

English iClaim Updated Screen Package

Version 1.4



April 5, 2011

DRAFT
English iClaim – Updated Final Screen Package

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1. Pages

1.1. ent001_Welcome

Español | Text Size | Accessibility Help

 **Social Security**
The Official Website of the U.S. Social Security Administration

Benefit Application

Form Approved: OMB No. 0960-0618
Expires: 01/31/2013 | [Paperwork Reduction Act](#)

Welcome to the Social Security Benefit Application

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](#)
- [Instructions for Blind or Visually Impaired Users](#)
- [Other Ways To Apply](#)
- [Medicare - For people Within 3 Months of Age 65 or Older](#)
- [Extra Help With Medicare Prescription Drug Plan 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...

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 cannot sign the application at this time.

Blind or visually impaired applicants can use the [Internet Special Notices Option](#) page to choose how to receive notices from Social Security.

Please select one:

I am not blind or visually impaired; or, I am not applying for myself.

I have visited the Internet Special Notices Option page.

Privacy & Security

Your privacy is important.

For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

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1.2. ent003_Welcome

Español | Text Size A A A | Accessibility Help

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Benefit Application

Form Approved: OMB No. 0960-0618
Expires: 01/31/2013 | [Paperwork Reduction Act](#)

Welcome to the Social Security Benefit Application

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](#)
- [Instructions for Blind or Visually Impaired Users](#)
- [Other Ways To Apply](#)
- [Medicare - For people Within 3 Months of Age 65 or Older](#)
- [Extra Help With Medicare Prescription Drug Plan 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](#).

To Continue Your Application...

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.

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 cannot sign the application at this time.

Blind or visually impaired applicants can use the [Internet Special Notices Option](#) page to choose how to receive notices from Social Security.

Please select one:

I am not blind or visually impaired; or, I am not applying for myself.

I have visited the Internet Special Notices Option page.

Please enter the last four digits of your Social Security Number to begin your retirement application.

[Apply for Benefits](#)

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1.3. ent004_Restart

Español | Text Size  | Accessibility Help

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Benefit Application

Form Approved: OMB No. 0960-0618
Expires: 01/31/2013 | [Paperwork Reduction Act](#)

Restart

Applicant's Social Security Number (SSN):

Application Number:

 **Completing this Application**
Completing this Application at a date later than when you began your original application may affect the month your benefits will start as well as other information on the application.

[Restart](#) [Previous](#)

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1.4. ini002-r_Applicant Identification

Text Size  | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Applicant Identification

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

First Middle Last Suffix

Social Security Number (SSN):

Gender: Male Female

Date of Birth: Month Day Year

In this section...

- Initial Information
- Applicant Identification**
- Contact Information
- Birth and Citizenship
- Medicare Information
- Application Number
- Additional Information

Next

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1.5. ini003-1_Contact Information

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Text Size | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Contact Information for Jane Public

Mailing Address:

Country:

Street Address:

Street Line 1:

Street Line 2:

City/Town: State/Territory: ZIP Code:

Do you live at this address?
 Yes No

Residence Address:

Country:

Street Address:

Street Line 1:

Street Line 2:

City/Town: State/Territory: ZIP Code:

Daytime Telephone Number:
 U.S. International

10-digit Number Phone Type

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.

Confirm Email Address:
Please retype to confirm your email address.

Language Preferences

Language preferred for speaking:

Language preferred for reading:

Next Previous

In this section...

Initial Information
 Applicant Identification
 Contact Information
 Birth and Citizenship
 Medicare Information
 Application Number
 Additional Information

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1.6. ini003-1_Contact Information_Foreign

Text Size | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Contact Information for Jane Public

Mailing Address:

Country:

Street Address:

Street Line 1:
Street Line 2:

City/Town: State/Province/Region: Postal Code:

Do you live at this address?
 Yes No

Residence Address:

Country:

Street Address:

Street Line 1:
Street Line 2:

City/Town: State/Province/Region: Postal Code:

Daytime Telephone Number:
 U.S. International

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.

Confirm Email Address:
Please retype to confirm your email address.

Language Preferences

Language preferred for speaking:

Language preferred for reading:

In this section...

Initial Information
 Applicant Identification
 Contact Information
 Birth and Citizenship
 Medicare Information
 Application Number
 Additional Information

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1.7. ini004-1_Birth and Citizenship

Text Size | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Birth and Citizenship Information for Jane Public

Place of Birth:  U.S. or U.S. Territory Other
 City/Town State/Territory

Are you a U.S. citizen?  Yes No

Type of citizenship:  Naturalized Citizen

Date of Citizenship:
 January 10 2002
Month Day Year

In this section...

- Initial Information
- Applicant Identification
- Contact Information
- Birth and Citizenship
- Medicare Information
- Application Number
- Additional Information

Next **Previous**

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1.8. ini004-1_Birth and Citizenship_foreign citizen

Text Size | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Birth and Citizenship Information for Jane Public

Place of Birth: [? More Info](#)

U.S. or U.S. Territory Other

City/Town Country

Are you a U.S. citizen? [? More Info](#)

Yes No

Country of Citizenship:

In this section...

- Initial Information
- Applicant Identification
- Contact Information
- Birth and Citizenship
- Medicare Information
- Application Number
- Additional Information

Next **Previous**

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1.9. ini005-1_01_Medicare Election Information

Text Size  | [Accessibility Help](#)

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Medicare Information for Jane Public

Do you wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time?
[? Things to Consider](#)
 Yes No

Are you already enrolled in Medicare under a Social Security Number other than your own?
[? More Info](#)
 Yes No

[Next](#)

[Previous](#)

In this section...

- Initial Information
- Applicant Identification
- Contact Information
- Birth and Citizenship
- Medicare Information
- Application Number
- Additional Information

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1.10. apn001-r1_Application Number

Text Size | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Application Number:

You have successfully started your Retirement application. We are providing you with an Application Number. The number can be used to restart an incomplete application. You may need it to complete your online application if you decide to continue the application later or to check the status of your claim.

Application Number:

Print or save this page, or write down the number, so you will have what you need to return to your application at a later time.

[Print this Page](#)

In this section...

Initial Information
 Application Number
 Additional Information

Application Number for Jane Public

If you are unable to complete your online application for any reason, use the "Save & Exit" 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 "Save & Exit" option.

Completing this application at a later date may affect the month your benefits will start as well as other information in the application.

After waiting at least five minutes, you will be able to continue this application again by selecting "Continue Application" from the Welcome page. You will need to enter your 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 your Application Number.

We may use 11/09/2010 as the official date of this application. In order to use 11/09/2010, we must receive the signed application by 05/10/2011 or you may lose Social Security benefits. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day.

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 an SSI application, you need to send your application to us by 01/08/2011 or you may lose SSI benefits. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Call us at 1-800-772-1213 (TTY 1-800-325-0778) to arrange an appointment to apply for SSI. You cannot apply for SSI over the Internet.

If you live within the U.S., our territories or commonwealths, you may call our toll-free number 1-800-772-1213 (TTY 1-800-325-0778). SSA representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.

If you live outside the U.S., our territories or commonwealths, you may visit our [Service Around the World](#) page, or contact your local U.S. embassy or Consulate.

Next **Previous** **Save & Exit**

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1.11. adi001-1_01_Other SSNs and Names

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Other SSNs and Names

Have you used any other Social Security Numbers? [More Info](#)

Yes No

1st Other Social Security Number (SSN):

2nd Other Social Security Number (SSN):

3rd Other Social Security Number (SSN):

4th Other Social Security Number (SSN):

5th Other Social Security Number (SSN):

Have you used any other names? [More Info](#)
Other names could be a different birth name, previous married name(s), etc.

Yes No

1st Other Name:
First Middle Last Suffix

2nd Other Name:
First Middle Last Suffix

3rd Other Name:
First Middle Last Suffix

4th Other Name:
First Middle Last Suffix

5th Other Name:
First Middle Last Suffix

Next

In this section...

- Initial Information
- Application Number
- Additional Information
- Other SSNs and Names
- Disability

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1.12. adi002-1_01_Disability

Text Size | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Disability for Jane Public

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

Next [Previous](#) [Save & Exit](#)

In this section...

<input checked="" type="checkbox"/> Initial Information
<input checked="" type="checkbox"/> Application Number
<input type="checkbox"/> Additional Information
<input checked="" type="checkbox"/> Other SSNs and Names
<input type="checkbox"/> Disability

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1.13. fam001-1_01_Marriage Information

Text Size | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Marriage Information for Jane Public

Are you currently married? [? More Info](#)
 Yes No

Marriage

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

Spouse's Social Security Number (SSN):

Spouse's Social Security Number Unknown

Do you know your Spouse's date of birth?
 Yes No

Date of Marriage:
 Month Day Year

Place of Marriage: [? More Info](#)
 U.S. or U.S. Territory Other
 City/Town State/Territory

Marriage Type: [? More Info](#)

Next [Previous](#) [Save & Exit](#)

In this section...

- Family Details
- Marriage Information**
- Prior Marriages
- Children
- Military Details
- Earnings Details
- When to Start Benefits

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1.14. fam001-1_01_Marriage Information_Yes

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Marriage Information for Jane Public

Are you currently married? [? More Info](#)

Yes No

Marriage

Spouse's Name:
Provide name at birth.

First	Last
-------	------

Spouse's Social Security Number (SSN):

Spouse's Social Security Number Unknown

Do you know your Spouse's date of birth?

Yes No

Spouse's Date of Birth:

Month	Day	Year
-------	-----	------

Date of Marriage:

Month	Day	Year
-------	-----	------

Place of Marriage: [? More Info](#)

U.S. or U.S. Territory Other

City/Town	State/Territory
-----------	-----------------

Marriage Type: [? More Info](#)

In this section...

- Family Details
- Marriage Information
- Prior Marriages
- Children
- Military Details
- Earnings Details
- When to Start Benefits

Next **Previous** **Save & Exit**

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1.15. fam001-1_01_Marriage Information_No

Text Size  | Accessibility Help

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Identification General Other Benefits Remarks Review & Submit Next Steps

Marriage Information for Jane Public

Are you currently married? [? More Info](#)
 Yes No

Marriage

Spouse's Name:
Provide name at birth.

First Last

Spouse's Social Security Number (SSN):

Spouse's Social Security Number Unknown

Do you know your Spouse's date of birth?
 Yes No

Spouse's Age:

Place of Marriage: [? More Info](#)
 U.S. or U.S. Territory Other

City/Town State/Territory

Marriage Type: [? More Info](#)

In this section...

Family Details
 Marriage Information
 Prior Marriages
 Children
 Military Details
 Earnings Details
 When to Start Benefits

Next

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1.16. fam002-1_02_Prior Marriages

Text Size  | [Accessibility Help](#)

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Identification General Other Benefits Remarks Review & Submit Next Steps

Prior Marriages for Jane 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

In this section...

- Family Details
- Marriage Information
- Prior Marriages
- Children
- Military Details
- Earnings Details
- When to Start Benefits

Next [Previous](#) [Save & Exit](#)

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1.17. fam002-1_02_Prior Marriages_add page_empty table

Text Size  | Accessibility Help

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Identification General Other Benefits Remarks Review & Submit Next Steps

Prior Marriages for Jane 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

Details of Prior Marriages

Please provide information for all prior marriages that **lasted 10 years or more** or **ended due to death**. Of those marriages, list your most recent prior marriage first, and work backwards. If you are not sure of the marriage date, please enter your best guess and explain in the **Remarks** page near the end of the application.

Spouse Name	Date of Birth or Age	Date of Marriage	Actions
No Prior Marriages have been added.			

In this section...

- Family Details
- Marriage Information
- Prior Marriages
- Children
- Military Details
- Earnings Details
- When to Start Benefits

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1.18. fam002-1_02_Prior Marriages_add page4

Text Size | Accessibility Help

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Identification General Other Benefits Remarks Review & Submit Next Steps

Prior Marriage Details
Please provide information for all prior marriages that **lasted 10 years or more** or **ended due to death**. Of those marriages, list your most recent prior marriage first, and work backwards. If you are not sure of the marriage date, please enter your best guess and explain in the **Remarks** page near the end of the application.

Prior Spouse's Name:
Provide name at birth.

First Last

Prior Spouse's Social Security Number (SSN):

Prior Spouse's Social Security Number Unknown

Do you know your prior Spouse's date of birth?
 Yes No

Date Marriage Started:
Estimate if not sure

Month Day Year

Place of Marriage:
 U.S. or U.S. Territory Other

City/Town State/Territory

Marriage Type:

Date Marriage Ended:
Estimate if not sure

Month Day Year

Place Marriage Ended:
 U.S. or U.S. Territory Other

City/Town State/Territory

How did the marriage end?

Has your prior spouse deceased after the marriage ended?
 Yes No Unknown

In this section...

<input type="radio"/> Family Details
<input checked="" type="radio"/> Marriage Information
<input type="radio"/> Prior Marriages
<input type="radio"/> Children
<input type="radio"/> Military Details
<input type="radio"/> Earnings Details
<input type="radio"/> When to Start Benefits

Save **Cancel**

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1.19. fam002-1_02_Prior Marriages_add_waddl questions

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Text Size Accessibility Help

Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Prior Marriage Details
Please provide information for all prior marriages that **lasted 10 years or more** or **ended due to death**. Of those marriages, list your most recent prior marriage first, and work backwards. If you are not sure of the marriage date, please enter your best guess and explain in the **Remarks** page near the end of the application.

Prior Spouse's Name:
Provide name at birth.

First Last

Prior Spouse's Social Security Number (SSN):

Prior Spouse's Social Security Number Unknown

Do you know your prior Spouse's date of birth?
 Yes No

Date Marriage Started:
Estimate if not sure

Month Day Year

Place of Marriage:
 U.S. or U.S. Territory Other

City/Town State/Territory

Marriage Type: [? More Info](#)

Date Marriage Ended:
Estimate if not sure

Month Day Year

Place Marriage Ended: [? More Info](#)
 U.S. or U.S. Territory Other

City/Town State/Territory

How did the marriage end?

Has your prior spouse deceased after the marriage ended?
 Yes No Unknown

Date of death:
If you are not sure of the date of death, please enter your best guess and explain in the **Remarks** page later on.

Month Day Year

In this section...

Family Details
 Marriage Information
 Prior Marriages
 Children
 Military Details
 Earnings Details
 When to Start Benefits

Save **Cancel**

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1.20. fam002-1_02_Prior Marriages_add page_Yes

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Identification General Other Benefits Remarks Review & Submit Next Steps

Prior Marriage Details
Please provide information for all prior marriages that **lasted 10 years or more or ended due to death**. Of those marriages, list your most recent prior marriage first, and work backwards. If you are not sure of the marriage date, please enter your best guess and explain in the **Remarks** page near the end of the application.

Prior Spouse's Name:
Provide name at birth.

First Last

Prior Spouse's Social Security Number (SSN):

Prior Spouse's Social Security Number Unknown

Do you know your prior Spouse's date of birth?
 Yes No

Prior Spouse's Date of Birth:

Month Day Year

Date Marriage Started:
Estimate if not sure

Month Day Year

Place of Marriage:
 U.S. or U.S. Territory Other

City/Town State/Territory

Marriage Type:

Date Marriage Ended:
Estimate if not sure

Month Day Year

Place Marriage Ended:
 U.S. or U.S. Territory Other

City/Town State/Territory

How did the marriage end?
Annulment

Has your prior spouse deceased after the marriage ended?
 Yes No Unknown

In this section...

- Family Details
- Marriage Information
- Prior Marriages
- Children
- Military Details
- Earnings Details
- When to Start Benefits

Save **Cancel**

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1.21. fam002-1_02_Prior Marriages_add page_No

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Text Size  | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Prior Marriage Details
Please provide information for all prior marriages that **lasted 10 years or more or ended due to death**. Of those marriages, list your most recent prior marriage first, and work backwards. If you are not sure of the marriage date, please enter your best guess and explain in the **Remarks** page near the end of the application.

Prior Spouse's Name:
Provide name at birth.

First Last

Prior Spouse's Social Security Number (SSN):

Prior Spouse's Social Security Number Unknown

Do you know your prior Spouse's date of birth?
 Yes No

Prior Spouse's Age:

Date Marriage Started:
Estimate if not sure

Month Day Year

Place of Marriage:
 U.S. or U.S. Territory Other

City/Town State/Territory

Marriage Type: [More Info](#)

Date Marriage Ended:
Estimate if not sure

Month Day Year

Place Marriage Ended: [More Info](#)
 U.S. or U.S. Territory Other

City/Town State/Territory

How did the marriage end?

Has your prior spouse deceased after the marriage ended?
 Yes No Unknown

In this section...

Family Details
 Marriage Information
 Prior Marriages
 Children
 Military Details
 Earnings Details
 When to Start Benefits

Save **Cancel**

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1.22. fam002-1_02_Prior Marriages_summary page

Text Size | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Prior Marriages for Jane Public

Did you have any prior marriages?
 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

In this section...

- Family Details
- Marriage Information
- Prior Marriages
- Children
- Military Details
- Earnings Details
- When to Start Benefits

Details of Prior Marriages
Please provide information for all prior marriages that **lasted 10 years or more** or **ended due to death**. Of those marriages, list your most recent prior marriage first, and work backwards. If you are not sure of the marriage date, please enter your best guess and explain in the **Remarks** page near the end of the application.

	Spouse Name	Date of Birth or Age	Date of Marriage	Actions
<input checked="" type="radio"/>	John Harmon	Age: 36	September 17, 1973 to November 5, 1986	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Next **Previous** **Save & Exit**

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1.23. fam002-1_02_Prior Marriages_summary page_message

Text Size | [Accessibility Help](#)

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Prior Marriages for Jane Public

Did you have any prior marriages?
 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

Details of Prior Marriages
Please provide information for all prior marriages that **lasted 10 years or more** or **ended due to death**. Of those marriages, list your most recent prior marriage first, and work backwards. If you are not sure of the marriage date, please enter your best guess and explain in the **Remarks** page near the end of the application.

	Spouse Name	Date of Birth or Age	Date of Marriage	Actions
	John Harmon	Age: 36	September 17, 1973 to November 5, 1986	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
	Abraham Lincoln	DOB: September 15, 1941	November 15, 1970 to May 3, 1972	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
	Sam Adams	DOB: October 1, 1954	March 30, 1965 to October 29, 1969	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
	George Washington	DOB: May 1, 1938	June 2, 1960 to January 31, 1964	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Did you have any other prior marriage that lasted at least 10 years, or any other prior marriage that ended due to your spouse's death?
 Yes No

 **More Than 4 Prior Marriages**
Please provide details of the additional prior marriages in the Remarks page later on.

In this section...

- Family Details
- Marriage Information
- Prior Marriages
- Children
- Military Details
- Earnings Details
- When to Start Benefits

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1.24. fam003-r1_Children

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Identification General Other Benefits Remarks Review & Submit Next Steps

Children for Jane Public
These questions apply to natural children (including those born out of wedlock), adopted children, and step-children. In certain cases, [grandchildren and step-grandchildren](#) who live with you may qualify for benefits. 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

In this section...

- Family Details
- Marriage Information
- Prior Marriages
- Children
- Military Details
- Earnings Details
- When to Start Benefits

Names of children for which you answered "Yes" above

Child's Name 1:
First Last

Child's Name 2:
First Last

Child's Name 3:
First Last

Child's Name 4:
First Last

Child's Name 5:
First Last

Child's Name 6:
First Last

Child's Name 7:
First Last

Child's Name 8:
First Last

Child's Name 9:
First Last

Child's Name 10:
First Last

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

More than 10 Children
We will request the additional names after we have received this application.

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1.25. mil001-1_Military Details_initial state

Text Size | [Accessibility Help](#)

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Identification General Other Benefits Remarks Review & Submit Next Steps

Military Details for Jane Public

Were you in the US 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

What type of benefit?

--

In this section...

Family Details

Military Details

Earnings Details

When to Start Benefits

Next [Previous](#) [Save & Exit](#)

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1.26. mil001-1_Military Details_tableempty

Text Size  | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Military Details for Jane Public

Were you in the US 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

What type of benefit?

In this section...

Family Details
 Military Details
 Earnings Details
 When to Start Benefits

Details of Military Service

Type of Duty	Branch	Service Period	Actions
No Military Service has been added.			

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1.27. mil001-1_Military Details_Period1

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Military Period

Type of Duty:

Branch of Service:

Start Date of Military Service Period:
 Month Day Year

End Date of Military Service Period:
 Month Day Year

In this section...

Family Details
 Military Details
 Earnings Details
 When to Start Benefits

Save [Cancel](#)

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1.28. mil001-1_Military Details_Table9Row_NoWarning

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Identification General Other Benefits Remarks Review & Submit Next Steps

Military Details for Jane Public

Were you in the US 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

What type of benefit?

Details of Military Service

	Type of Duty	Branch	Service Period	Actions
	Active	Navy	September 20, 1966 to September 31, 1967	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

In this section...

Family Details
 Military Details
 Earnings Details
 When to Start Benefits

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1.29. mil001-1_Military Details_Table10Row_Warning

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Military Details for Jane Public

Were you in the US 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

What type of benefit?

--

Details of Military Service

Type of Duty	Branch	Service Period	Actions	
<input checked="" type="checkbox"/> Active	Navy	September 20, 1966 to September 31, 1967	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input checked="" type="checkbox"/> Reserve	National Guard	Month Day, Year to Month Day, Year	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input checked="" type="checkbox"/> Reserve	National Guard	Month Day, Year to Month Day, Year	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input checked="" type="checkbox"/> Active	National Guard	Month Day, Year to Month Day, Year	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input checked="" type="checkbox"/> Active	National Guard	Month Day, Year to Month Day, Year	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input checked="" type="checkbox"/> Active	National Guard	Month Day, Year to Month Day, Year	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input checked="" type="checkbox"/> Active	National Guard	Month Day, Year to Month Day, Year	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input checked="" type="checkbox"/> Active	National Guard	Month Day, Year to Month Day, Year	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input checked="" type="checkbox"/> Active	National Guard	Month Day, Year to Month Day, Year	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input checked="" type="checkbox"/> Active	National Guard	Month Day, Year to Month Day, Year	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

Is there another period of military service prior to 1968?

Yes No

 **More Than 10 Military Service Periods**

Because you have more than 10 Military Service Periods, we will contact you after we receive the application.

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1.30. ear001-1-lag_Employer Details

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Employer Details for Jane Public

Did you work for an employer in 2009?  More Info
 Yes No

Did you work or will you work for an employer in 2010 or 2011?  More Info
 Yes No

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In this section...

- Family Details
- Military Details
- Earning Details
- Employer Details
- Self Employment
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
- When to Start Benefits

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1.31. ear001-1-lag_01_tableEmpty

Text Size  | [Accessibility Help](#)

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Identification General Other Benefits Remarks Review & Submit Next Steps

Employer Details for Jane Public

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

Did you work or will you work for an employer in 2010 or 2011?  [More Info](#)
 Yes No

Details of Employer Information
Please add all employers you worked for in 2010 and 2011.

Employer Name	Dates of Employment	Actions
No Employer Information has been added.		

[Add](#)

In this section...

- Family Details
- Military Details
- Earning Details
- Employer Details
- Self Employment
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
- When to Start Benefits

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1.32. ear001-1-lag_02_EmployerDetailEntry

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Identification General Other Benefits Remarks Review & Submit Next Steps

Employer Details

Employer's Name:

Employer's Address:

Country:

Street Address:

Street Line 1: [+ Add More Lines](#)

Street Line 2:

City/Town: State/Territory: ZIP Code:

Start Date of Employment:
Month Year

End Date of Employment:
Month Year

Employment has not ended

In this section...

Family Details
 Military Details
 Earning Details
 Employer Details
 Self Employment
 Supplemental Information
 Total Earnings
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Save **Cancel**

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1.33. ear001-1-lag_02_EmployerDetailEntry_Foreign Address

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Employer Details

Employer's Name:

Employer's Address:

Country:

Street Address:

Street Line 1: [+ Add More Lines](#)

Street Line 2:

City/Town: State/Province/Region: Postal Code:

Start Date of Employment:
Month Year

End Date of Employment:
Month Year

Employment has not ended

Family Details

Military Details

Earning Details

Employer Details

Self Employment

Supplemental Information

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When to Start Benefits

Save

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1.34. ear001-1-lag_03_table1Row

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Identification General Other Benefits Remarks Review & Submit Next Steps

Employer Details for Jane Public

Did you work for an employer in 2009?  More Info
 Yes No

Did you work or will you work for an employer in 2010 or 2011?  More Info
 Yes No

Details of Employer Information
Please add all employers you worked for in 2009, 2010 and 2011.

	Employer Name	Dates of Employment	Actions
	Big Company	September 1996 to September 2010	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

In this section...

- Family Details
- Military Details
- Earning Details
- Employer Details
- Self Employment
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
- When to Start Benefits

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1.35. ear001-1-lag_05_table9Rows

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Employer Details for Jane Public

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

Did you work or will you work for an employer in 2010 or 2011? [More Info](#)
 Yes No

Details of Employer Information
Please add all employers you worked for in 2009, 2010 and 2011.

Employer Name	Dates of Employment	Actions
Big Company	September 1996 to September 2010	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
DEF Corporation	Month Year to Month Year	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
GHI Supplies, Inc.	Month Year to Month Year	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
JKL Staffing	Month Year to Month Year	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
MNO Distributing, LLC	Month Year to Month Year	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
PQR Manufacturing, Inc.	Month Year to Month Year	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
STU and Associates, Inc.	Month Year to Month Year	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
VWX Widgets and Company	Month Year to Month Year	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
Y & Z Technologies, Inc.	Month Year to Month Year	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Another employer for 2009, 2010 or 2011?
 Yes No

More Than Nine Employers
Please provide details of the additional employers in the Remarks.

In this section...

- Family Details
- Military Details
- Earning Details
- Employer Details
- Self Employment
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
- When to Start Benefits

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1.36. ear002-lag_Self Employment

Text Size | [Accessibility Help](#)

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Self-Employment Details for Jane Public

Were you self-employed in 2009?
 Yes No

Type of Business:

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

Were you self-employed in 2010?
 Yes No

Type of Business:

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

Do you expect to be self-employed in 2011?
 Yes No

Type of Business:

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

Next [Previous](#) [Save & Exit](#)

In this section...

- Family Details
- Military Details
- Earning Details
- Employer Details
- Self Employment
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
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1.37. ear002-lag_workingCollapse_Self Employment

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Identification General Other Benefits Remarks Review & Submit Next Steps

Self-Employment Details for Jane Public

Were you self-employed in 2009?  [More info](#)
 Yes No

Were you self-employed in 2010?  [More info](#)
 Yes No

Do you expect to be self-employed in 2011?
 Yes No

Next

In this section...

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 Military Details
 Earning Details
↳ Employer Details
 Self Employment
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1.38. ear003-1-a_Supplemental Information

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Identification General Other Benefits Remarks Review & Submit Next Steps

Supplemental Information for Jane Public

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

In what country are you eligible for benefits?

Have you already applied or intend to apply for benefits in that country's Social Security system?
 Yes No

Did your spouse or prior spouse work outside the United States? [? More Info](#)
 Yes No

Is your spouse or prior spouse covered under a foreign Social Security system? [? More Info](#)
 Yes No

In what country is your spouse or prior spouse eligible for benefits?

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

Next **Previous** **Save & Exit**

Go to...

- Family Details
- Military Details
- Earning Details
- Employer Details
- Self Employment
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
- When to Start Benefits

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1.39. ear004_Total Earnings

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Identification General Other Benefits Remarks Review & Submit Next Steps

Total Earnings for Jane Public

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.

\$

Did you earn more than \$3140 a month in wages and tips in every month of 2009? [? More Info](#)

Yes No

If no, select the months in which you earned \$3140 or less. [? More Info](#)

Select All Options

January February March April May June July August September October

In this section...

Family Details
 Military Details
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 Employer Details
 Self Employment
 Supplemental Information
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 When to Start Benefits

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November
 December

Total Earnings for 2010

Show the total of all wages and tips that will be earned in 2010.
Include net income from self-employment. Estimate if necessary.

\$

Did you earn more than \$3140 a month in wages and tips in every month of 2010? [? More Info](#)

Yes No

If no, select the months in which you earned \$3140 or less. [? More Info](#)

Select All Options

January
 February
 March
 April
 May
 June
 July
 August
 September
 October
 November
 December

Total Earnings for 2011

Show the total of all wages and tips that will be earned in 2011.
Include net income from self-employment. Estimate if necessary.

\$

Will you earn more than \$3140 a month in wages and tips in every month of 2011? [? More Info](#)

Yes No

If no, select the months in which you earned \$3140 or less. [? More Info](#)

Select All Months

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

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ear004-d1-b_Total Earnings

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Identification General Other Benefits Remarks Review & Submit Next Steps

Total Earnings for Jane Public

If you were neither working for an employer nor self-employed in 2010 or later, when was the last year worked?

-

I have never worked.

In this section...

- Family Details
- Military Details
- Earning Details
- Employer Details
- Self Employment
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
- When to Start Benefits

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1.40. ear005-1-a_Other Pensions/Annuities

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Identification General Other Benefits Remarks Review & Submit Next Steps

Other Pensions/Annuities for Jane Public

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

Do you expect to receive a pension or annuity in the future based on this non-covered work?
 Yes No

What date is the pension or annuity expected to begin?
 Month Day Year

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 she eligible to receive a Railroad pension or annuity?
 Yes No

In this section...

Family Details
 Military Details
 Earning Details
 Employer Details
 Self Employment
 Supplemental Information
 Total Earnings
 Other Pensions/Annuities
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1.41. wst000-1_Reduced Benefits

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Identification General Other Benefits Remarks Review & Submit Next Steps

Reduced Benefits for Jane Public

Reduced Benefits: [More Info](#)

I want the earliest month possible without an age-related reduction
 I will accept an age-related reduction

Next [Previous](#) [Save & Exit](#)

In this section...

- Family Details
- Military Details
- Earnings Details
- When to Start Benefits
- Reduced Benefits
- When to Start Retirement Benefits
- Direct Deposit Details

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1.42. wst001-1-b_When to Start Retirement Benefits

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Identification General Other Benefits Remarks Review & Submit Next Steps

When to Start Retirement Benefits for Jane Public

It's your choice when to start retirement 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 applied 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.

Based on the information provided, benefits will begin on 03/2011.

[Next](#)

[Previous](#)

[Save & Exit](#)

In this section...

- Family Details
- Military Details
- Earnings Details
- When to Start Benefits
- Reduced Benefits
- When to Start Retirement Benefits
- Direct Deposit Details

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1.43. wst001-1-e_When to Start Retirement Benefits

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Identification General Other Benefits Remarks Review & Submit Next Steps

When to Start Retirement Benefits for Jane Public

If you have applied 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 11/2010?

Yes No (Your other available option is 03/2011.)

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
 Other Reason:

Please briefly describe the reason. (35 characters maximum)

In this section...

Family Details
 Military Details
 Earnings Details
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 When to Start Retirement Benefits
 Direct Deposit Details

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1.44. wst001-3-c_When to Start Retirement Benefits

Text Size | Accessibility Help

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Identification General Other Benefits Remarks Review & Submit Next Steps

When to Start Retirement Benefits for Jane Public

It's your choice when to start retirement 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 applied 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.

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
 Other Reason:
 Please briefly describe the reason. (35 characters maximum)

If you are eligible for both retirement benefits and spouse's benefit, do you want to delay receipt of retirement benefit?

If you are full retirement age and we determine that you are eligible to receive both a retirement benefit and a spouse's benefit, you may choose to delay receiving your own retirement benefit and receive only the spouse's benefit for now. Why? [? More Info](#)

Yes No

In this section...

- Family Details
- Military Details
- Earnings Details
- When to Start Benefits
- Reduced Benefits
- When to Start Retirement Benefits
- Direct Deposit Details

Next [Previous](#) [Save & Exit](#)

DRAFT
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1.45. wst001-3-d_When to Start Retirement Benefits

Text Size  | Accessibility Help

 **Social Security**
The Official Website of the U.S. Social Security Administration

Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Reduced Benefits for for Jane Public

The earnings section and any applicable reduced benefits or disability questions must be completed before you can select a benefit start date.

[Next](#) [Previous](#) [Save & Exit](#)

In this section...

- Family Details
- Military Details
- Earnings Details
- When to Start Benefits
- Reduced Benefits
- When to Start Retirement Benefits
- Direct Deposit Details

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1.46. wst002-1_Direct Deposit Details

Text Size | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Direct Deposit Details for Jane Public
Direct Deposit is Safe, Quick and Convenient [More Info](#)

Account Information: [Where can I find this?](#)
Enter the information for your bank or other financial institution.

Account Type Routing Number Account Number

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

In this section...

- Family Details
- Military Details
- Earnings Details
- When to Start Benefits
- Reduced Benefits
- When to Start Retirement Benefits
- Direct Deposit Details

Next **Previous** **Save & Exit**

1.47.

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1.48. bni001-1_Benefit Information

Text Size | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Benefit Information for Jane Public

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 apply using 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, if you previously applied for a child's benefits, please provide the parent's name and Social Security Number.

1st Person's Name:
 First Middle Last

1st Person's Social Security Number (SSN):

2nd Person's Name:
 First Middle Last

2nd Person's Social Security Number (SSN):

In this section...

- Benefit Information
- Benefit Information
- Health Insurance

Next **Previous** **Save & Exit**

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1.49. bni002-3_Health Insurance

Text Size  | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Health Insurance for Jane Public

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 (state health insurance)?  [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

Next

In this section...

- [Benefit Information](#)
- [Benefit Information](#)
- [Health Insurance](#)

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1.50. rem001_Remarks

Text Size  | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Remarks for Jane Public

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).

Characters remaining: XXXX

In this section...

Remarks

Next **Previous** **Save & Exit**

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1.51. ovs001-r1-a_Overall Summary

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Text Size | [Accessibility Help](#)

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The Official Website of the U.S. Social Security Administration

Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Overall Summary for Jane Public
This page shows all of 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 & Submit tab or the "Return to Summary" button.

Identification: Initial Information

Applicant Identification

Applicant Name: **Jane Q Public**
Social Security Number: **743991249**
Gender: **Female**
Date of Birth: **November 03, 1942**

Contact Information

Mailing Address
Applicant 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: **--**
Email address: **jane@email.com**

In this section...

Overall Summary
 Send This Application

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Language preferences

Preferred language for speaking: **English**

Preferred language for reading: **English**

Birth and Citizenship Information

Born in the United States or a U.S. territory: **Yes**

City of Birth: **Silver Spring**

State of Birth: **MARYLAND**

US Citizen: **Yes**

Type of Citizenship: **US Citizen born inside US**

Medicare Information

Wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time: **No**

Identification: Application Number

Application Number

The Application Number is: **45646564**

(The Application Number cannot be edited.)

Identification: Personal Information

Other Social Security Numbers and Names

Other Social Security Numbers

Any other Social Security Numbers used: **No**

Other names

Any other names used: **No**

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<p><input type="button" value="Edit"/> <input checked="" type="checkbox"/> Disability</p> <p>During the last 14 months 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: No</p>
<p>General: Family</p> <p><input type="button" value="Edit"/> <input checked="" type="checkbox"/> Marriage Information</p> <p>Currently married: Yes Spouse's Name: Frank Walker Spouse's Social Security Number: 743990000 Spouse's date of birth: January 2, 1950 Marriage Date: June 24, 1990 Marriage Type: Married by Clergy or Public Official Married in U.S. or a U.S. territory: Yes Place of Marriage: Columbia, MARYLAND</p>
<p><input type="button" value="Edit"/> <input checked="" type="checkbox"/> Prior Marriages</p> <p>Had any prior marriages: Yes Had prior marriage that lasted at least 10 years: No Had prior marriage that ended due to spouse's death: Yes First prior spouse's name: John Ex First prior spouse's Social Security Number: 743999999 First prior spouse's age: 36 First prior marriage began on: April 17, 1973 First prior marriage type: Married by Clergy or Public Official First prior marriage began in U.S. or U.S. territory: Yes First prior marriage began in: Bethesda, MARYLAND First prior marriage ended in U.S. or U.S. territory: Yes First prior marriage ended in: -- First prior marriage ended on: October 05, 1986 First prior marriage ended because of: Death</p>

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English iClaim – Updated Final Screen Package

<p><input type="button" value="Edit"/> <input checked="" type="checkbox"/> Children</p> <p>Have any children who became disabled prior to age 22: No Have any unmarried children under age 18: No Have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: No</p>
<p>General: Military</p> <p><input type="button" value="Edit"/> <input checked="" type="checkbox"/> Military Details</p> <p>Military service prior to 1968: Yes Receiving or eligible to receive military or civilian Federal agency benefit: No First Military Period Type of Duty: Active First Military Period Branch of Service: Navy First Military Period Start Date: September 20, 1970 First Military Period End Date: September 21, 1975</p>
<p>General: Earnings</p> <p><input type="button" value="Edit"/> <input checked="" type="checkbox"/> Employer Details</p> <p>Worked for an employer in 2009: Yes Worked or will work for an employer in 2010 or 2011: Yes First Employer's Name: Big Company First Employer's address: 1 Corp Rd, Burtonsville, MD, 20866 First Employer - Date employment began: April 1996 First Employer - Date employment ended: January 2011</p>
<p><input type="button" value="Edit"/> <input checked="" type="checkbox"/> Self-Employment Details</p> <p>Self-employed in 2009: No Self-employed in 2010: No Self-employed in 2011: No</p>

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Supplemental Information

Worked outside the US: **No**

Spouse or prior spouse worked outside the US: **No**

Agree with earning history as shown on Social Security statement: **Not sure or I do not have a statement**

A Corporate Officer of employer: **No**

Related to a Corporate Officer of employer: **No**

Receive earnings from a Family Corporation or other closely held corporation: **No**

Permission granted to contact employer(s) if necessary: **Yes**

Total Earnings

Total of all wages and tips in 2009: **\$45000**

Earned wages and tips over \$3140 in all months of 2009: **Yes**

Total of all wages and tips in 2010: **\$45000**

Earned wages and tips over \$3140 in all months of 2010: **Yes**

Total of all wages and tips in 2011: **\$2550**

Earned wages and tips over \$3140 in all months of 2011: **Yes**

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?: **No**

Worked for the Railroad 5 years or more: **No**

Spouse or prior spouse worked for the Railroad 5 years or more: **No**

General: When to Start Benefits

When to Start Retirement Benefits

Benefits to start in 01/2011: **Yes**

If eligible for both retirement and spouse's benefits, delay receipt of retirement benefit: **No**

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English iClaim – Updated Final Screen Package

<p><input type="button" value="Edit"/> <input checked="" type="checkbox"/> Direct Deposit Details</p> <p>Account Type: Checking Routing Number: 052001633 Account Number: 123456789</p>
<p>Other Benefits: Benefit Information</p> <p><input type="button" value="Edit"/> <input checked="" type="checkbox"/> Benefit Information</p> <p>Recent application for Supplemental Security Income submitted to SSA: No Intend to apply for Supplemental Security Income benefits: No Any previous application(s) for Medicare, Social Security, or Supplemental Security Income benefits: No</p>
<p>Other Benefits: Disability Questions</p> <p><input type="button" value="Edit"/> <input checked="" type="checkbox"/> Health Insurance</p> <p>Already enrolled in Medicare Part B: No Desire to enroll in Medicare Part B: No Receiving Medicaid: No Covered under a group health plan: No</p>
<p>Remarks</p> <p><input type="button" value="Edit"/> <input checked="" type="checkbox"/> Remarks</p> <p>The following are your remarks:</p>
<p><input type="button" value="Next"/> <input type="button" value="Previous"/> <input type="button" value="Save & Exit"/></p>

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1.52. *sdn001-r1_Send This Application*

Text Size  | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Electronic Signature & Submission for Jane Public

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 statements.

I understand and agree that my application will be signed electronically when I select the check box below. I also understand that my electronic signature means that I intend to apply 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 "Submit Now" below, you will be sending your completed information electronically to the Social Security Administration. You will no longer be able to change your information.

I agree with the Electronic Signature & Submission Agreement above. I wish to submit my application electronically now.

Submit Now

In this section...

Overall Summary
 Send This Application

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1.53. rec001-r1-a_Evidence and Receipt

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English iClaim – Updated Final Screen Package

Text Size | [Accessibility Help](#)



Social Security

The Official Website of the U.S. Social Security Administration

Benefit Application

Identification General Other Benefits Remarks Review & Submit

Next Steps

Evidence and Receipt for Jane Public

Your benefit application was received on February 9, 2011 at 2:58:09 pm.

We recommend that you [print this page](#) or save it for your records.

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

[Print this Page](#)

In this section...

[Receipt](#)

[What's Next?](#)

Documents You Need to Submit to Social Security.

Please submit the document(s) described below so that we can complete this 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;
- [Wages from your employer](#) for last year (e.g., copy of your W-2 form). We can accept a photocopy of this document;
- 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.

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 mail or take your documents to any Social Security Office.

If you submit 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 with your documents. Do not write anything on your original documents.

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

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Caution: Do not mail foreign 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.

Identification: Initial Information

Applicant Identification

Applicant Name: **Jane Q Public**

Social Security Number: **743991249**

Gender: **Female**

Date of Birth: **November 03, 1942**

Contact Information

Mailing Address

Applicant 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: **--**

Email address: **jane@email.com**

Language preferences

Preferred language for speaking: **English**

Preferred language for reading: **English**

Birth and Citizenship Information

Born in the United States or a U.S. territory: **Yes**

City of Birth: **Silver Spring**

State of Birth: **MARYLAND**

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US Citizen: Yes Type of Citizenship: US Citizen born inside US	
Medicare Information	
Wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time: No	
Identification: Personal Information	
Other Social Security Numbers and Names	
Other Social Security Numbers Any other Social Security Numbers used: No	
Other names Any other names used: No	
Disability	
During the last 14 months 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: No	
General: Family	
Marriage Information	
Currently married: Yes Spouse's Name: Frank Walker Spouse's Social Security Number: 743990000 Spouse's date of birth: January 2, 1950 Marriage Date: June 24, 1990 Marriage Type: Married by Clergy or Public Official Married in U.S. or a U.S. territory: Yes Place of Marriage: Columbia, MARYLAND	

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Prior Marriages

Had any prior marriages: **Yes**
Had prior marriage that lasted at least 10 years: **No**
Had prior marriage that ended due to spouse's death: **Yes**
First prior spouse's name: **John Ex**
First prior spouse's Social Security Number: **743999999**
First prior spouse's age: **36**
First prior marriage began on: **April 17, 1973**
First prior marriage type: **Married by Clergy or Public Official**
First prior marriage began in U.S. or U.S. territory: **Yes**
First prior marriage began in: **Bethesda, MARYLAND**
First prior marriage ended in U.S. or U.S. territory: **Yes**
First prior marriage ended in: **--**
First prior marriage ended on: **October 05, 1986**
First prior marriage ended because of: **Death**

Children

Have any children who became disabled prior to age 22: **No**
Have any unmarried children under age 18: **No**
Have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: **No**

General: Military

Military Details

Military service prior to 1968: **Yes**
Receiving or eligible to receive military or civilian Federal agency benefit: **No**
First Military Period Type of Duty: **Active**
First Military Period Branch of Service: **Navy**
First Military Period Start Date: **September 20, 1970**
First Military Period End Date: **September 21, 1975**

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General: Earnings

Employer Details

Worked for an employer in 2009: **Yes**

Worked or will work for an employer in 2010 or 2011: **Yes**

First Employer's Name: **Big Company**

First Employer's address: **1 Corp Rd, Burtonsville, MD, 20866**

First Employer - Date employment began: **April 1996**

First Employer - Date employment ended: **January 2011**

Self-Employment Details

Self-employed in 2009: **No**

Self-employed in 2010: **No**

Self-employed in 2011: **No**

Supplemental Information

Worked outside the US: **No**

Spouse or prior spouse worked outside the US: **No**

Agree with earning history as shown on Social Security statement: **Not sure or I do not have a statement**

A Corporate Officer of employer: **No**

Related to a Corporate Officer of employer: **No**

Receive earnings from a Family Corporation or other closely held corporation: **No**

Permission granted to contact employer(s) if necessary: **Yes**

Total Earnings

Total of all wages and tips in 2009: **\$45000**

Earned wages and tips over \$3140 in all months of 2009: **Yes**

Total of all wages and tips in 2010: **\$45000**

Earned wages and tips over \$3140 in all months of 2010: **Yes**

Total of all wages and tips in 2011: **\$2550**

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Earned wages and tips over \$3140 in all months of 2011: **Yes**

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?: **No**

Worked for the Railroad 5 years or more: **No**

Spouse or prior spouse worked for the Railroad 5 years or more: **No**

General: When to Start Benefits

When to Start Retirement Benefits

Benefits to start in 01/2011: **Yes**

If eligible for both retirement and spouse's benefits, delay receipt of retirement benefit: **No**

Direct Deposit Details

Account Type: **Checking**

Routing Number: **052001633**

Account Number: **123456789**

Other Benefits: Benefit Information

Benefit Information

Recent application for Supplemental Security Income submitted to SSA: **No**

Intend to apply for Supplemental Security Income benefits: **No**

Any previous application(s) for Medicare, Social Security, or Supplemental Security Income benefits: **No**

Other Benefits: Disability Questions

Health Insurance

Already enrolled in Medicare Part B: **No**

Desire to enroll in Medicare Part B: **No**

Receiving Medicaid: **No**

Covered under a group health plan: **No**

Remarks

Remarks

The following are your remarks:

Next

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1.54. wtn001-r1_Next Steps

Text Size | Accessibility Help

 **Social Security**
The Official Website of the U.S. Social Security Administration

Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

 **Thank you for using our retirement benefit application.**

What's Next for Jane Public
We recommend that you print this page or write down your Confirmation Number and the Social Security office information.
[!\[\]\(fcb8154a4e50792e66469583ee18dba4_img.jpg\) Print this Page](#)

In this Section...
 Receipt
 What's Next?

Check the Status of your Application
We are providing you with a Confirmation Number. Please guard this number carefully. It's the key to your application information. Social Security employees will **never** ask for your Confirmation Number.
Your Confirmation Number: **45646564**

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.

You indicated that you intend to apply for Supplemental Security Income (SSI). You need to send your application to us by 01/08/2011 or you may lose SSI benefits. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Contact Social Security to arrange an appointment to apply for SSI. You **cannot** apply for SSI over the Internet.

To Contact Social Security

- If you live within the U.S., our territories or commonwealths, you may call our toll-free number **1-800-772-1213** (TTY 1-800-325-0778). SSA representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact your local Social Security office at the address below or the office of your choice by using our [Office Locator](#).

SOCIAL SECURITY
10230 NEW HAMPSHIRE AV
SUITE 304
SILVER SPRING, MD 20903

- If you live outside the U.S., our territories or commonwealths, you may visit our [Service Around the World](#) page, or contact your local U.S. embassy or Consulate.

Helpful Information

- [Reporting Responsibilities](#)
- [Frequently Asked Questions - Internet Benefit Claim](#)
- [Social Security Online: What You Can Do Online](#)

Medicare Information

Learn More About the Medicare Prescription Drug Program and/or Apply for Extra Help With Medicare Prescription Drug Plan Costs

If you want to learn more about the Medicare Prescription Drug Program, and/or apply for the extra help related to this program, she 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>

Helpful Health Care Websites

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

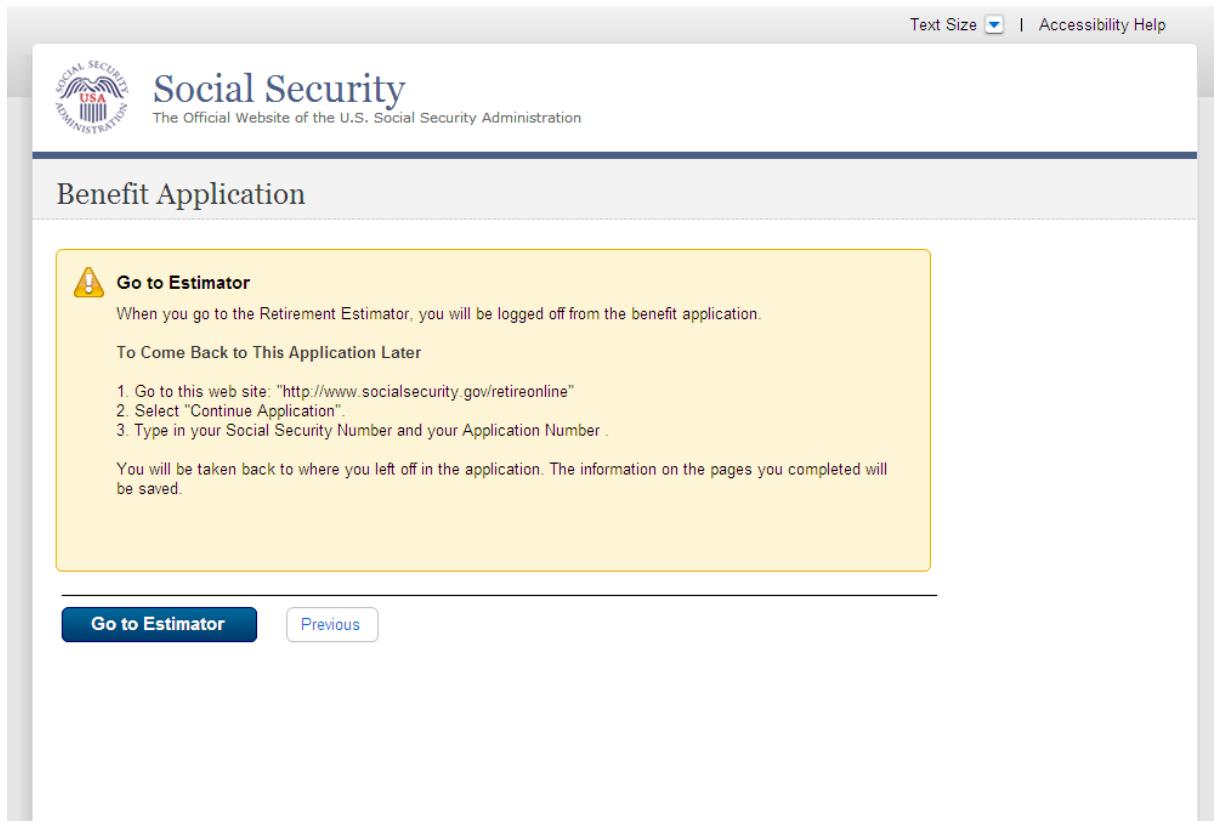
We hope you found our Internet Retirement application convenient to use and easy to understand.

[Done](#) [Previous](#)

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2. Messages

2.1. *msg005_GoToEstimator*



The screenshot shows a web page from the Social Security website. At the top, the Social Security logo and the text "Social Security" and "The Official Website of the U.S. Social Security Administration" are visible. In the top right corner, there are "Text Size" and "Accessibility Help" buttons. The main content area is titled "Benefit Application". A yellow callout box contains the following text:

⚠ Go to Estimator
When you go to the Retirement Estimator, you will be logged off from the benefit application.

To Come Back to This Application Later

1. Go to this web site: "<http://www.socialsecurity.gov/retireonline>"
2. Select "Continue Application".
3. Type in your Social Security Number and your Application Number .

You will be taken back to where you left off in the application. The information on the pages you completed will be saved.

At the bottom of the page are two buttons: "Go to Estimator" (in a blue box) and "Previous".

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2.2. msg010_Check the Information You Entered

Text Size | [Accessibility Help](#)

 **Social Security**
The Official Website of the U.S. Social Security Administration

Benefit Application

⚠ 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 "Next" button below.
- If you prefer, you can contact Social Security to make other arrangements to complete a Social Security Application. Be sure to tell the representative that you tried the Internet Benefit Application and received this message.

To Contact Social Security:

- If you live within the U.S., our territories or commonwealths, you may call our toll-free number 1-800-772-1213 (TTY 1-800-325-0778). SSA representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Visit your [Local Social Security Office](#)
- If you live outside the U.S., our territories or commonwealths, you may visit our [Service Around the World](#) page, or contact your local U.S. embassy or Consulate.

Next

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2.3. msg027_We cannot process your request at this time

Text Size | [Accessibility Help](#)

 **Social Security**
The Official Website of the U.S. Social Security Administration

Benefit Application

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

We are sorry for the inconvenience but we cannot process your request at this time.

If you still wish to complete the Internet Benefit Application, you may try again later.

- If you live within the U.S., our territories or commonwealths, you may call our toll-free number 1-800-772-1213 (TTY 1-800-325-0778). SSA representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.;
- Contact your [local Social Security Office](#); or
- If you live outside the U.S., our territories or commonwealths, you may visit our [Service Around the World](#) page, or contact your local U.S. embassy or Consulate.

[Exit](#)

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2.4. msg028_This service is not available at this time



The screenshot shows a web page from the Social Security Administration's official website. At the top, the Social Security logo and the text "Social Security" and "The Official Website of the U.S. Social Security Administration" are visible. In the top right corner, there are links for "Text Size" and "Accessibility Help". The main content area is titled "Benefit Application". A yellow callout box contains the message "This Service Is Not Available At This Time" with an exclamation mark icon. Below this, it says "This service is available during the following hours (Eastern Time):" and lists the following hours: "Monday through Friday: 5:00 AM - 1:00 AM", "Saturday: 5:00 AM - 11:00 PM", "Sunday: 8:00 AM - 10:00 PM", and "Holidays: 5:00 AM - 11:00 PM". At the bottom left of the main content area, there is a blue "Exit" button.

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2.5. msg045_Hours of Operation

Text Size | [Accessibility Help](#)

 **Social Security**
The Official Website of the U.S. Social Security Administration

Benefit Application

 **This Internet Benefit Application is scheduled to shut down for the day within one hour.**

The Internet Benefit 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.

[Start Now](#) [Exit](#)

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2.6. msg051_We cannot Process your request

Text Size  | Accessibility Help

 **Social Security**
The Official Website of the U.S. Social Security Administration

Benefit Application

 **We Cannot Process Your Request**

We are sorry for the inconvenience, but we cannot process your benefit application online because some information we have on file is different than the information you provided. Our representatives will be happy to assist you.

If you live within the U.S., our territories or commonwealths, you may:

-  Call our toll-free number 1-800-772-1213 ("TTY" 1-800-325-0778). SSA Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.; or
-  [Schedule a phone or in-office Appointment](#) with a Social Security Office.

If you live outside the U.S., our territories or commonwealths, you may:

- Visit our [Service Around the World](#) page; or
- Contact your local U.S. embassy or Consulate

To return to the Social Security home page, select the "Exit" button.

[Schedule an Appointment](#) [Exit](#)

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2.7. msg052_We cannot Process your request

Text Size | [Accessibility Help](#)

 **Social Security**
The Official Website of the U.S. Social Security Administration

Benefit Application

 We Cannot Process Your Request

We are sorry for the inconvenience, but we cannot process your benefit application online because some information we have on file is different than the information you provided. Our representatives will be happy to assist you.

If you live within the U.S., our territories or commonwealths, you may call our toll-free number 1-800-772-1213 (TTY 1-800-325-0778). SSA representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.

If you live outside the U.S., our territories or commonwealths, you may

- Visit our [Service Around the World](#) page; or
- Contact your local U.S. embassy or Consulate

To return to the Social Security home page, select the "Exit" button.

Exit

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2.8. msg152_Sign Off

Text Size  | Accessibility Help

 **Social Security**
The Official Website of the U.S. Social Security Administration

Benefit Application

 **Save & Exit**

Completing this Application at a later date **may affect** the month your benefits **will start** as well as other information on the application.

Application Number: 45646564

DO NOT Forget Your Application Number. DO NOT GIVE Your Application Number to anyone else.

To Come Back to This Application Later

1. Go to this web site: "<http://www.socialsecurity.gov/retireonline>"
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.

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.

We may use 11/05/2010 as the official date of this application. In order to use 11/05/2010, we must receive the signed application by <T2_Closeout_Date> or **you may lose Social Security benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day.

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 send your application to us by <T16_Closeout_Date> or **you may lose SSI benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Call us at 1-800-772-1213 (TTY 1-800-325-0778) to arrange an appointment to apply for SSI. You **cannot** apply for SSI over the Internet.

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 an Internet Benefit Application:

- Call our number, 1-800-772-1213 (TTY 1-800-325-0778). Explain that you don't want to use the online application process but do want to file a claim. Representatives are available at this number 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 complete a benefit application.
- If you live outside the United States, see [Service Around the World](#).

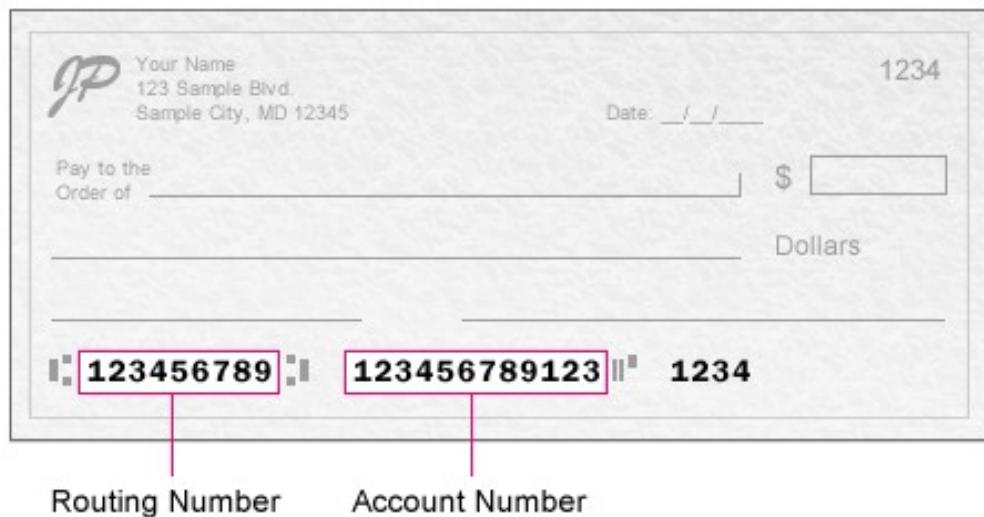
Save & Exit Return to Application

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2.9. Bank Info Msg - Where can I find this?

Where can I find this?

This information can usually be found on one of your blank checks, as illustrated below. Please contact your bank, credit union, or other financial institution if you're still not certain where to find it.



Important:

If your account is at a credit union, investment company, or a small bank, look below your bank's name on the check. If it says "Payable through" and shows the name of another bank, it means your bank processes checks through a different bank. You will need to contact your bank and ask for the correct Routing Number to use for direct deposit.

Close