

# Existing iClaim Screens That Have Been Altered



Social Security Online  
www.socialsecurity.gov

## Benefit Application

### Welcome to the Social Security Benefit Application

Form Approved: OMB No. 0960-0618  
Expires 08/31/2011

Thank you for using our online Retirement/Medicare 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 3 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.

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.

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



Identification	General	Other Benefits	Remarks	Review	Submit	Next Steps
Initial Information ✓	Application Number ✓	Additional Information			Disability	Go

<< [P]revious    [N]ext >>

## Additional Information Section (Page 2 of 2) Disability for John Public

### 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  
     

Do you want to receive reduced Retirement benefits while waiting for the disability decision?

[Things to Consider](#)

Yes    No

Are you blind?

Yes    No

[S]ign Off (finish this later)

<< [P]revious    [N]ext >>



Identification	General	Other Benefits	Remarks	Review	Submit	Next Steps
Initial Information ✓	Application Number ✓	Additional Information			Disability	Go

<< [P]revious    [N]ext >>

## Additional Information Section (Page 2 of 2) Disability for John Public

### Disability Benefits

During the last 14 months, has the applicant 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 the applicant become unable to work?

Month    Day    Year

      

Does John Public want to receive reduced Retirement benefits while waiting for the disability decision? [Things to Consider](#)

Yes  No

Is John Public blind?

Yes  No

[S]ign Off (finish this later)

<< [P]revious    [N]ext >>



Identification	General	Other Benefits	Remarks	Review	Submit	Next Steps
Initial Information ✓	Application Number ✓	Additional Information			Disability	Go

<< [P]revious    [N]ext >>

## Additional Information Section (Page 2 of 2) Disability for Joan Public

### Disability Benefits

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

Yes  No

[S]ign Off (finish this later)

<< [P]revious    [N]ext >>



Identification	General	Other Benefits	Remarks	Review	Submit	Next Steps
Initial Information <input checked="" type="checkbox"/>	Application Number <input checked="" type="checkbox"/>	Additional Information				Disability <input type="button" value="Go"/>

## Additional Information Section (Page 2 of 2) Disability for Joan Public

### Disability Benefits

Does Joan Public want to receive reduced Retirement benefits while waiting for the disability decision?

[Things to Consider](#)

Yes  No



## Overall Summary Section (Page 1 of 1) Overall Summary for John Public

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

**Applicant Identification Page**  
Applicant Name: **John Q Public**  
Social Security Number: **743990569**  
Gender: **Male**  
Date of Birth: **November 03, 1940**

**Contact Information Page**  
**Mailing Address**  
Mailing Address: **234 First St, Silver Spring, MD, 20901**  
Reside at this address: **Yes**  
**Phone and email**  
Daytime telephone number: **301 555 7890**  
Type of phone: **Home**  
Best time to call: **Noon to 5 p.m.**  
Email address:  
**Language preferences**  
Preferred language for speaking: **English**  
Preferred language for reading: **English**

**Birth and Citizenship Information Page**  
Born in the United States or a U.S. territory or commonwealth: **Yes**  
City of Birth: **Silver Spring**  
State of Birth: **MARYLAND**  
US Citizen: **Yes**  
Type of Citizenship: **Naturalized citizen**  
Date of Citizenship: **May 05, 1990**

**Medicare Election Information Page**  
File for Medicare Only: **Yes**  
Enrolled in Medicare under a different SSN: **No**

#### Application Number Section

**Application Number Page**  
The Application Number is: **27455482**  
(The Application Number cannot be edited.)

### Other Benefits Tab

#### Benefit Information Section

**Health Insurance Information Page**  
Desire to enroll in Medicare Part B: **Yes**  
Receiving Medicaid: **Yes**

**Medicaid Information Page**  
Medicaid (state health insurance) number: **123456789**  
State who provides Medicaid: **MD**  
Date Medicaid started: **6/1/1987**  
Date Medicaid ended: **Medicaid has not ended.**

**Group Health Plan Information Page**  
Covered under a group health plan: **Yes**  
Group health plan is from: **Your Employment**  
**Employment Information**  
Date Employment started: **7/15/1973**  
Date Employment ended: **1/30/2009**  
**Health Insurance Coverage**  
Date health insurance started: **8/1973**  
Date health insurance ended: **1/2009**

### Review Tab

#### Review Section

**Remarks Page**  
Remarks: **Thanks for your help.**



Identification

General

Other Benefits

Remarks

Review

Submit

Next Steps

Receipt

What's Next?

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[N]ext >>

## What's Next? Section (Page 1 of 2)

### What's Next for Joan Public

Thank you for using our online benefit application.

If you discover that something is incorrect on the electronic application you sent, please contact the office processing your claim.

**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 last 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  
11006 VEIRS MILL RD  
SUITE L20  
SILVER SPRING, MD 20902

#### *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 <http://www.socialsecurity.gov/>, select "**Check the Status of Your Application**" and enter your Confirmation Number. **The Confirmation Number for this claim is: 43123299.** 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 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](#)

#### *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. To obtain more information about tax withholding and obtain a copy of the form, please check our [Voluntary Tax Withholding](#) site.

#### *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.

#### *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.

#### *Helpful Health Care Websites*

##### *Health Information*

The U.S. Department of Health and Human Services provides information on many health topics at [www.healthfinder.gov](http://www.healthfinder.gov) on the Internet. You may wish to visit that site to review that information, which may be helpful to you.

##### *Prescription Drug Assistance Programs*

You may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit [www.healthfinder.gov/rxdrug](http://www.healthfinder.gov/rxdrug) on the Internet.

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.

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