

**APPLICATION FOR LUMP-SUM DEATH PAYMENT\***

I apply for all insurance benefits for which I am eligible under Title II (Federal Old-Age, Survivors, and Disability Insurance) of the Social Security Act, as presently amended, on the named deceased's Social Security record.

(This application must be filed within 2 years after the date of death of the wage earner or self-employed person.)

\* This may also be considered an application for insurance benefits payable under the Railroad Retirement Act.

1.	(a) PRINT name of Deceased Wage Earner or Self-Employed Person _____ (herein referred to as the "deceased")	FIRST NAME, MIDDLE INITIAL, LAST NAME	
	(b) Check (X) one for the deceased _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	(c) Enter deceased's Social Security Number _____	____ / ____ / _____	
2.	PRINT your name _____	FIRST NAME, MIDDLE INITIAL, LAST NAME	
3.	Enter date of birth of deceased _____ (Month, day, year)		
4.	(a) Enter date of death _____ (Month, day, year)		
	(b) Enter place of death _____ (City and State)		
5.	(a) Did the deceased ever file an application for Social Security benefits, a period of disability under Social Security, supplemental security income, or hospital or medical insurance under Medicare? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If "No" or "Unknown," go on to item 6.)</i>
	(b) Enter name(s) of person(s) on whose Social Security record(s) other application was filed. _____	FIRST NAME, MIDDLE INITIAL, LAST NAME	
	(c) Enter Social Security Number(s) of person(s) named in (b). (If unknown, so indicate) _____	____ / ____ / _____	
6.	ANSWER ITEM 6 ONLY IF THE DECEASED WORKED WITHIN THE PAST 2 YEARS.		
	(a) About how much did the deceased earn from employment and self-employment during the year of death? _____	AMOUNT	\$
	(b) About how much did the deceased earn the year before death? _____	AMOUNT	\$
7.	ANSWER ITEM 7 ONLY IF THE DECEASED DIED PRIOR TO AGE 66 AND WITHIN THE PAST 4 MONTHS.		
	(a) Was the deceased unable to work because of illness, injuries or conditions at the time of death? _____	<input type="checkbox"/> Yes <i>(If "Yes," answer (b).)</i>	<input type="checkbox"/> No <i>(If "No," go on to item 8.)</i>
	(b) Enter the date the deceased became unable to work _____ (Month, day, year)		
8.	(a) Was the deceased in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968? _____	<input type="checkbox"/> Yes <i>(If "Yes," answer (b) and (c).)</i>	<input type="checkbox"/> No <i>(If "No," go on to item 9.)</i>
	(b) Enter dates of service. _____	From: (Month, Year)	To: (Month, Year)
	(c) Has anyone (including the deceased) received, or does anyone expect to receive, a benefit from any other Federal agency? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Did the deceased work in the railroad industry for 7 years or more? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>10.</b>	(a) Did the deceased ever engage in work that was covered under the social security system of a country other than the United States? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," answer (b).) (If "No," go on to item 11.)</i>
	(b) If "Yes," list the country(ies). _____	
<b>11.</b>	Is the deceased survived by a spouse or ex-spouse? (If "No," go on to item 12. If "Yes," give the following information about all marriages of the deceased including marriage in effect at time of death.) (If you need more space, use "Remarks" section on back page or attach a separate sheet.)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	To whom married ( <i>Name at Birth</i> ) _____	When ( <i>Month, day, year</i> ) _____
	Where ( <i>Enter name of City and State</i> ) _____	
Last marriage of the deceased	How marriage ended	Where ( <i>Enter name of City and State</i> ) _____
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other ( <i>Explain in Remarks</i> ) _____	Spouse's date of birth (or age) _____
	If spouse deceased, give date of death _____	
	Spouse's Social Security Number ( <i>If none or unknown, so indicate</i> ) _____ / _____ / _____	
	To whom married ( <i>Name at Birth</i> ) _____	When ( <i>Month, day, year</i> ) _____
	Where ( <i>Enter name of City and State</i> ) _____	
Previous marriage of the deceased If none write "None."	How marriage ended	Where ( <i>Enter name of City and State</i> ) _____
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other ( <i>Explain in Remarks</i> ) _____	Spouse's date of birth (or age) _____
	If spouse deceased, give date of death _____	
	Spouse's Social Security Number ( <i>If none or unknown, so indicate</i> ) _____ / _____ / _____	
<b>12.</b>	The deceased's surviving children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) may be eligible for benefits based on the earnings record of the deceased.	
	List below ALL such children who are now or were in the past 12 months UNMARRIED and:	
	<ul style="list-style-type: none"> <li>• UNDER AGE 18    • AGE 18 TO 19 AND ATTENDING SECONDARY SCHOOL</li> <li>• DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22)</li> </ul>	
	<b>(If none, write "None.")</b>	
	Full Name of Child	Full Name of Child
<b>13.</b>	Is there a surviving parent (or parents) of the deceased who was receiving support from the deceased either at the time the deceased became disabled under the Social Security law or at the time of death? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," enter the name and address of the parent(s) in "Remarks".)</i>
<b>14.</b>	Have you filed for any Social Security benefits on the deceased's earnings record before? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>NOTE: If there is a surviving spouse, continue with item 15. If not, skip items 15 through 18.</b>	
<b>15.</b>	If you are not the surviving spouse, enter the surviving spouse's name and address here	
<b>16.</b>	(a) Were the deceased and the surviving spouse living together at the same address when the deceased died?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," go on to item 17.) (If "No," answer (b).)</i>
	(b) If either the deceased or surviving spouse was away from home (whether or not temporarily) when the deceased died, give the following:	
	Who was away? _____	<input type="checkbox"/> Deceased <input type="checkbox"/> Surviving spouse
	Date last home _____	Reason absence began _____
	Reason they were apart at time of death _____	
	If separated because of illness, enter nature of illness or disabling condition.	



**RECEIPT FOR YOUR CLAIM FOR THE SOCIAL SECURITY LUMP-SUM DEATH PAYMENT**

TELEPHONE NUMBER TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT	SSA OFFICE	DATE CLAIM RECEIVED
TELEPHONE NUMBER		

**RECEIPT FOR YOUR CLAIM**

Your application for the lump-sum death payment has been received and will be processed as quickly as possible.

In the meantime, if you change your mailing address, you should report the change.

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

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

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

CLAIMANT	SOCIAL SECURITY CLAIM NUMBER
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DECEASED'S NAME (If surname differs from claimant's name)

**COLLECTION AND USE OF INFORMATION FROM YOUR APPLICATION - PRIVACY ACT/PAPERWORK ACT**

**See Revised Privacy Act Statement Attached**

- I. The Social Security Administration is authorized to collect the information on this form under sections 202(i) and 205(a) of the Social Security Act, as amended (42 U.S.C. 402(i) and 405(a)).
- II. While it is voluntary, except in the circumstances explained below, for you to furnish the information on this form to Social Security, no lump-sum death payment may be paid unless an application has been received by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure payment not authorized by the Social Security Act.
- III. The information on this form is needed to enable Social Security to determine if you are entitled to the lump-sum death payment. It will also enable us to determine if there are any survivors of the deceased who may qualify for monthly Social Security benefits as dependents of the deceased.
- IV. Failure to provide all or part of this information could prevent an accurate and timely decision on your claim, and could result in the loss of some benefits for eligible dependents of the deceased.
- V. Although the information you furnish on this form is almost never used for any other purpose than stated in Part III, above, there is a possibility that in the administration of the Social Security programs or for the administration of programs requiring coordination with the Social Security Administration, information may be disclosed to another person or to another government agency as follows:
  - 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage.
  - 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Veterans Administration).
  - 3. To facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).
- VI. The information you provide may also be used without your consent in automated matching programs. These matching programs are computer comparisons of Social Security Administration records with records kept by other Federal agencies or State and local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.
 

These and other reasons why information about you may be used or given out are explained in the Federal Register. If you would like more information about this, get in touch with any Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You may request a copy of this statement from the Office of Management and Budget. **See Revised PRA Statement Attached**

QUESTIONS - If you have any questions, please call the Social Security Administration. If you need more information, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

*SSA will insert the revised Questions 11 and 18 upon OMB approval of these revisions:*

**Question 11:**

(a) Is the deceased survived by a spouse?  Yes  No

If “Yes”, enter information about the marriage in effect at the time of death below. If “No”, go on to item 11(b) if the deceased had prior marriages or item 12 if the deceased never married.

Spouse's name (including maiden name)	When (Month, day, year)	Where (Name of City and State)
How marriage ended	When (Month, day, year)	Where (Name of City and State)
Marriage performed by: <input type="checkbox"/> Clergyman or public official  <input type="checkbox"/> Other (Explain in “Remarks”)	Spouse's date of birth (or age)	Spouse's Social Security Number (If none or unknown, so indicate)

- (b) If the deceased had a prior marriage(s) that lasted at least 10 years, enter the information below. If the deceased married the same individual multiple times and the remarriage took place within the year immediately following the year of the divorce, and the combined period of marriage totaled 10 years or more, include the marriage.

**If none or unknown, so indicate.** \_\_\_\_\_

Spouse's name (including maiden name)	When (Month, day, year)	Where (Name of City and State)
How marriage ended	When (Month, day, year)	Where (Name of City and State)
Marriage performed by: <input type="checkbox"/> Clergyman or public official  <input type="checkbox"/> Other (Explain in "Remarks")	Spouse's date of birth (or age)	If spouse deceased, give date of death.
Spouse's Social Security number (If none or unknown, so indicate)		

- (c) If the deceased has surviving children as defined in item 12 and he or she was married to the child's mother or father but the marriage ended in divorce, enter information on the marriage if not already listed in 11(b).

**If none or unknown, so indicate.** \_\_\_\_\_

Spouse's name (including maiden name)	When (Month, day, year)	Where (Name of City and State)
How marriage ended	When (Month, day, year)	Where (Name of City and State)
Marriage performed by: <input type="checkbox"/> Clergyman or public official  <input type="checkbox"/> Other (Explain in "Remarks")	Spouse's date of birth (or age)	If spouse deceased, give date of death.
Spouse's Social Security number (If none or unknown, so indicate)		

If you need more space, use "Remarks" section on back page or attach a separate sheet.

**Question 18:**

Were you married before your marriage to the deceased? →		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, enter information about your prior marriage(s) that lasted at least 10 years or ended due to death of the spouse. If you divorced then remarried the same individual within the year immediately following the year of the divorce and the combined period of marriage totaled at least 10 years, include the marriage. If you need more space, use “Remarks” section on back page or attach a separate sheet.		
Spouse’s name (including maiden name)	When (Month, day, year)	Where (Name of City and State)
How marriage ended	When (Month, day, year)	Where (Name of City and State)
Marriage performed by: <input type="checkbox"/> Clergyman or public official  <input type="checkbox"/> Other (Explain in “Remarks”)	Spouse’s date of birth (or age)	If spouse deceased, give date of death.
Spouse’s Social Security number (If none or unknown, so indicate)		

For additional information about survivor benefits see our publication at [www.socialsecurity.gov](http://www.socialsecurity.gov).

***SSA will insert the following revised Privacy Act and PRA Statements into the form at its next scheduled reprinting:***

## Privacy Act Statement

Sections 202 (g), 205(a), 223, and 1631 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will allow the Social Security Administration (SSA) to determine your potential eligibility for benefit payments and to help us to decide if additional information is needed. Your response is voluntary. However, failure to provide this requested information may prevent an accurate and timely decision on any claim filed, or could result in loss of benefits.

We rarely use the information provided on this form for any purpose other than for the reasons stated above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routines uses, which include but are not limited to the following:

- 1) To enable a third party or an agency to assist Social Security in establishing rights to Medicare benefits or coverage;
- 2) To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
- 3) To make determination for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
- 4) To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Medicare programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Explanations about these and other reasons why information you provide us may be used or given out are available in Systems of Record Notice 60-0089 (Claims Folders Systems, SSA, Office of General Counsel, Office of Privacy and Disclosure. The Notice information about this form, and any other information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or visit your local Social Security office.



**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*