

OMB 0960-0618 Screen Package

Modified Screen #1



Social SecurityOnline

www.socialsecurity.gov

Benefit Application

IdentificationGeneralOther BenefitsRemarksReviewSubmitNext Steps

Initial InformationApplication Number

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Initial Information Section (Page 2 of 4)
Contact Information for

Country

United States of America

Street Address 1

Street Address 2

Street Address 3

Street Address 4

CityStateZIP

Select

Do you live at this address?

☐ Yes☐ No

Daytime telephone number

Telephone NumberType

Home

What is the best time to call?

☐ 9 a.m. to Noon☐ Noon to 5 p.m.☐ Anytime between 9 a.m. and 5 p.m.

Email Address

We will send an acknowledgement to this address.

Please confirm your email address

Language Preferences

Language preferred for speaking

Language preferred for reading

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Changed title to "Country" instead of "U.S Mailing Address "

Added a drop down box to provide additional countries

Modified Screen #2

Prior Marriages - Windows Internet Explorer
 http://eis.ba.ssa.gov/appages/Claim_May_2010/fam002-1.html
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Benefit Application

Identification ☒ General ☐ Other Benefits ☐ Remarks ☐ Review ☐ Submit ☐ Next Steps ☐

Family ☒ Military ☐ Earnings ☐ When to Start Benefits ☐

Prior Marriages

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Family Section (Page 2 of 3)
Prior Marriages for John Public

Did you have any prior marriages? [More Info](#)
☒ Yes ☐ No

Did you have any prior marriage that lasted at least 10 years?
☒ Yes ☐ No

Did you have any prior marriage that ended due to your spouse's death?
☐ Yes ☒ No

Prior Marriage 1

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. Please list your most recent marriage first and work backwards.

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

Prior Spouse's Social Security Number

Modified language

Please provide information about the prior marriages **for which** you answered "Yes" above. List your most recent marriage first (**regardless of how long it lasted**) and work backwards. If you are not sure of the marriage date, enter your best guess and explain in the Remarks page **near the end of the application**.

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?

Did you have any prior marriage that lasted at least 10 years, or any prior marriages that ended due to your spouse's death? [More Info](#)
☐ Yes ☐ No

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Modified language

Did you have any **other** prior marriage that lasted at least 10 years, or any **other** prior marriages that ended due to your spouse's death?

Modified Screen #3



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Benefit Application

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When to Start Benefits

When to Start Benefits Go

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When to Start Benefits Section (Page 2 of 3)
When to Start Benefits for Jane Public

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](#)

If you have filed for, or are currently receiving, Supplemental Security Income (SSI), you must select the earliest possible month that you are eligible for benefits. An SSI recipient is required to pursue all other benefits when first eligible.

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. The information you have already entered will be saved.

Go to Estimator

We need to know when you want to start benefits.

Do you want benefits to start in 06/2010?
☐ Yes ☒ No (Your other available options are 10/2009 to 08/2010.)

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
☐ No longer working
☒ Another Reason

Please briefly describe the 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)]

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Modified language

The header will read: When to Start **Retirement** Benefits for Jane Public.

The first sentence will read: It's your choice when to start **retirement** benefits.

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OISP/OAESP

**Retirement and Disability Path
Existing Screen (Medicare-Only) #1**

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Benefit Application

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Benefit Information

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Benefit Information Section (Page 1 of 3)
Health Insurance Information for Joe Public

Medicare Coverage

Do you want to enroll in Medicare Part B? [More Info](#)
☐ Yes ☐ No

Other Health Insurance Coverage

Are you receiving Medicaid (state health insurance)? [More Info](#)
☐ Yes ☐ No

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

**Retirement and Disability Path
Existing Screen (Medicare-Only) #2**



Identification ☒ General Other Benefits Remarks Review Submit Next Steps

Benefit Information Medicaid Information

Benefit Information Section (Page 2 of 3)
Medicaid Information for John Public

When did Medicaid (state health insurance) start?

Month Year

When did Medicaid (state health insurance) end?

Month Year

☐ Not Ended

What is the Medicaid (state health insurance) number? [More Info](#)

☐ Unknown

What state provides Medicaid (state health insurance)? [More Info](#)

New to the Retirement and Disability Path
Existing Screen (Medicare-Only) #3

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Benefit Information

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Benefit Information Section (Page 3 of 3)
Group Health Plan Information for Joe Public

Are you covered under a Group Health Plan? [More Info](#)

☒ Yes ☐ No

Are you covered under a Group Health Plan through your own employment?

☐ Yes ☒ No

Are you covered under a Group Health Plan through another person's employment?

☒ Yes ☐ No

Employment Information

The questions below apply to the employment that provides your group health plan insurance.

What date did employment start? [More Info](#)

Month Day Year
January -- --

What date did employment end? [More Info](#)

Month Day Year
January -- --

☐ Not Ended

Health Insurance Coverage

What date did health insurance start? [More Info](#)

Month Year
January --

What date did health insurance end? [More Info](#)

Month Year
January --

☐ Not Ended

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

iClaim New Screen #1



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Benefit Application

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Remarks

DRAFT

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Remarks Section (Page 2 of 2)
Appointment Cancellation

If you previously scheduled an appointment with your local Social Security office, you may not need to keep it once you complete this online application.

Do you want to cancel any appointment(s) you may have scheduled with your local Social Security office?
☐ Yes ☐ No

Note: Your appointment will not be cancelled until you select the "Sign Now" button on the Submit Page. If you cancel an appointment for the next business day, you may still receive an automatic reminder call about your appointment.

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