiday), then add days until the next **business** day is been reached.

Fill-in 8

Complete address of the third party (street address, street address line 2, city/state/zip code) *in-line as single comma separated string.*

Fill-in 9

Telephone number of the third party, including area code and extension if exists.

Fill-in 10b - 10f

Use the physical location of the claimant's servicing field office as derived from the claimant's zip code.

10b – mailing address

10c – mailing address, line 2

10d – City

10e – State

10f – Zip Code

Fill-in 11

Complete SSN of the applicant

Fill-in 12

Calculate and display the SSI closeout date. The closeout period starting date begins seven calendar days after generation of the Application Number (start date of the ISBA) and ends 60 calendar days **after** that date. (Format: Month DD, YYYY). If the ending date falls on a non-business day (weekend or holiday), then add days until the next **business** day has been reached.

Conditional Text Blocks

C1 – Print these when the SSA Office's physical address is different than the mailing address

Social Security Administration Retirement, Survivors and Disability Insurance Important Information

_____(1b)_____
_____(1c)_____
_____(1d)_____(1e)_____(1f)____

Date: _____(2)_____
Claim Number: ____ (13) ____

_____(4a)_____
_____(4b)_____
_____(4c)_____
_____(4d)_____(4e)_____(4f)____

Telephone: _____(1h)_____
Confirmation Number: ____ (3) ____

An Internet application for Social Security benefits was completed for you by _____ (5) _____ (6) _____ on _____(8)_____. We stored the information in our records and have included the application for your review and signature.

If you do not want these benefits, you do not need to contact us. We will not take any action unless we receive your **signed** application.

What You Need to Do

- Review all the entries on the application and confirm that the information is correct.
- Correct any information that is wrong and write your initials next to it.
- Sign and date the application in the space shown as, “Your Signature.”

NOTE: It is important that **you** sign the application, not the person who filled it in for you or anyone else.

- Gather the documents shown on the enclosed **List of Acceptable Evidence**. **We will return all documents and photocopies to you unless you tell us you don’t want them. (C1)**
- If you decide to continue applying for disability, complete all forms SSA-827 (Authorization to Disclose Information to the Social Security Administration) as shown below:

1. Read the entire form SSA-827, front and back.
2. Write your name and Social Security Number in the upper right corner of each form.
3. Sign each form in the space shown as “INDIVIDUAL authorizing disclosure.”
4. Enter your address and daytime phone number in the spaces shown for them.
5. Date each form in the space shown as “Date Signed.”

6. Do not fill in the large empty box in the middle of the form, put a check in the empty block under "PURPOSE," or complete any other sections of the form.
7. Have a witness sign and provide his or her address or phone number in the space shown on each form. If you sign with an "X," have a second witness sign and provide his or her address. (C2)

- Mail or bring the signed application, any proofs requested on the **List of Acceptable Evidence (C1)** and all the Medical Release forms (SSA-827). (C2) If you mail them, please follow the mailing instructions on the final page of this notice and add your return address and correct postage to the envelope provided. If the office location is different than the mailing address, it is listed in **"If You Have Any Questions."** (C3)
- If you do not want to apply for disability, you do not need to return the SSA-827s with your retirement application. (C2)

What Happens Next

Once we receive your signed application, we will decide if you can get benefits. The sooner we receive it, the sooner we can decide.

We may use ____ (7) ____ as the official date of this application. In order to use ____ (7) ____, we must receive the signed application by ____ (9) _____. **You may lose Social Security benefits** if we do not receive the signed application by ____ (9) _____.

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.

____ (5) _____ indicated that you intend to apply for SSI. You need to file your application with us by ____ (14) _____ **or you may lose SSI benefits**. Call us at 1-800-772-1213 (TTY 1-800-325-0778) to arrange an appointment to file for SSI. You **cannot** apply for SSI over the Internet. (C4)

Confirmation Number

You can check the status of your application on the Internet. Please wait at least 5 business days from the date you mail or bring your signed application to us before you check your application status. To check the status, go to *Social Security Online* and select **"What You Can Do Online."** It can be found at www.socialsecurity.gov/onlineservices. Select **"Check the status of your application"** and enter the Confirmation Number shown at the top of this notice. Please guard this number carefully. It's the key to your application information. Social Security employees will never ask for your Confirmation Number.

Disability claims take longer to process than other types of Social Security claims. We have to get enough medical evidence to show that you are disabled. It may take 90 – 120 days before **"Check the status of your application"** will show if you can get disability benefits. (C2)

Additional Information

If you want to get in touch with the person who completed your application, the address is: _____ (10) _____. The telephone number is ____ (11) _____.

If You Have Any Questions

If you have any questions, call, write, or visit any Social Security office and have this letter with you. The telephone number and **mailing** address of the office processing your claim are shown at the top of this letter.

You can also reach us at 1-800-772-1213 (TTY 1-800-325-0778). We can answer most questions over the phone. The office location is: **(C3)**

_____ (12b) _____
 _____ (12c) _____
 ____ (12d) ____ (12e) ____ (12f) ____

(C3)

{Insert choice of UTI SSAS-30 – SSAS-39 (Signature Authority: Regional Commissioner’s printed name and Region) based on applicant’s zip code.}

Enclosures –

Return Envelope

Application Summary

List of Acceptable Evidence Documents **(C1)**

Medical Releases (SSA-827) **(C2)**

List of Acceptable Evidence Documents (C1)

You need to send us the documents shown below. **Send all documents you have with your signed application.** We will help you get the other documents. **You should not delay sending your application if you don't have all the documents.** You may lose benefits if you delay.

NOTE: Include your Social Security number when you mail documents to us. We need this to match the documents to your application. Please write your Social Security number on a separate sheet of paper and include it in the envelope with your documents. **Do not write anything on your original documents.** You may bring the documents to any Social Security office if you don't want to mail them. They will be examined and returned to you.

CAUTION: Don't 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. Some cannot be replaced. Instead, bring them to any Social Security office where they will be examined and returned to you.

Proof of Age (C6)

You **must submit** a birth certificate or religious record of birth made before you were age 5 **if one was established.** This is our preferred proof of age.

You need to provide at least two other documents to prove your age if a public or religious record was not made prior to age 5. Examples of other documents include a delayed birth certificate, school records, a State census record, vaccination record, insurance policy, hospital admission record, etc. Please provide us with two of the oldest of these documents.

We must see the original document(s). We **cannot** accept photocopies unless they are certified by the office that issued the original. We will return any document you show us.

Proof of Citizenship or Naturalization (C7)

We can accept most documents that show that you were born in the United States. We need to see a document such as a U.S. consular report of birth, a U.S. passport, a Certificate of Naturalization, or a Certificate of Citizenship if you are a U.S. citizen born outside the U.S.

If you are not a U.S. citizen we need to see your INS Form 1-551 (Green Card) to verify your 9-digit Alien Registration Number (A-Number). We need to see your INS Form I-94 to verify your Admission Number if you have an 11-digit Admission Number, even if you have an A-Number.

We must see the original documents, but we **cannot** accept them if they have expired. We cannot accept photocopies.

Proof of U.S. Military Service Before 1968 (C8)

Your benefit amount may increase if you have any period of active duty in the U.S. military prior to 1968. We need proof of your active duty service to determine this. Military service credits for active duty are automatically posted after 1967. Proof

of U.S. military service includes your military service papers (e.g., Form DD-214-Certification of Release or Discharge from Active Duty). We need to see all DD-214s with beginning and ending dates of active duty prior to 1968. We can accept uncertified photocopies of your military service.

Proof of Wages from Your Employer (C9)

We need to see Form W-2 for wages you received last year. We can accept pay stubs or statements for the current year as long as Social Security earnings (also known as FICA or OASDI earnings) are displayed separately. We can accept uncertified photocopies of your W-2 forms.

Proof of Self-Employment Income (C10)

We need to see a copy of Schedule C and SE from your tax return for last year. We can accept uncertified photocopies of your self-employment tax returns.

Medical Evidence (C11)

We will ask for your medical documents if you have received treatment for your alleged disability. This includes copies or photocopies of medical records, doctors' reports, and recent test results. Your treatment records are used along with other information to see if you meet our definition of disability.

We need information about your medical treatment for any illnesses, injuries, or conditions that limit your ability to work. We will not need to request copies of medical documents from your doctors, hospitals, clinics, or other medical sources if you already have them. We can process your application faster with this information. **Do not delay filing your application if you do not have these documents.** We will ask the medical sources you list to send them to us. We may ask you to go to a special examination at our expense if you have not received treatment, or we do not obtain enough documents about your condition(s).

We also ask for information such as:

- What are your illnesses, injuries, or conditions?
- When did they begin?
- How do they limit your activities?
- What did medical test show?
- What treatment did you receive?

In addition, we ask for information about your ability to do work-related activities, such as walking, sitting, lifting, carrying, and understanding and remembering instructions.

We do **not** ask your doctors to decide if you are disabled.

We can accept uncertified photocopies of your medical documents.

Proof of Workers' Compensation and/or Similar Benefits (C12)

You indicated that you received or are receiving a temporary or permanent workers' compensation-type benefit. We need to see award letters, pay stubs, settlement agreements or other proof you may have.

We will need documents that 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;

- The type of payment if you receive workers' compensation (i.e., temporary partial, temporary total, permanent partial, permanent total, a lump sum, or an annuity);
- The frequency of your payments (e.g., weekly, bi-weekly, monthly, bi-monthly, etc.) or the period covered by a lump sum;
- The last day you were entitled to a payment and the last payment amount (if different from your regular payment amount) if benefits have already ended;
- The name, address, and phone number of your employer;
- The name, address, and phone number of the insurance carrier if they make the payments instead of your employer.

We can accept uncertified photocopies of your workers' compensation and/or similar benefit information.

Internet Social Security Benefit Application Summary

Instructions

This form summarizes all the information provided by the person who started an Internet application for Social Security benefits on your behalf.

1. Review all the entries and confirm that the information is correct.
2. Write your initials next to any corrections that you make.
3. Sign and date the application in the space shown as, "Your Signature."
4. **NOTE:** It is important that **you** sign the application, not the person who filled it in for you or anyone else.
5. Mail or bring the signed application to the office address shown on the notice mailed with this summary. If you mail it, add your return address and the correct postage to the envelope provided.
6. If the office location is different than the mailing address, it is listed under **"If You Have Any Questions"** at the end of the notice. **(C3)**

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

Applicant Identification

Applicant name: **Erika Davies**
Social Security Number: **XXX-XX-9999**
Gender: **Female**
Date of Birth: **October 18, 1950**

Preparer's Information

Preparer's name: **Doug Bender**
Preparer's organization: **Bender & Bender, LLC**
Preparer's relationship to applicant: **Attorney**
Preparer's address: **123 Old Court Rd., Baltimore, MD 21208**
Preparer's phone number: **(410) 224-9444**

Contact Information

Mailing Address

Mailing Address: **3601 Clark's Lane, Baltimore, MD 21215**
Reside at this address: **No**
Residence Address: **2415 St. Paul Street, Baltimore, MD 21218**

Phone and email

Daytime telephone number: **443-765-4008**
Type of phone: **Other**
Best time to call: **2**
Email address: **erika.seth@gmail.com**

Preferred language for speaking: **English**

Preferred language for reading: **English**

Birth and Citizenship Information

Born in the United States or a U.S. territory or commonwealth: **Yes**
City of birth: **Baltimore**

State of birth: **MD**

U.S. citizen: **Yes**

Type of citizenship: **U.S. Citizen born inside the U.S.**

Confirmation Number

The confirmation number is: **12345678**

Other Social Security Numbers

Any other Social Security Numbers used: **Yes**

Other SSN 1: **444-99-4444**

Other SSN 2:

Other SSN 3:

Other SSN 4:

Other SSN 5:

Other Names

Any other names used: **Yes**

Other name 1: **Erika Seth**

Other name 2:

Other name 3:

Other name 4:

Other name 5:

Marriage Information

Currently married: **Yes**

Spouse's Name: **Edward Davies**

Spouse's Social Security Number: **909-99-9999**

Spouse's age: **62**

Marriage Date: **April 19, 1988**

Marriage Type: **Married by Clergy or Public Official**

Married in U.S. or a U.S. territory or commonwealth: **Yes**

City, town or county:

U.S. state, territory or commonwealth:

Prior Marriages

First prior spouse's name: **Eric Smith**

First prior spouse's Social Security Number: **UNKNOWN**

First prior spouse's date of birth: **December 15, 1952**

First prior marriage began on: **April 28, 1971**

First prior marriage type: **Clergy or Public Official**

First prior marriage began in: **Bath, England**

First prior marriage ended on: **October 4, 1974**

First prior marriage ended in: **Bath England**

First prior marriage ended because of: **Death**

Second prior spouse's name: **John Doe**

Second prior spouse's Social Security Number: **UNKNOWN**

Second prior spouse's date of birth: **December 15, 1952**

Second prior marriage began on: **April 28, 1971**

Second prior marriage type: **Clergy or Public Official**

Second prior marriage began in: **Bath, England**

Second prior marriage ended on: **October 4, 1974**

Second prior marriage ended in: **Bath England**

Second prior marriage ended because of: **Death**

Third prior spouse's name: **Peter Piper**
Third prior spouse's Social Security Number: **UNKNOWN**
Third prior spouse's date of birth: **December 15, 1952**
Third prior marriage began on: **April 28, 1971**
Third prior marriage type: **Clergy or Public Official**
Third prior marriage began in: **Bath, England**
Third prior marriage ended on: **October 4, 1974**
Third prior marriage ended in: **Bath England**
Third prior marriage ended because of: **Death**

Fourth prior spouse's name: **Grant Tomb**
Fourth prior spouse's Social Security Number: **UNKNOWN**
Fourth prior spouse's date of birth: **December 15, 1952**
Fourth prior marriage began on: **April 28, 1971**
Fourth prior marriage type: **Clergy or Public Official**
Fourth prior marriage began in: **Bath, England**
Fourth prior marriage ended on: **October 4, 1974**
Fourth prior marriage ended in: **Bath England**
Fourth prior marriage ended because of: **Death**

I have **NO** additional prior marriages.

Children

Child 1: **Ethan Davies**
Child 2: **Ephraim Davies**
Child 3:
Child 4:
Child 5:
Child 6:
Child 7:
Child 8:
Child 9:
Child 10:

I have **NO** additional children.

Military Details

Military Service prior to 1968: **Yes**
Receiving or eligible to receive military or civilian Federal agency benefit: **Yes**
Type of benefit: **Military**

First Military Period Type of Duty: **Reserve**
First Military Period Branch of Service: **Army**
First Military Period Start Date: **02/02/1934**
First Military Period End Date: **02/02/1936**

Second Military Period Type of Duty: **Reserve**
Second Military Period Branch of Service: **Army**
Second Military Period Start Date: **02/02/1934**
Second Military Period End Date: **02/02/1936**

Third Military Period Type of Duty: **Reserve**
Third Military Period Branch of Service: **Army**
Third Military Period Start Date: **02/02/1934**
Third Military Period End Date: **02/02/1936**

Fourth Military Period Type of Duty: **Reserve**
Fourth Military Period Branch of Service: **Army**
Fourth Military Period Start Date: **02/02/1934**
Fourth Military Period End Date: **02/02/1936**

Fifth Military Period Type of Duty: **Reserve**
Fifth Military Period Branch of Service: **Army**
Fifth Military Period Start Date: **02/02/1934**
Fifth Military Period End Date: **02/02/1936**

Sixth Military Period Type of Duty: **Reserve**
Sixth Military Period Branch of Service: **Army**
Sixth Military Period Start Date: **02/02/1934**
Sixth Military Period End Date: **02/02/1936**

Seventh Military Period Type of Duty: **Reserve**
Seventh Military Period Branch of Service: **Army**
Seventh Military Period Start Date: **02/02/1934**
Seventh Military Period End Date: **02/02/1936**

Eighth Military Period Type of Duty: **Reserve**
Eighth Military Period Branch of Service: **Army**
Eighth Military Period Start Date: **02/02/1934**
Eighth Military Period End Date: **02/02/1936**

Ninth Military Period Type of Duty: **Reserve**
Ninth Military Period Branch of Service: **Army**
Ninth Military Period Start Date: **02/02/1934**
Ninth Military Period End Date: **02/02/1936**

Tenth Military Period Type of Duty: **Reserve**
Tenth Military Period Branch of Service: **Army**
Tenth Military Period Start Date: **02/02/1934**
Tenth Military Period End Date: **02/02/1936**

I have **NO** additional Periods of Military Duty.

Employer Details

Worked for an employer in 2007: **YES**
Worked or will work for an employer in 2008
Will work for an employer in 2009: **YES**

Employer's name: **Southwest Airlines**
Employer's address: **1 Plain Dr., Chicago, IL 00747**
Date employment began: **September 1987**
Date employment end: **March 2007**
Another employer in 2007, 2008, or 2009: **YES**

Employer's name: **Southwest Airlines**
Employer's address: **1 Plain Dr., Chicago, IL 00747**
Date employment began: **September 1987**
Date employment end: **March 2007**
Another employer in 2007, 2008, or 2009: **YES**

Employer's name: **Southwest Airlines**
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Date employment end: **March 2007**
Another employer in 2007, 2008, or 2009: **YES**

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Date employment end: **March 2007**
Another employer in 2007, 2008, or 2009: **YES**

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Employer's address: **1 Plain Dr., Chicago, IL 00747**
Date employment began: **September 1987**
Date employment end: **March 2007**
Another employer in 2007, 2008, or 2009: **YES**

Employer's name: **Southwest Airlines**
Employer's address: **1 Plain Dr., Chicago, IL 00747**
Date employment began: **September 1987**
Date employment end: **March 2007**
Another employer in 2007, 2008, or 2009: **YES**

Self-employment Details

Self-employed in 2007: **YES**
Type of business: **Law firm**
Self-Employment net income greater than \$400: **YES**

Self-employed in 2008: **YES**
Type of business: **Home medical practice**
Self-Employment net income greater than \$400: **YES**

Self-employed in 2009: **YES**
Type of business: **Car wash**
Self-Employment net income greater than \$400: **YES**

Supplemental Information

Worked outside the US: **YES**
Eligible for benefits under a foreign social security system: **YES**
Country: **Pakistan**
Filed or intend to file under that country's social security system: **YES**
Spouse worked outside the US: **YES**
Spouse eligible for benefits under a foreign social security system: **YES**
Spouse filed or intends to file under that country's social security system: **YES**

Agree with the earning history as shown on Social Security statement: **YES**
Corporate Officer of employer: **YES**
Related to a Corporate Officer of employer: **YES**
Receiving earnings from a Family Corporate or other closely held corporation: **YES**
Permission granted to contact employer(s) if necessary: **YES**

Total Earnings

Total of all wages and tips in 2007: **\$12000**
Earned wages, tips, and net earnings from self-employment over \$1080 a month or performed substantial services in self-employment in all months of 2007: **NO**
Months did not earn over \$1080: **January, March and June**
Total of all wages and tips in 2008: **\$15000**
Earned wages, tips, and net earning from self-employment over \$1130 a month or performed substantial services in self-employment in all months of 2008: **NO**
Months did not earn over \$1130: **January and June**
Total of all wages and tips expected in 2009: **\$22000**
Expected wages, tips, and net earnings from self-employment over \$1130 a month or from performing substantial services in self-employment in all months of 2009: **NO**
Months will not earn over \$1130: **January, March and June**

Total earnings include any special payments paid in one year but earned in another: **NO**

Other Pensions/Annuities

Ever worked in a job where Social Security taxes were not deducted or withheld: **YES**
Receiving a pension or annuity based on this non-covered work: **YES**
Pension or annuity based on government employment: **YES**
Worked on railroad 5 years or more: **YES**
Receiving or eligible to receive a railroad pension or annuity: **YES**
Spouse worked for railroad 5 years or more: **YES**
Spouse receiving eligible to receive railroad pension or annuity: **YES**
Worked for federal government in 1983: **YES**
Spouse worked for Federal Government in 1983: **YES**

Direct Deposit Details

Bank routing number: **001520633**
Account number: **009979955285**
Account type: **Checking**
No account: **No**

Benefit Information

Filed for Supplemental Security Income: **NO**
Intend to file for Supplemental Security Income: **YES**
Previous application for Medicare, Social Security Benefits, or Supplemental Security Income (SSI) benefits: **YES**
Types of Benefits: **Medicare, Social Security, Supplemental Security Income**
Previous filing on your own Social Security Number: **NO**
Name and Social Security Number of person(s) on whose record previously applied:
Joe Public 999-99-9999
Bill D. Blocks 990-90-9099
Enrolled in Medicare Part B: **NO**
Want to enroll in Medicare Part B: **NO**

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.

Signature _____ Date _____

Witnesses are required only if this application has been signed by mark (x) above. If signed by (x), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

Signature of Witness

Signature of Witness

Number and Street Address

Number and Street Address

City, State, and Zip Code

City, State, and Zip Code

This form should be submitted to the address shown on your notice.

Privacy Act Statement

The Social Security Administration (SSA) is allowed to collect the facts on this form under Section 205 of the Social Security Act. We need this information to efficiently process your application. Giving us this information is voluntary. However, without them we may not be able to process your 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. sec. 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. SSA has access to the information you provide on this application and is authorized to keep even information on applications that were partially completed. This is for purposes of helping you complete the application process. Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security office.

Paperwork Reduction Act Statement

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. sec. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to review, confirm or sign this application summary unless we display a valid Office of Management and Budget control number; the control number is xxxx-xxxx. We estimate that it will take about 20 minutes to read the instructions, review the information contained in the summary, and sign the application. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

{ Sample Return mailing address sheet }

Mailing Instructions

Re-fold and insert this page so the mailing address below can be clearly seen through the address window of the reply envelope. Fold the application summary, along with any additional pages required, and place them in the return envelope behind this page.

[DEVELOPER INSTRUCTIONS – PUBLIC WILL NOT SEE THIS]

Attn: DEADA - Position SSA office mailing address to be visible through window of the enclosed outgoing reply envelope.

_____(1b)_____
_____(1c)_____
_____(1d)_____(1e)_____(1f)_____



IMPORTANT

To ensure your application reaches Social Security, re-fold this page along the dashed line above and insert so the mailing address can be clearly seen through the window of the reply envelope.



[DEVELOPER INSTRUCTIONS – PUBLIC WILL NOT SEE THIS]

Attn: DSUSF - Position the graphic overlay (containing dashed line, arrows and the textbox below the dashed line) so that the heavy dashed line appears in the middle of the page to ensure that when folded, the address will appear properly in the envelope window.

Notice #2 - Fill-ins

Fill-in 1b-1h

Fill 1b-1h with the following items for the claimant's servicing field office as *derived from the claimant's zip code*.

- 1b – mailing address
- 1c – mailing address, line 2
- 1d – City
- 1e – State
- 1f – Zip Code
- 1h - phone number

Fill-in 2

Date of notice: Calculate and display the batch run date plus 7 calendar days.
(Format: Month DD, YYYY)

Fill-in 3

System generated 8-digit Confirmation Number

Fill-in 4a – 4f

Applicant name and mailing address

- 4a – name of applicant Format: First MI/Middle Last
- 4b – mailing address
- 4c – mailing address, line 2
- 4d – City
- 4e – State
- 4f – Zip Code

Fill-in 5

Name of third party who started the Internet application.
Format: First MI/Middle Last, Suffix (use a "Special K" UTI)

Fill-in 6

If organization exists display a variable length fill-in for name of the organization with which the third party is associated.

[Display "of _____" if organization exists.]

Fill-in-7

Month, day and year the third party **started** the Internet application. (Format: Month DD, YYYY)

Fill-in 8

Month, day and year the third party **completed** the Internet application.
(Format: Month DD, YYYY)

Fill-in 9 - Closeout date:

If Conditional Notice #1 was previously sent:

Calculate and display the closeout date (equal to 6 calendar months plus 7 calendar days **after** the **start** date of the ISBA application.

(Format: Month DD, YYYY). The 6-month interval is equal to 6 calendar months and not 180 days. (E.g.: Six months from Jan 15th will be July 15th. Seven additional calendar days are then added, and if that day falls on a non-business day (weekend or holiday), then add days until the next **business** day is been reached.

*If Conditional Notice #1 was **not** previously sent:*

Calculate and display the closeout date (equal to 6 calendar months plus 7 calendar days after the **completion date of the ISBA application** (Format: Month DD, YYYY). The 6-month interval is equal to 6 calendar months and not 180 days. (E.g.: Six months from Jan 15th will be July 15th. Seven additional calendar days are then added, and if that day falls on a non-business day (weekend or holiday), then add days until the next **business** day is been reached.

Fill-in 10

Complete address of the third party (street address, street address line 2, city/state/zip code) *in-line as single comma separated string.*

Fill-in 11

Telephone number of the third party, including area code and extension if exists.

Fill-in 12b - 12f

Use the physical location of the claimant's servicing field office as derived from the claimant's zip code.

12b – mailing address

12c – mailing address, line 2

12d – City

12e – State

12f – Zip Code

Fill-in 13

Complete SSN of the applicant

Fill-in 14

Calculate the SSI closeout period as follows:

If Conditional Notice #1 was previously sent:

The closeout period starting date begins seven calendar days after generation of the Application Number (start date of the ISBA) and ends 60 calendar days **after** that date.

(Format: Month DD, YYYY). If the ending date falls on a non-business day (weekend or holiday), then add days until the next **business** day has been reached.

*If Conditional Notice #1 was **not** previously sent:*

Calculate and display the SSI closeout date. The closeout period starting date begins seven calendar days **after** the ISBA application was **completed**. If the ending date falls on a non-business day (weekend or holiday), then add days until the next **business** day has been reached.

Notice #2 - Conditional Text Blocks

C1 – Include only if the “List of Acceptable Evidence” document is printed and inserted

C2 – Include only if the third party answered “Yes” to the ISBA disability question triggering printing and inserting the Medical Release form (SSA-827s)

C3 - Include only if the SSA Office’s physical address is different than the mailing address

C4 – Only include if ISBA logic determines that SSI questions will be asked and if the third party answered “Yes” to the “intent to file for SSI” question.

Rules for printing conditional text blocks C6 through C12 will be determined by the OSES analyst based on user responses to ISBA questions.

C6 - Proof of Age

C7 - Proof of Citizenship or Naturalization

C8 - Proof of U.S. Military Service Before 1968

C9 - Proof of Wages from Your Employer

C10 - Proof of Self-Employment Income

C11 - Medical Evidence

C12 - Proof of Workers’ Compensation and/or Similar Benefits

ISBA Redesign/ISBA Third Party Enhancements

{Printed Reply Envelope Reminders
Notice #2}

REMINDERS:

- Did you sign your application?
- Did you properly insert the mailing instruction sheet so the address is clearly visible through the envelope window?

Sealing flap

- Did write your return address in the upper left-hand corner of the envelope?
- Did you add the proper amount of postage?

**Back of reply
envelope**