

READY RETIREMENT (“ICLAIM”)  
SCREENS FOR  
OMB CLEARANCE PACKAGE



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## 1.0 APPLICATION ENTRY PAGES

### 1.1 RETIREMENT/MEDICARE BENEFITS



#### Welcome to the Social Security Benefit Application

Form Approved: OMB No. 0960-0618 Expires 01/31/2013

Thank you for using our online Retirement/Medicare application.

#### Before you begin...

Before you start applying for benefits, you should read [Using this application](#) in order to understand the information and documents that may be needed.

You may also want to review:

- [When to Start Receiving Retirement Benefits](#)
- [Special Instructions For Blind Users](#)
- [Other Ways To Apply](#)
- [Medicare - For people Within 3 Months of Age 65 or Older](#)
- [Help With Medicare Prescription Drug Costs](#)
- [Internet Security Policy](#)
- [Website Policies & Other Important Information](#)
- [Social Security Accessibility Policy](#)

We estimate that it will take between 10 and 30 minutes to read the instructions, gather the facts, and answer the questions, but this will depend on the number of questions you need to answer. The average time is approximately 15 minutes. For more information about estimates, go to the [Paperwork Reduction Act](#).

Before you start your application, we recommend that you get an estimate of your retirement benefit. It will help you to answer some of the questions on the application. You may want to print or save the estimate to refer to during your application.

[Estimate my Benefit](#)

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 can not 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 Act Statement](#)

- I have read the Privacy Act Statement.

[Apply For Benefits](#)

## 1.2 DISABILITY BENEFITS



### Welcome to the Social Security Benefit Application

Form Approved: OMB No. 0960-0618 Expires 01/31/2013

Thank you for using our online Disability 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:

- [Special Instructions For Blind Users](#)
- [Other Ways To Apply](#)
- [Medicare - For people Within 3 Months of Age 65 or Older](#)
- [Help With Medicare Prescription Drug Costs](#)
- [Internet Security Policy](#)
- [Website Policies & Other Important Information](#)
- [Social Security Accessibility Policy](#)

We estimate that it will take between 10 and 30 minutes to read the instructions, gather the facts, and answer the questions, but this will depend on the number of questions you need to answer. The average time is approximately 15 minutes. For more information about estimates, go to the [Paperwork Reduction Act](#).

If you want to finish an application that you already started:

#### To Start The Application Process...

**Please select one of the following. Tell us information about the person completing this application.**

- I am applying for myself.
- I am helping someone who wants to apply for benefits and is with me.
- I am helping someone who is not with me, and therefore can not sign the application at this time.

**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 Act Statement](#)

- I have read the Privacy Act Statement.

### 1.3 USERS COMING FROM THE RETIREMENT ESTIMATOR VERSION



#### Welcome to the Social Security Benefit Application

Form Approved: OMB No. 0960-0618 Expires 01/31/2013

Thank you for using our online Retirement/Medicare application.

#### Before you begin...

Before you start applying for benefits, you should read [Using this application](#) in order to understand the information and documents that may be needed.

You may also want to review:

- [When to Start Receiving Retirement Benefits](#)
- [Special Instructions For Blind Users](#)
- [Other Ways To Apply](#)
- [Medicare - For people Within 3 Months of Age 65 or Older](#)
- [Help With Medicare Prescription Drug Costs](#)
- [Internet Security Policy](#)
- [Website Policies & Other Important Information](#)
- [Social Security Accessibility Policy](#)

We estimate that it will take between 10 and 30 minutes to read the instructions, gather the facts, and answer the questions, but this will depend on the number of questions you need to answer. The average time is approximately 15 minutes. For more information about estimates, go to the [Paperwork Reduction Act](#).

If you want to finish an application that you already started:

#### To Start The Application Process...

**Please select one of the following. Tell us information about the person completing this application.**

- I am applying for myself.
- I am helping someone who wants to apply for benefits and is with me.
- I am helping someone who is not with me, and therefore can not sign the application at this time.

**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 Act Statement](#)

I have read the Privacy Act Statement

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

**1.4 RESTART PAGE (WILL BE SHOWN TO USERS ACCESSING THE RETIREMENT ESTIMATOR FROM THE WHEN TO START BENEFITS PAGE AND THEN RETURNING TO THE APPLICATION AND TO USERS WHO SELECT “CONTINUE APPLICATION” ON THE WELCOME PAGE)**



**Restart**

Applicant's Social Security Number

Application Number


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.

<< [P]revious

Restart

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## 2.0 IDENTIFICATION: PREPARER'S PAGE FOR 3<sup>RD</sup> PARTY

|  |                    |                            |                        |        |        |            |
|--|--------------------|----------------------------|------------------------|--------|--------|------------|
|  Social Security Online<br>www.socialsecurity.gov |                    | <b>Benefit Application</b> |                        |        |        |            |
| <b>Identification</b>  | General            | Other Benefits             | Remarks                | Review | Submit | Next Steps |
| <b>Initial Information</b>   | Application Number |                            | Additional Information |        |        |            |

**Initial Information Section (Page 1 of 5)**  
**Preparer's Contact Information**

The information entered on this page refers to the person preparing the application and **not** the person applying for benefits.

**Preparer's Name**

|   |                      |                      |                      |
|---|----------------------|----------------------|----------------------|
| <b>Preparer's Name</b>  |                      |                      |                      |
| First Name  | Middle Name          | Last Name            | Suffix               |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>The company, business, or organization that you represent (if any)</b> |                      |                      |                      |
| <input type="text"/>  |                      |                      |                      |

**Preparer's Relationship to Applicant**

|                                  |  |
|----------------------------------|--|
| <b>Relationship to Applicant</b> |  |
| Other                            |  |
| <input type="text"/>             |  |

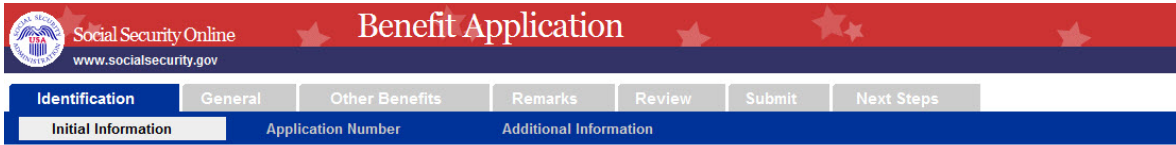
**Preparer's Contact Information**

|  |                      |                      |
|--|----------------------|----------------------|
| <b>Address</b>                                     |                      |                      |
| Street Address 1                                   |                      |                      |
| <input type="text"/>                               |                      |                      |
| Street Address 2                                   |                      |                      |
| <input type="text"/>                               |                      |                      |
| Street Address 3                                   |                      |                      |
| <input type="text"/>                               |                      |                      |
| Street Address 4                                   |                      |                      |
| <input type="text"/>                               |                      |                      |
| City   | State                | ZIP                  |
| <input type="text"/>                               | <input type="text"/> | <input type="text"/> |
| <b>Daytime Phone Number</b><br>(Include area code) |                      |                      |
| Telephone Number                                   | Extension            |                      |
| <input type="text"/>                               | <input type="text"/> |                      |

The remaining questions in this application will pertain to the person for whom you are applying for benefits (applicant); not you, the preparer.

### 3.0 IDENTIFICATION: INITIAL INFORMATION SECTION

#### 3.1 APPLICANT IDENTIFICATION - RETIREMENT/MEDICARE VERSION

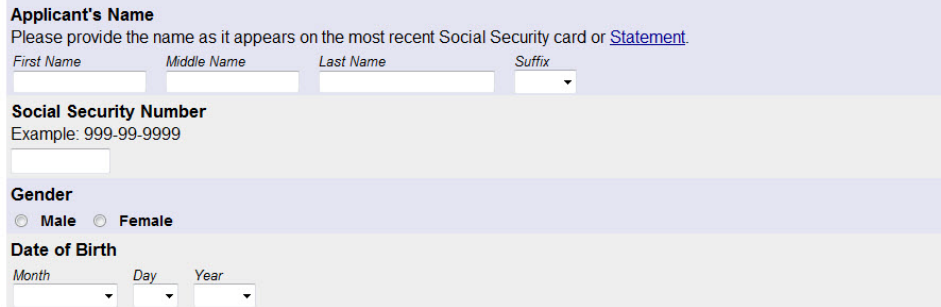


The navigation bar features the Social Security Online logo and website address on the left. The main title "Benefit Application" is centered in a red banner. Below this, a series of tabs are visible: "Identification" (selected), "General", "Other Benefits", "Remarks", "Review", "Submit", and "Next Steps". Under the "Identification" tab, there are sub-sections: "Initial Information" (selected), "Application Number", and "Additional Information".

[N]ext >>

#### Initial Information Section (Page 1 of 4)

#### Applicant Identification



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

First Name Middle Name Last Name Suffix

**Social Security Number**  
Example: 999-99-9999

**Gender**  
 Male  Female

**Date of Birth**  
Month Day Year

[N]ext >>



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## 3.2 APPLICANT IDENTIFICATION - DISABILITY VERSION

### 3.2.1 FIRST PARTY

The screenshot shows the 'Benefit Application' interface on the Social Security Online website. The page title is 'Benefit Application' and the URL is 'www.socialsecurity.gov'. The navigation menu includes 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'Initial Information' section is active, showing 'Application Number' and 'Additional Information' tabs. A '[N]ext >>' button is visible at the top right of the form area.

**Initial Information Section (Page 1 of 4)**  
**Applicant Identification**

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

First Name Middle Name Last Name Suffix

**Social Security Number**  
Example: 999-99-9999

**Gender**  
 Male  Female

**Date of Birth**  
Month Day Year

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

**Are you blind?**  
 Yes  No

[N]ext >>

### 3.2.2 THIRD PARTY

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Initial Information Application Number Additional Information

<< [P]previous [N]ext >>

**Initial Information Section (Page 2 of 5)**  
**Applicant Identification**

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

|                           |                            |                          |                       |
|---------------------------|----------------------------|--------------------------|-----------------------|
| <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> | <small>Suffix</small> |
| <input type="text"/>      | <input type="text"/>       | <input type="text"/>     | <input type="text"/>  |

**Social Security Number**  
Example: 999-99-9999

**Gender**

Male  Female

**Date of Birth**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <small>Month</small> | <small>Day</small>   | <small>Year</small>  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

During the last 14 months, has the applicant been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death? [More Info](#)

Yes  No

What date did the applicant become unable to work?

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <small>Month</small> | <small>Day</small>   | <small>Year</small>  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |


**Is the applicant blind?**

Yes  No

<< [P]previous [N]ext >>

### 3.3 CONTACT INFORMATION

#### 3.3.1 FIRST PARTY

 Social Security Online  
www.socialsecurity.govBenefit Application

IdentificationGeneralOther BenefitsRemarksReviewSubmitNext Steps

Initial InformationApplication NumberAdditional Information

<< [P]revious [N]ext >>

**Initial Information Section (Page 2 of 4)**  
**Contact Information for John Public**

**U.S. Mailing Address**

Street Address 1

Street Address 2

Street Address 3

Street Address 4

City  State  ZIP

**Do you live at this address?**

Yes  No

**U.S. Residence Address**

Street Address 1

Street Address 2

Street Address 3

Street Address 4

City  State  ZIP

**Daytime telephone number**

Telephone Number  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

Please confirm your email address


**Language Preferences**

**Language preferred for speaking**

**Language preferred for reading**

<< [P]revious [N]ext >>

### 3.3.2 THIRD PARTY

 Social Security Online  
www.socialsecurity.gov

## Benefit Application

|                       |                    |                        |         |        |        |            |
|-----------------------|--------------------|------------------------|---------|--------|--------|------------|
| <b>Identification</b> | General            | Other Benefits         | Remarks | Review | Submit | Next Steps |
| Initial Information   | Application Number | Additional Information |         |        |        |            |

**Initial Information Section (Page 3 of 5)**  
**Contact Information for John Public**

**U.S. Mailing Address**

Street Address 1

Street Address 2

Street Address 3

Street Address 4

City  State  ZIP

**Does John Public live at this address?**

Yes  No

**U.S. Residence Address**

Street Address 1

Street Address 2

Street Address 3

Street Address 4

City  State  ZIP

**Daytime telephone number**

Telephone Number  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

Please confirm your email address

**Language Preferences**

**Language preferred for speaking**

**Language preferred for reading**

---

### 3.4 BIRTH AND CITIZENSHIP INFORMATION

#### 3.4.1 FIRST PARTY

Social Security Online [www.socialsecurity.gov](http://www.socialsecurity.gov) Benefit Application

Identification | General | Other Benefits | Remarks | Review | Submit | Next Steps

Initial Information | Application Number | Additional Information

<< [P]revious [N]ext >>

Initial Information Section (Page 3 of 4)  
**Birth and Citizenship Information for John Public**

Were you born in the United States or a U.S. Territory or Commonwealth? [More Info](#)  
 Yes  No

Place of Birth [More Info](#)  
City  State, Territory, or Commonwealth

Place of Birth [More Info](#)  
City  Country

Are you a U.S. citizen? [More Info](#)  
 Yes  No

Type of citizenship [More Info](#)

Date of Citizenship  
Month  Day  Year

Country of citizenship

<< [P]revious [N]ext >>

### 3.4.2 THIRD PARTY

Benefit Application

Social Security Online  
www.socialsecurity.gov

Identification    General    Other Benefits    Remarks    Review    Submit    Next Steps

Initial Information    Application Number    Additional Information

<< [P]revious [N]ext >>

**Initial Information Section (Page 4 of 5)**  
**Birth and Citizenship Information for John Public**

Was John Public born in the United States or a U.S. Territory or Commonwealth? [More Info](#)  
 Yes  No

**Place of Birth** [More Info](#)

City  State, Territory, or Commonwealth

**Place of Birth** [More Info](#)

City  Country

Is John Public a U.S. citizen? [More Info](#)  
 Yes  No

**Type of citizenship** [More Info](#)

**Date of Citizenship**

Month  Day  Year

**Country of citizenship**

<< [P]revious [N]ext >>

Prepared by: OSES/DBSD

Last Updated: August 12, 2010

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### 3.5 MEDICARE ELECTION INFORMATION – AGE 64 AND OLDER

#### 3.5.1 FIRST PARTY

The screenshot shows the Social Security Online 'Benefit Application' interface. The top navigation bar includes 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'Initial Information' section is active, with sub-sections for 'Application Number' and 'Additional Information'. The page title is 'Initial Information Section (Page 4 of 4) Medicare Election Information for Joan Public'. The main content area contains two questions with radio button options: 'Do you wish to file for Medicare Only, excluding monthly retirement cash benefits at this time?' and 'Are you already enrolled in Medicare under a social security number other than your own?'. Navigation buttons for '<< [P]revious' and '[N]ext >>' are visible at the bottom right.

#### 3.5.2 THIRD PARTY

The screenshot shows the Social Security Online 'Benefit Application' interface. The top navigation bar includes 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'Initial Information' section is active, with sub-sections for 'Application Number' and 'Medicare Election Information'. The page title is 'Initial Information Section (Page 5 of 5) Medicare Election Information for Joan Public'. The main content area contains two questions with radio button options: 'Does Joan Public wish to file for Medicare Only, excluding monthly retirement cash benefits at this time?' and 'Is Joan Public already enrolled in Medicare under a social security number other than her own?'. A '[Sign Off (finish this later)]' button is located at the bottom left, and navigation buttons for '<< [P]revious' and '[N]ext >>' are at the bottom right.



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## 4.0 IDENTIFICATION: APPLICATION NUMBER

### 4.1 RETIREMENT VERSION

#### 4.1.1 FIRST PARTY

Social Security Online  
www.socialsecurity.gov

## Benefit Application

Identification | General | Other Benefits | Remarks | Review | Submit | Next Steps

Initial Information | **Application Number** | Additional Information

Application Number Go

<< [P]revious [N]ext >>

#### Application Number Section (Page 1 of 1)

#### Application Number for John Public

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.

**Your Application Number: 61394749**

**Please print this page (with your browser's printer) or write down your Application Number.** You may need it to complete your online application or to check the status of your claim.

If you are unable to complete your online application for any reason, use the "Sign Off (finish this later)" 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 "Sign Off (finish this later)" 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 03/24/2010 as the official date of this application. In order to use 03/24/2010, we must receive the signed application by **09/25/2010 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 file an SSI application you need to file your application with us by **05/23/2010 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 file for SSI. You **cannot** apply for SSI over the Internet.

If you need assistance, please call us at 1-800-772-1213 (TTY 1-800-325-0778) for more information.

[S]ign Off (finish this later)

<< [P]revious [N]ext >>



## 4.1.2 THIRD PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Initial Information ✓ Application Number Additional Information Application Number Go

<< [P]revious [N]ext >>

### Application Number Section (Page 1 of 1)

#### Application Number for John Public

You have successfully started **John Public's** Retirement application. We are providing you with an Application Number. The number can be used to restart an incomplete application.

**John Public's Application Number: 23429655**

**Please print this page (with your browser's printer) or write down the Application Number.** You may need it to complete John Public's online application.

If you are unable to complete John Public's online application for any reason, use the "Sign Off (finish this later)" 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 "Sign Off (finish this later)" option.

**Completing this application at a later date may affect the month John Public's 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 **John Public's** Social Security number and this Application Number to continue the 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 **John Public's** Application Number.

We may use 03/24/2010 as the official date of this application. In order to use 03/24/2010, we must receive the completed application by **09/25/2010 or John Public 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 John Public intends to file an SSI application he will need to file his application with us by **05/23/2010 or he 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 file for SSI. John Public **cannot** apply for SSI over the Internet.

If you need assistance, please call us at 1-800-772-1213 (TTY 1-800-325-0778) for more information.

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

---

## 4.2 DISABILITY VERSION

### 4.2.1 FIRST PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification | General | Other Benefits | Remarks | Review | Submit | Next Steps

Initial Information | Application Number | Additional Information

Application Number Go

<< [P]revious [N]ext >>

#### Application Number Section (Page 1 of 1) Application Number for Joan Public

You have successfully started **your** Disability application. We are providing you with an Application Number. The number can be used to restart an incomplete application.

**Your Application Number: 83667824**

**Please print this page (with your browser's printer) or write down your Application Number.** You may need it to complete your online application or to check the status of your claim.

If you are unable to complete your online application for any reason, use the "Sign Off (finish this later)" 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 "Sign Off (finish this later)" option.

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 03/24/2010 as the official date of this application. In order to use 03/24/2010, we must receive the signed application by **09/25/2010 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 file an SSI application you need to file your application with us by **05/23/2010 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 file for SSI. You **cannot** apply for SSI over the Internet.

If you need assistance, please call us at 1-800-772-1213 (TTY 1-800-325-0778) for more information.

[S]ign Off (finish this later)

<< [P]revious [N]ext >>

## 4.2.2 THIRD PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Initial Information ✓ Application Number Additional Information Application Number Go

<< [P]revious [N]ext >>

### Application Number Section (Page 1 of 1)

#### Application Number for Joan Public

You have successfully started **Joan Public's** Disability application. We are providing you with an Application Number. The number can be used to restart an incomplete application.

**Joan Public's Application Number: 94525887**

**Please print this page (with your browser's printer) or write down the Application Number.** You may need it to complete Joan Public's online application.

If you are unable to complete Joan Public's online application for any reason, use the "Sign Off (finish this later)" 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 "Sign Off (finish this later)" option.

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 **Joan Public's** Social Security number and this Application Number to continue the 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 **Joan Public's** Application Number.

We may use 03/24/2010 as the official date of this application. In order to use 03/24/2010, we must receive the completed application by **09/25/2010 or Joan Public 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 Joan Public intends to file an SSI application she will need to file her application with us by **05/23/2010 or she 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 file for SSI. Joan Public **cannot** apply for SSI over the Internet.

If you need assistance, please call us at 1-800-772-1213 (TTY 1-800-325-0778) for more information.

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



---

## 4.3 MEDICARE ONLY VERSION

### 4.3.1 FIRST PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification | General | Other Benefits | Remarks | Review | Submit | Next Steps

Initial Information |  Application Number

Application Number  Go

<< [P]revious [N]ext >>

**Application Number Section (Page 1 of 1)**  
**Application Number for John Public**

You have successfully started **your** Medicare application. We are providing you with an Application Number. The number can be used to restart an incomplete application.

**Your Application Number: 46967186**

**Please print this page (with your browser's printer) or write down your Application Number.** You may need it to complete your online application or to check the status of your claim.

If you are unable to complete your online application for any reason, use the "**Sign Off (finish this later)**" 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 "**Sign Off (finish this later)**" option.

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 04/08/2010 as the official date of this application. In order to use 04/08/2010, we must receive the signed application by **10/09/2010**. **You may lose Medicare coverage** if we do not receive the signed application by **10/09/2010**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day.

If you need assistance, please call us at 1-800-772-1213 (TTY 1-800-325-0778) for more information.

<< [P]revious [N]ext >>

### 4.3.2 THIRD PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Initial Information ✓ Application Number Application Number Go

<< [P]revious [N]ext >>

#### Application Number Section (Page 1 of 1)

#### Application Number for John Public

You have successfully started **John Public's** Medicare application. We are providing you with an Application Number. The number can be used to restart an incomplete application.

**John Public's Application Number: 96954218**

**Please print this page (with your browser's printer) or write down the Application Number.** You may need it to complete John Public's online application.

If you are unable to complete John Public's online application for any reason, use the "**Sign Off (finish this later)**" 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 "**Sign Off (finish this later)**" option.

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 **John Public's** Social Security number and this Application Number to continue the 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 this Application Number.

We may use 04/08/2010 as the official date of this application. In order to use 04/08/2010, we must receive the completed application by **10/09/2010**. **John Public may lose Medicare coverage** if we do not receive the signed application by **10/09/2010**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day.

If you need assistance, please call us at 1-800-772-1213 (TTY 1-800-325-0778) for more information.

[S]ign Off (finish this later)

<< [P]revious [N]ext >>

---

## 5.0 IDENTIFICATION: PERSONAL INFO SECTION (RETIREMENT/DISABILITY ONLY)

### 5.1 OTHER NAMES AND SSNS

#### 5.1.1 FIRST PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification | General | Other Benefits | Remarks | Review | Submit | Next Steps

Initial Information ✓ Application Number ✓ Additional Information Other SSNs and Names Go

<< [P]revious [N]ext >>

Additional Information Section (Page 1 of 2)  
Other SSNs and Names for John Public

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

Yes  No

**Other Social Security Numbers**

1.

2.

3.

4.

5.

Have you used any other names? [More Info](#)

Other names could be a different birth name, previous married name(s), etc.


Yes  No

**Other Names**

|    | First Name           | Middle Name          | Last Name            | Suffix               |
|----|----------------------|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

### 5.1.2 THIRD PARTY

 Social Security Online  
www.socialsecurity.gov

## Benefit Application

Identification | General | Other Benefits | Remarks | Review | Submit | Next Steps

Initial Information ✓ Application Number ✓ Additional Information Other SSNs and Names Go

<< [P]previous [N]ext >>

**Additional Information Section (Page 1 of 2)**  
**Other SSNs and Names for John Public**

Has John Public used any other Social Security Numbers? [More Info](#)

Yes  No

**Other Social Security Numbers**

1.

2.

3.

4.

5.

Has John Public used any other names? [More Info](#)

Other names could be a different birth name, previous married name(s), etc.

Yes  No

**Other Names**

|    | First Name           | Middle Name          | Last Name            | Suffix               |
|----|----------------------|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

---

## 5.2 DISABILITY (RETIREMENT, STARTED FROM RETIREMENT ENTRY POINT)

### 5.2.1 FIRST PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification | General | Other Benefits | Remarks | Review | Submit | Next Steps

Initial Information ✓ | Application Number ✓ | Additional Information | Disability | Go

<< [P]previous [N]ext >>

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

#### Disability Benefits

During the last 14 months, have you been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death?

[More Info](#)

Yes  No

What date did you become unable to work?

Month Day Year

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

Yes  No

Are you blind?


Yes  No

[S]ign Off (finish this later)

<< [P]previous [N]ext >>



## 5.2.2 THIRD PARTY

 Social Security Online  
www.socialsecurity.gov

# Benefit Application

Identification | General | Other Benefits | Remarks | Review | Submit | Next Steps

Initial Information ✓ | Application Number ✓ | Additional Information | Disability [v] | Go

<< [P]revious | [N]ext >>

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

### Disability Benefits

During the last 14 months, has the applicant been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death? [More Info](#)

Yes  No

What date did the applicant become unable to work?

Month [v] Day [v] Year [v]

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

Yes  No

Is John Public blind?

Yes  No

[S]ign Off (finish this later)

<< [P]revious | [N]ext >>

---

### 5.3 DISABILITY (DISABILITY ALLEGED, STARTED FROM DISABILITY ENTRY POINT)

#### 5.3.1 FIRST PARTY

The screenshot shows the Social Security Online 'Benefit Application' interface. The top navigation bar includes 'Social Security Online' and 'www.socialsecurity.gov'. Below this is a menu with 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'Additional Information' section is active, showing 'Initial Information' with a green checkmark and 'Application Number' with a green checkmark. A dropdown menu is set to 'Disability' with a 'Go' button. Navigation buttons '<< [P]previous' and '[N]ext >>' are present. The main content area is titled 'Additional Information Section (Page 2 of 2) Disability for Joan Public'. Under 'Disability Benefits', there is a question: 'Do you want to receive reduced Retirement benefits while waiting for the disability decision?' with a link 'Things to Consider'. Radio buttons for 'Yes' and 'No' are present. A '[S]ign Off (finish this later)' button and another set of navigation buttons '<< [P]previous' and '[N]ext >>' are at the bottom.

#### 5.3.2 THIRD PARTY

The screenshot shows the Social Security Online 'Benefit Application' interface for a third party. The top navigation bar is identical to the first party screen. The 'Additional Information' section is active, showing 'Initial Information' with a green checkmark and 'Application Number' with a green checkmark. A dropdown menu is set to 'Disability' with a 'Go' button. Navigation buttons '<< [P]previous' and '[N]ext >>' are present. The main content area is titled 'Additional Information Section (Page 2 of 2) Disability for Joan Public'. Under 'Disability Benefits', there is a question: 'Does Joan Public want to receive reduced Retirement benefits while waiting for the disability decision?' with a link 'Things to Consider'. Radio buttons for 'Yes' and 'No' are present. A '[S]ign Off (finish this later)' button and another set of navigation buttons '<< [P]previous' and '[N]ext >>' are at the bottom.

---

## 6.0 GENERAL: FAMILY SECTION (RETIREMENT/DISABILITY ONLY)

### 6.1 MARRIAGE INFORMATION

#### 6.1.1 FIRST PARTY

The screenshot shows the Social Security Online 'Benefit Application' interface. The top navigation bar includes 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'Family' tab is selected, with sub-tabs for 'Military', 'Earnings', and 'When to Start Benefits'. The 'Marriage Information' dropdown is set to 'Go'. Navigation buttons '<< [P]revious' and '[N]ext >>' are visible.

**Family Section (Page 1 of 3)**  
**Marriage Information for John Public**

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

**Marriage**

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

**Spouse's Social Security Number**  
Example: 999-99-9999  
  
 Unknown

**Spouse's Date of Birth OR Age**  
Month:  Day:  Year:  or Spouse's Age:

**Marriage Date**  
Month:  Day:  Year:

**Marriage Type** [More Info](#)

**Married in United States or a U.S. Territory or Commonwealth?** [More Info](#)  
 Yes  No

**Place of Marriage**  
City:  State, Territory, or Commonwealth:

**Place of Marriage**  
City:  Country:

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

## 6.1.2 THIRD PARTY

Benefit Application

Social Security Online  
www.socialsecurity.gov

Identification  General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits Marriage Information

<< [P]revious [N]ext >>

**Family Section (Page 1 of 3)**  
**Marriage Information for John Public**

Is John Public currently married? [More Info](#)  
 Yes  No

---

**Marriage**

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

**Spouse's Social Security Number**  
Example: 999-99-9999

**Unknown**

**Spouse's Date of Birth OR Age**  
*Month*  *Day*  *Year*  or *Spouse's Age*

**Marriage Date**  
*Month*  *Day*  *Year*

**Marriage Type** [More Info](#)

**Married in United States or a U.S. Territory or Commonwealth?** [More Info](#)  
 Yes  No

**Place of Marriage**  
*City*  *State, Territory, or Commonwealth*

**Place of Marriage**  
*City*  *Country*

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

## **6.2 PRIOR MARRIAGES**

### **6.2.1 FIRST PARTY**

Social Security Online [www.socialsecurity.gov](http://www.socialsecurity.gov) **Benefit Application**

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  Military  Earnings  When to Start Benefits  Prior Marriages

<< [P]revious [N]ext >>

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**  
Example: 999-99-9999  
  
 Unknown

**Prior Spouse's Date of Birth**  
Estimate if not sure.  
Month  Day  Year  or Prior Spouse's Age

**Date Marriage Started**  
Estimate if not sure.  
Month  Day  Year

**Marriage Type** [More Info](#)

**Married in United States or a U.S. Territory or Commonwealth?**  
 Yes  No

**Place of Marriage**  
City  State, Territory, or Commonwealth

**Place of Marriage**  
City  Country

**Marriage ended in United States or a U.S. Territory or Commonwealth?** [More Info](#)  
 Yes  No

**Place Marriage Ended**  
City  State, Territory, or Commonwealth

**Place Marriage Ended**  
City  Country

**Date Marriage Ended**  
Estimate if not sure.  
Month  Day  Year

**How did the marriage end?**

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

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

<< [P]revious [N]ext >>

**6.2.2 THIRD PARTY**

Social Security Online [www.socialsecurity.gov](http://www.socialsecurity.gov) **Benefit Application**

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  Military  Earnings  When to Start Benefits  Prior Marriages  Go

<< [P]revious [N]ext >>

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

Did John Public have any prior marriages? [More Info](#)  
 Yes  No

Did John Public have any prior marriage that lasted at least 10 years?  
 Yes  No

Did John Public have any prior marriage that ended due to his spouse's death?  
 Yes  No

**Prior Marriage 1** Remove Prior Marriage# 1 Data

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**  
Example: 999-99-9999  
  
 Unknown

**Prior Spouse's Date of Birth**  
Estimate if not sure.  
Month  Day  Year  or Prior Spouse's Age

**Date Marriage Started**  
Estimate if not sure.  
Month  Day  Year

**Marriage Type** [More Info](#)

**Married in United States or a U.S. Territory or Commonwealth?**  
 Yes  No

**Place of Marriage**  
City  State, Territory, or Commonwealth

**Place of Marriage**  
City  Country

**Marriage ended in United States or a U.S. Territory or Commonwealth?** [More Info](#)  
 Yes  No

**Place Marriage Ended**  
City  State, Territory, or Commonwealth

**Place Marriage Ended**  
City  Country

**Date Marriage Ended**  
Estimate if not sure.  
Month  Day  Year

**How did the marriage end?**

**Has John Public's prior spouse deceased after the marriage ended?**  
 Yes  No  Unknown


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

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



## 6.3 CHILDREN

### 6.3.1 NO DISABILITY ALLEGED, FIRST PARTY

 Social Security Online  
www.socialsecurity.gov

# Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  Military  Earnings  When to Start Benefits  Children  Go

<< [P]revious [N]ext >>

#### Family Section (Page 3 of 3) Children for John 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

**Names of children for which you answered "Yes" above**

|     |                           |                          |
|-----|---------------------------|--------------------------|
| 1.  | <small>First Name</small> | <small>Last Name</small> |
|     | <input type="text"/>      | <input type="text"/>     |
| 2.  | <small>First Name</small> | <small>Last Name</small> |
|     | <input type="text"/>      | <input type="text"/>     |
| 3.  | <small>First Name</small> | <small>Last Name</small> |
|     | <input type="text"/>      | <input type="text"/>     |
| 4.  | <small>First Name</small> | <small>Last Name</small> |
|     | <input type="text"/>      | <input type="text"/>     |
| 5.  | <small>First Name</small> | <small>Last Name</small> |
|     | <input type="text"/>      | <input type="text"/>     |
| 6.  | <small>First Name</small> | <small>Last Name</small> |
|     | <input type="text"/>      | <input type="text"/>     |
| 7.  | <small>First Name</small> | <small>Last Name</small> |
|     | <input type="text"/>      | <input type="text"/>     |
| 8.  | <small>First Name</small> | <small>Last Name</small> |
|     | <input type="text"/>      | <input type="text"/>     |
| 9.  | <small>First Name</small> | <small>Last Name</small> |
|     | <input type="text"/>      | <input type="text"/>     |
| 10. | <small>First Name</small> | <small>Last Name</small> |
|     | <input type="text"/>      | <input type="text"/>     |


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

We will request the additional names after we have received this application.

[S]ign Off (finish this later)

<< [P]revious [N]ext >>

### 6.3.2 NO DISABILITY ALLEGED, THIRD PARTY

 Social Security Online  
www.socialsecurity.gov

## Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  Military  Earnings  When to Start Benefits  Children  Go

**Family Section (Page 3 of 3)**  
**Children for John 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."

**Does John Public have any children who became disabled prior to the age of 22?**  
 Yes  No

**Does John Public have any unmarried children under age 18?**  
 Yes  No

**Does John Public have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time?**  
 Yes  No


**Names of children for which you answered "Yes" above**

|     |   |  |
|-----|---|--|
| 1.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 2.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 3.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 4.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 5.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 6.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 7.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 8.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 9.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 10. | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |

**Does John Public have more than 10 children in the categories above?**  
 Yes  No

We will request the additional names after we have received this application.

### 6.3.3 DISABILITY ALLEGED, FIRST PARTY

 Social Security Online  
www.socialsecurity.gov

## Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  Earnings  When to Start Benefits  Children  Go

**Family Section (Page 3 of 3)**  
**Children for Joan 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 twelve 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

**Names of children for which you answered "Yes" above**

|     |   |  |
|-----|---|--|
| 1.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 2.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 3.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 4.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 5.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 6.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 7.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 8.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 9.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 10. | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |

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

We will request the additional names after we have received this application.

### 6.3.4 DISABILITY ALLEGED, THIRD PARTY

Social Security Online **Benefit Application**  
www.socialsecurity.gov

Identification  General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits Children Go

<< [P]revious [N]ext >>

**Family Section (Page 3 of 3)**  
**Children for Joan 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 twelve months, please answer "Yes."

**Does Joan Public have any children who became disabled prior to the age of 22?**  
 Yes  No

**Does Joan Public have any unmarried children under age 18?**  
 Yes  No

**Does Joan Public have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time?**  
 Yes  No

**Names of children for which you answered "Yes" above**

|     |   |  |
|-----|---|--|
| 1.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 2.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 3.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 4.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 5.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 6.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 7.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 8.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 9.  | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |
| 10. | <small>First Name</small><br><input type="text"/> | <small>Last Name</small><br><input type="text"/> |

**Does Joan Public have more than 10 children in the categories above?**  
 Yes  No


We will request the additional names after we have received this application.

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



## 7.0 GENERAL: MILITARY SECTION (RETIREMENT/DISABILITY ONLY)

### 7.1 FIRST PARTY



Social Security Online  
www.socialsecurity.gov

# Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  **Military**  Earnings  When to Start Benefits  Military Details  Go

<< [P]previous [N]ext >>

**Military Section (Page 1 of 1)**  
**Military Details for John 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?

**Period 1**

**Type of Duty**

**Branch of Service**


**Start Date**  
Month  Day  Year

**End Date**  
Month  Day  Year

Is there another period of military service prior to 1968?  
 Yes  No

<< [P]previous [N]ext >>

## 7.2 THIRD PARTY

 Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family MilitaryEarningsWhen to Start BenefitsMilitary Details

**Military Section (Page 1 of 1)**  
**Military Details for Joan Public**

Was Joan Public in the US Military Service prior to 1968? [More Info](#)

Yes  No

Is Joan Public receiving or eligible to receive a military or civilian Federal agency benefit?

Yes  No

What type of benefit?

**Period 1** Remove Period 1 Data

**Type of Duty**

**Branch of Service**

**Start Date**

Month  Day  Year

**End Date**

Month  Day  Year

Is there another period of military service prior to 1968?

Yes  No

[S]ign Off (finish this later)

Prepared by: OSES/DBSD

Last Updated: August 12, 2010

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## 8.0 GENERAL: EARNINGS SECTION (RETIREMENT/DISABILITY ONLY)

### 8.1 EMPLOYER DETAILS

#### 8.1.1 FIRST PARTY

The screenshot shows the Social Security Online Benefit Application interface. At the top, there is a red banner with the Social Security Online logo and the text "Benefit Application". Below the banner is a navigation bar with tabs for Identification, General, Other Benefits, Remarks, Review, Submit, and Next Steps. The "Earnings" tab is selected, and the "When to Start Benefits" sub-tab is active. The "Employer Details" dropdown menu is open, showing "Go".

Below the navigation bar, there are two buttons: "<< [P]revious" and "[N]ext >>".

The main content area is titled "Earnings Section (Page 1 of 5) Employer Details for John Public". It contains two questions:

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

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

Below the questions is a section titled "Employer# 1" with a "Remove Employer# 1 Data" button. The form fields for Employer# 1 are:

**Employer's Name**  
[Text Input Field]

**Employer's Address**  
*Street Address 1*  
[Text Input Field]

*City* [Text Input Field] *State* [Dropdown Menu] *ZIP* [Text Input Field]

**Date employment began**  
*Month* [Dropdown Menu] *Year* [Dropdown Menu]


**Date employment ended**  
*Month* [Dropdown Menu] *Year* [Dropdown Menu]  
 Not Ended

**Another employer in 2009 or 2010?**  
 Yes  No

At the bottom of the form, there is a "[Sign Off (finish this later)]" button and two navigation buttons: "<< [P]revious" and "[N]ext >>".



### 8.1.2 THIRD PARTY

Benefit Application

Social Security Online  
www.socialsecurity.gov

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  Military  Earnings  When to Start Benefits  Employer Details  Go

<< [P]revious [N]ext >>

**Earnings Section (Page 1 of 5)**  
**Employer Details for Joan Public**

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

Did Joan Public work or will she work for an employer in 2010? [More Info](#)  
 Yes  No

**Employer# 1** Remove Employer# 1 Data

**Employer's Name**

**Employer's Address**

*Street Address 1*

*City*  *State*  *ZIP*

**Date employment began**

*Month*  *Year*

**Date employment ended**

*Month*  *Year*

Not Ended

**Another employer in 2009 or 2010?**

Yes  No

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

Prepared by: OSES/DBSD

Last Updated: August 12, 2010

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## 8.2 SELF-EMPLOYMENT DETAILS

### 8.2.1 FIRST PARTY

The screenshot shows the Social Security Online 'Benefit Application' interface. The top navigation bar includes 'Social Security Online' and 'Benefit Application'. Below this is a progress bar with tabs for 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'General' tab is active, and sub-tabs for 'Family', 'Military', and 'Earnings' are visible. The 'Earnings' sub-tab is selected, and the page title is 'Self-employment Details for John Public'. The main content area is titled 'Earnings Section (Page 2 of 5)'. It contains two sections for self-employment in 2009 and 2010. Each section asks 'Were you self-employed in [year]?' with radio buttons for 'Yes' and 'No'. Below each question is a 'Type of business' text input field. A third question asks 'Will your self-employment net income be greater than \$400?' with radio buttons for 'Yes' and 'No'. Navigation buttons include '<< [P]revious', '[N]ext >>', and '[S]ign Off (finish this later)'. A 'Go' button is also present in the top right of the navigation area.

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  Military  Earnings  When to Start Benefits

Self-employment Details

<< [P]revious [N]ext >>

Earnings Section (Page 2 of 5)  
Self-employment Details for John 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

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

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

## 8.2.2 THIRD PARTY

Social Security Online  
www.socialsecurity.gov

### Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  Military  Earnings  When to Start Benefits  Self-employment Details  Go

<< [P]revious [N]ext >>

Earnings Section (Page 2 of 5)  
**Self-employment Details for Joan Public**

Was Joan Public self-employed in 2009?  
 Yes  No

Type of business

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

Was Joan Public self-employed in 2010?  
 Yes  No


Type of business

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

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

## 8.3 SUPPLEMENTAL INFORMATION

### 8.3.1 FIRST PARTY

 Social Security Online  
www.socialsecurity.gov

## Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  Military  Earnings  When to Start Benefits  Supplemental Information  Go

Earnings Section (Page 3 of 5)  
**Supplemental Information for John 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

What country?

Have you already filed or intend to file under 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

What country?

#### 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

### 8.3.2 THIRD PARTY

 Social Security Online  
www.socialsecurity.gov

## Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  Military  Earnings  When to Start Benefits  Supplemental Information  Go

Earnings Section (Page 3 of 5)  
**Supplemental Information for Joan Public**

#### Foreign Social Security

Did Joan Public ever work outside the United States? [More Info](#)  
 Yes  No

Is Joan Public eligible for benefits under a foreign Social Security system? [More Info](#)  
 Yes  No

What country?

Has Joan Public already filed or intend to file under that country's Social Security system?  
 Yes  No

Did Joan Public's prior spouse work outside the United States? [More Info](#)  
 Yes  No

Is Joan Public's prior spouse covered under a foreign Social Security system? [More Info](#)  
 Yes  No

What country?

#### Social Security Statement

Does Joan Public agree with her earnings history as shown on her Social Security Statement? [More Info](#)  
 Yes  
 No  
 Not sure or Joan Public does not have a statement

#### Corporate Officer

Is Joan Public a Corporate Officer of her employer? [More Info](#)  
 Yes  No

Is Joan Public related to a Corporate Officer of her employer? [More Info](#)  
 Yes  No

Does Joan Public receive earnings from a Family Corporation or other closely held corporation?  
[More Info](#)  
 Yes  No

#### Authorization

Do we have Joan Public's permission to contact her employer(s) if necessary? [More Info](#)  
 Yes  No

## 8.4 TOTAL EARNINGS

### 8.4.1 RETIREMENT VERSION, FIRST PARTY

Benefit Application

Social Security Online  
www.socialsecurity.gov

Identification  General  Other Benefits Remarks Review Submit Next Steps

Family  Earnings When to Start Benefits Total Earnings  Go

**Earnings Section (Page 4 of 5)**  
**Total Earnings for Jane Public**

**Total earnings for 2009**

Show the total of all wages and tips earned in 2009.  
Include net income from self-employment. Estimate if necessary.

\$  .00

Did you earn wages, tips and net earnings from self-employment over \$1180 a month or perform substantial services in self-employment in all months of 2009? [More Info](#)

Yes  No

If no, in which months of 2009 did you earn \$1180 or less? [More Info](#)

All  
 January  February  March  April  May  June  
 July  August  September  October  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.

\$  .00

Will you earn wages, tips, and net earnings from self-employment over \$3140 a month or perform substantial services in self-employment in all months of 2010? [More Info](#)

Yes  No

If no, in which months of 2010 will you earn \$3140 or less? [More Info](#)

All  
 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



## 8.4.2 RETIREMENT VERSION, THIRD PARTY

Benefit Application

Social Security Online  
www.socialsecurity.gov

Identification  General  ▲ Other Benefits Remarks Review Submit Next Steps

Family  Earnings When to Start Benefits Total Earnings  Go

**Earnings Section (Page 4 of 5)**  
**Total Earnings for Joan Public**

**Total earnings for 2009**

Show the total of all wages and tips earned in 2009.  
Include net income from self-employment. Estimate if necessary.  
\$  .00

Did Joan Public earn wages, tips and net earnings from self-employment over \$1180 a month or perform substantial services in self-employment in all months of 2009? [More Info](#)

Yes  No

If no, in which months of 2009 did Joan Public earn \$1180 or less? [More Info](#)

All  
 January  February  March  April  May  June  
 July  August  September  October  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.  
\$  .00

Will Joan Public earn wages, tips, and net earnings from self-employment over \$3140 a month or perform substantial services in self-employment in all months of 2010? [More Info](#)

Yes  No

If no, in which months of 2010 will Joan Public earn \$3140 or less? [More Info](#)


All  
 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

### 8.4.3 DISABILITY VERSION, FIRST PARTY

 Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Earnings When to Start Benefits Total Earnings  Go

**Earnings Section (Page 4 of 5)**  
**Total Earnings for Jane Public**

**Total earnings for 2009**

Show the total of all wages and tips earned in 2009.  
Include net income from self-employment. Estimate if necessary.

\$  .00

Did you earn wages, tips and net earnings from self-employment over \$1180 a month or perform substantial services in self-employment in all months of 2009? [More Info](#)

Yes  No

**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.

\$  .00

Will you earn wages, tips, and net earnings from self-employment over \$3140 a month or perform substantial services in self-employment in all months of 2010? [More Info](#)

Yes  No


**Special Payments**

Do any of the total earnings include special payments paid in one year but earned in another? [More Info](#)

Yes  No



### 8.4.4 DISABILITY VERSION, THIRD PARTY

 Social Security Online  
www.socialsecurity.gov

## Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Earnings When to Start Benefits Total Earnings Go

**Earnings Section (Page 4 of 5)**  
**Total Earnings for Joan Public**

---

**Total earnings for 2009**

Show the total of all wages and tips earned in 2009.  
Include net income from self-employment. Estimate if necessary.

\$  .00

Did Joan Public earn wages, tips and net earnings from self-employment over \$1180 a month or perform substantial services in self-employment in all months of 2009? [More Info](#)

Yes  No

---

**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.

\$  .00

Will Joan Public earn wages, tips, and net earnings from self-employment over \$3140 a month or perform substantial services in self-employment in all months of 2010? [More Info](#)

Yes  No

---

**Special Payments**

Do any of the total earnings include special payments paid in one year but earned in another? [More Info](#)

Yes  No

### 8.4.5 NO WORK OR SELF EMPLOYMENT ALLEGED VERSION, FIRST PARTY

The screenshot shows the Social Security Online 'Benefit Application' interface. The top navigation bar includes 'Identification' (checked), 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. Below this, a secondary bar shows 'Family' (checked), 'Earnings', and 'When to Start Benefits'. A 'Total Earnings' dropdown menu is set to 'Go'. Navigation buttons '<< [P]previous' and '[N]ext >>' are visible.

Earnings Section (Page 4 of 5)  
Total Earnings for Joan Public

#### Last Year Worked

If you were neither working for an employer nor self-employed in 2009 or later, when was the last year worked?

Never Worked

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

### 8.4.6 NO WORK OR SELF EMPLOYMENT ALLEGED VERSION , THIRD PARTY

The screenshot shows the Social Security Online 'Benefit Application' interface. The top navigation bar includes 'Identification' (checked), 'General' (with a warning icon), 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. Below this, a secondary bar shows 'Family' (checked), 'Earnings' (with a warning icon), and 'When to Start Benefits'. A 'Total Earnings' dropdown menu is set to 'Go'. Navigation buttons '<< [P]previous' and '[N]ext >>' are visible.

Earnings Section (Page 4 of 5)  
Total Earnings for Joan Public

#### Last Year Worked

If Joan Public were neither working for an employer nor self-employed in 2009 or later, when was the last year worked?

2008

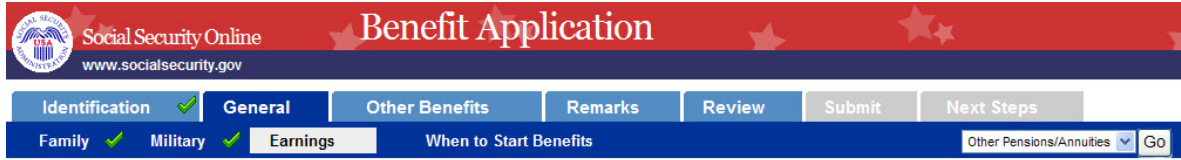
Never Worked

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

---

## 8.5 OTHER PENSIONS/ANNUITIES

### 8.5.1 FIRST PARTY



Social Security Online **Benefit Application**  
www.socialsecurity.gov

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  Military  Earnings  When to Start Benefits  Other Pensions/Annuities  Go

<< [P]revious [N]ext >>

Earnings Section (Page 5 of 5)  
**Other Pensions/Annuities for John 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


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

Are you receiving or eligible to receive a Railroad pension or annuity?  
 Yes  No

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

## 8.5.2 THIRD PARTY

 Social Security Online  
www.socialsecurity.gov

### Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  Military  Earnings  When to Start Benefits  Other Pensions/Annuities  Go

Earnings Section (Page 5 of 5)  
**Other Pensions/Annuities for Joan Public**

#### Work Not Covered By Social Security

Did Joan Public ever work in a job where Social Security taxes were not deducted or withheld? [More Info](#)

Yes  No

Is Joan Public receiving a pension or annuity based on this non-covered work? [More Info](#)

Yes  No

Does Joan Public 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 Joan Public work for the Railroad 5 years or more? [More Info](#)

Yes  No

Is Joan Public receiving or eligible to receive a Railroad pension or annuity?

Yes  No

Did Joan Public's prior spouse work for the Railroad 5 years or more?

Yes  No

Does Joan Public's prior spouse receive or is eligible to receive a Railroad pension or annuity?

Yes  No

## 9.0 GENERAL: WHEN TO START BENEFITS (RETIREMENT/DISABILITY ONLY)

### 9.1 REDUCED BENEFITS (RETIREMENT ONLY)

#### 9.1.1 FIRST PARTY

The screenshot shows the Social Security Online 'Benefit Application' interface. The top navigation bar includes 'Social Security Online' and 'www.socialsecurity.gov'. The main navigation tabs are 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'When to Start Benefits' section is active, with sub-tabs for 'Family', 'Earnings', and 'When to Start Benefits'. A dropdown menu shows 'Reduced Benefits' selected, with a 'Go' button. Navigation buttons '<< [P]revious' and '[N]ext >>' are present. The main content area is titled 'When to Start Benefits Section (Page 1 of 3) Reduced Benefits for Jane Public'. It features a 'Reduced Benefits' section with a 'More Info' link and two radio button options: 'I want the earliest month possible without an age-related reduction' and 'I will accept an age-related reduction'. A '[S]ign Off (finish this later)' button and another set of navigation buttons '<< [P]revious' and '[N]ext >>' are also visible.

### 9.1.2 THIRD PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification ✓ General Other Benefits Remarks Review Submit Next Steps

Family ✓ Military ✓ Earnings ✓ When to Start Benefits Reduced Benefits Go

<< [P]revious [N]ext >>

When to Start Benefits Section (Page 1 of 3)  
**Reduced Benefits for John Public**

**Reduced Benefits** [More Info](#)

- John Public wants the earliest month possible without an age-related reduction
- John Public will accept an age-related reduction

[S]ign Off (finish this later)

<< [P]revious [N]ext >>

---

## 9.2 WHEN TO START BENEFITS (RETIREMENT ONLY)

### 9.2.1 APPLICANT HAS ONE MONTH OF ELECTION OPTION (FIRST PARTY)

The screenshot shows the Social Security Online 'Benefit Application' interface. The top navigation bar includes 'Social Security Online' and 'www.socialsecurity.gov'. Below this is a menu with tabs for 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'General' tab is active, and within it, the 'When to Start Benefits' sub-tab is selected. The page title is 'When to Start Benefits Section (Page 1 of 2) When to Start Benefits for Joan Public'. The main content area contains text explaining the importance of choosing a start date, a link to 'More Info', and a 'Go to Estimator' button. A summary line states 'Based on the information provided, benefits will begin on 07/2010.' Below this is a question: 'If you are eligible for both retirement benefits and spouse's benefit, do you want to delay receipt of retirement benefit?' with radio buttons for 'Yes' and 'No'. At the bottom, there is a '[S]ign Off (finish this later)' button and navigation buttons '<< [P]revious' and '[N]ext >>'. The 'Family' and 'Earnings' sections in the top menu are marked with green checkmarks.



---

9.2.2 APPLICANT HAS ONE MONTH OF ELECTION OPTION (THIRD PARTY)

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification ✓ General ⚠ Other Benefits Remarks Review Submit Next Steps

Family ✓ Earnings ✓ When to Start Benefits ⚠

When to Start Benefits > Go

<< [P]revious [N]ext >>

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

It's Joan Public's choice when to start benefits. The earlier the date Joan Public starts her benefits, the smaller her benefit. The later the date Joan Public starts to receive benefits, the larger her benefit. This is an important decision, with several factors to consider before Joan Public chooses the month her benefits should start. [More Info](#)

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

We need to know when Joan Public wants to start benefits.

**Based on the information provided, benefits will begin on 08/2010.**

If Joan Public is eligible for both retirement benefits and spouse's benefit, does she want to delay receipt of retirement benefit? [More Info](#)


Yes  No

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

9.2.3 APPLICANT HAS A DEFAULT MONTH OF ELECTION AND OTHER OPTIONS (FIRST PARTY)



---

 Social Security Online  
www.socialsecurity.gov

## Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  Earnings  When to Start Benefits When to Start Benefits

**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.

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

## 9.2.4 APPLICANT HAS A DEFAULT MONTH OF ELECTION AND OTHER OPTIONS (THIRD PARTY)

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification ✓ General Other Benefits Remarks Review Submit Next Steps

Family ✓ Earnings ✓ When to Start Benefits

When to Start Benefits [v] Go

<< [P]previous [N]ext >>

### When to Start Benefits Section (Page 2 of 3)

#### When to Start Benefits for Jane Public

It's Joan Public's choice when to start benefits. The earlier the date Joan Public starts her benefits, the smaller her benefit. The later the date Joan Public starts to receive benefits, the larger her benefit. This is an important decision, with several factors to consider before Joan Public chooses the month her benefits should start. [More Info](#)

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

We need to know when Joan Public wants to start benefits.

Does Joan Public want benefits to start in 06/2010?

Yes  No ( Her 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 Joan Public is eligible for both retirement benefits and spouse's benefit, does she want to delay receipt of retirement benefit? [More Info](#)

Yes  No

[S]ign Off (finish this later)

<< [P]previous

[N]ext >>

## 9.2.5 APPLICANT HAS MULTIPLE MONTH OF ELECTION OPTIONS TO CHOOSE FROM BUT NO DEFAULT (FIRST PARTY)

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification ✓ General Other Benefits Remarks Review Submit Next Steps

Family ✓ Earnings ✓ When to Start Benefits When to Start Benefits ▾ Go

<< [P]revious [N]ext >>

### 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.

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

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

## 9.2.6 APPLICANT HAS MULTIPLE MONTH OF ELECTION OPTIONS TO CHOOSE FROM BUT NO DEFAULT (THIRD PARTY)



Social Security Online  
www.socialsecurity.gov

### Benefit Application

|  |  |   |  |                                 |                                 |                                     |
|--|--|---|--|---------------------------------|---------------------------------|-------------------------------------|
| Identification <input checked="" type="checkbox"/> | General <input checked="" type="checkbox"/>  | Other Benefits <input type="checkbox"/>         | Remarks <input type="checkbox"/>                         | Review <input type="checkbox"/> | Submit <input type="checkbox"/> | Next Steps <input type="checkbox"/> |
| Family <input checked="" type="checkbox"/>         | Earnings <input checked="" type="checkbox"/> | When to Start Benefits <input type="checkbox"/> | When to Start Benefits <input type="button" value="Go"/> |                                 |                                 |                                     |

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

It's Joan Public's choice when to start benefits. The earlier the date Joan Public starts her benefits, the smaller her benefit. The later the date Joan Public starts to receive benefits, the larger her benefit. This is an important decision, with several factors to consider before Joan Public chooses the month her benefits should start. [More Info](#)

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

We need to know when Joan Public wants 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  
 Another Reason

**Please briefly describe the reason.**

**If Joan Public is eligible for both retirement benefits and spouse's benefit, does she want to delay receipt of retirement benefit?** [More Info](#)

Yes  No

**9.2.7 APPLICANT HAS NOT COMPLETED THE NECESSARY PAGES FOR THEIR MONTH OF ELECTION OPTIONS TO BE DETERMINED (FIRST PARTY)**

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits

When to Start Benefits Go

<< [P]revious [N]ext >>

When to Start Benefits Section (Page 1 of 2)  
**When to Start Benefits for Joan Public**

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

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

**9.2.8 APPLICANT HAS NOT COMPLETED THE NECESSARY PAGES FOR THEIR MONTH OF ELECTION OPTIONS TO BE DETERMINED (THIRD PARTY)**

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits

When to Start Benefits Go

<< [P]revious [N]ext >>

When to Start Benefits Section (Page 1 of 2)  
**When to Start Benefits for Joan Public**

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

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

**9.2.9 MONTH OF ELECTION SERVICE IS TEMPORARILY UNAVAILABLE (FIRST PARTY)**

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Earnings When to Start Benefits

When to Start Benefits Go

<< [P]revious [N]ext >>


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

We cannot determine your benefit start date at this time. Please continue with the application and complete the remaining sections. All of your information will be saved, however you will need to return to this page at a later time and select your benefit start date so you can submit your completed application.

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



## 9.2.10 MONTH OF ELECTION SERVICE IS TEMPORARILY UNAVAILABLE (THIRD PARTY)

 Social Security Online  
www.socialsecurity.gov

### Benefit Application

|                |          |                        |         |        |        |                        |    |
|----------------|----------|------------------------|---------|--------|--------|------------------------|----|
| Identification | General  | Other Benefits         | Remarks | Review | Submit | Next Steps             |    |
| Family         | Earnings | When to Start Benefits |         |        |        | When to Start Benefits | Go |

<< [P]revious    [N]ext >>

### When to Start Benefits Section (Page 2 of 3)

#### When to Start Benefits for Joan Public

We cannot determine Joan Public's benefit start date at this time. Please continue with the application and complete the remaining sections. All of Joan Public's information will be saved, however you will need to return to this page at a later time and select her benefit start date so you can submit her completed application.

[\[Sign Off \(finish this later\)\]](#)

<< [P]revious    [N]ext >>

## 9.3 DIRECT DEPOSIT

### 9.3.1 FIRST PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification  General Other Benefits Remarks Review Submit Next Steps

Family  Military  Earnings  When to Start Benefits Direct Deposit Details Go

<< [P]revious [N]ext >>

#### When to Start Benefits Section (Page 2 of 2) Direct Deposit Details for John Public

##### Direct Deposit is Safe, Quick and Convenient. [More Info](#)

The picture below is an example that identifies the location of the Routing Transit Number and the Account Number.

Routing Number [More Info](#)

Enter the 9-digit routing number for your bank or other financial institution.

Account Number

Enter your account number at this bank or other financial institution.

Account Type [More Info](#)

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

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



### 9.3.2 THIRD PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification ✓ General Other Benefits Remarks Review Submit Next Steps

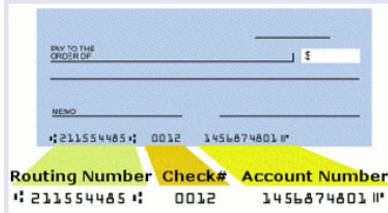
Family ✓ Military ✓ Earnings ✓ When to Start Benefits Direct Deposit Details Go

<< [P]revious [N]ext >>

#### When to Start Benefits Section (Page 3 of 3) Direct Deposit Details for John Public

**Direct Deposit is Safe, Quick and Convenient.** [More Info](#)

The picture below is an example that identifies the location of the Routing Transit Number and the Account Number.



#### Routing Transit Number [More Info](#)

Enter the 9-digit routing number for John Public's bank or other financial institution.

⌘ [ ] ⌘

#### Account Number

Enter John Public's account number at this bank or other financial institution.

[ ] ⌘

#### Account Type [More Info](#)

- Checking  
 Savings

John Public does not have an account at a bank or other financial institution.

[S]ign Off (finish this later)

<< [P]revious

[N]ext >>

## 10.0 OTHER BENEFITS: BENEFIT INFO

### 10.1 RETIREMENT/DISABILITY VERSION

#### 10.1.1 BENEFIT INFORMATION (FIRST PARTY)

 Social Security Online  
www.socialsecurity.govBenefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps Benefit Information  Go

**Benefit Information Section (Page 1 of 2)**  
**Benefit Information for John 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 file on 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, please provide a parent's name and Social Security number if an application for child's benefits was filed.

| First Name  | Middle Name | Last Name | Suffix |
|---|-------------|-----------|--------|
| 1. <input style="width: 95%;" type="text"/>                     |             |           |        |
| Social Security Number <input style="width: 95%;" type="text"/> |             |           |        |
| 2. <input style="width: 95%;" type="text"/>                     |             |           |        |
| Social Security Number <input style="width: 95%;" type="text"/> |             |           |        |

Prepared by: OSES/DBSD

Last Updated: August 12, 2010

Page 63

## 10.1.2 BENEFIT INFORMATION (THIRD PARTY)

Social Security Online  
www.socialsecurity.gov

# Benefit Application

Identification General Other BenefitsRemarksReviewSubmitNext Steps

Benefit InformationBenefit Information  Go

<< [P]previous [N]ext >>

**Benefit Information Section (Page 1 of 2)**  
**Benefit Information for John 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](#)

**Has John Public recently applied for Supplemental Security Income?**

Yes  No

**Does John Public intend to apply for Supplemental Security Income?**

Yes  No

**Previous Application for Medicare, Social Security Benefits, or Supplemental Security Income (SSI)**

**Has John Public 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 John Public previously file on his own Social Security number?**

Yes  No

**Please provide the Social Security number and name of the person on whose record John Public previously applied.**  
For example, please provide a parent's name and Social Security number if an application for child's benefits was filed.

|    | First Name             | Middle Name          | Last Name            | Suffix               |
|----|------------------------|----------------------|----------------------|----------------------|
| 1. | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|    | Social Security Number |                      |                      |                      |
|    | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|    | Social Security Number |                      |                      |                      |
|    | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |

<< [P]previous [N]ext >>

---

### 10.1.3 HEALTH INSURANCE (FIRST PARTY)

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification ✓ General ✓ Other Benefits Remarks Review Submit Next Steps

Benefit Information Health Insurance Go

<< [P]revious [N]ext >>

Benefit Information Section (Page 2 of 2)  
Health Insurance for Jane Public

#### Medicare Coverage

Are you already enrolled in Medicare Part B? [More Info](#)

Yes  No

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

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

Yes  No

[S]ign Off (finish this later)

<< [P]revious

[N]ext >>

### 10.1.4 HEALTH INSURANCE (THIRD PARTY)



**Social Security Online** [www.socialsecurity.gov](http://www.socialsecurity.gov) **Benefit Application**

Identification  General  **Other Benefits** Remarks Review Submit Next Steps

Benefit Information Health Insurance

<< [P]revious [N]ext >>

**Benefit Information Section (Page 2 of 2)**  
**Health Insurance for John Public**

**Medicare Coverage**

Is John Public already enrolled in Medicare Part B? [More Info](#)  
 Yes  No

**Other Health Insurance Coverage**

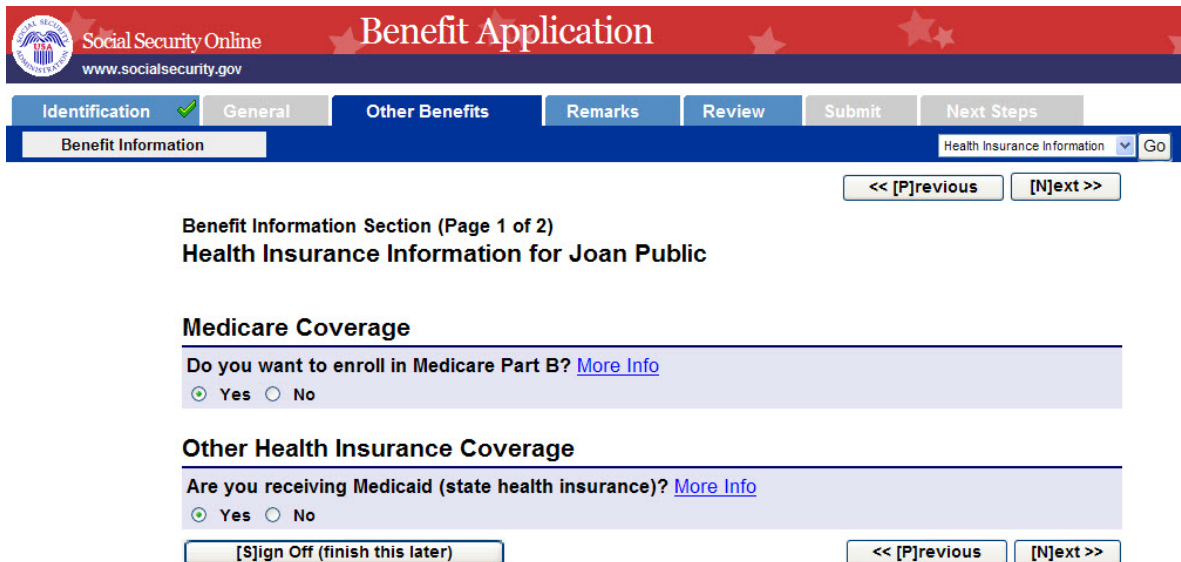
Is John Public receiving Medicaid (state health insurance)? [More Info](#)  
 Yes  No

Is John Public covered under a Group Health Plan through his own employment or his spouse's employment? [More Info](#)  
 Yes  No

<< [P]revious [N]ext >>

## 10.2 MEDICARE ONLY VERSION

### 10.2.1 HEALTH INSURANCE INFORMATION (FIRST PARTY)



**Social Security Online** [www.socialsecurity.gov](http://www.socialsecurity.gov) **Benefit Application**

Identification  General  **Other Benefits** Remarks Review Submit Next Steps

Benefit Information Health Insurance Information

<< [P]revious [N]ext >>

**Benefit Information Section (Page 1 of 2)**  
**Health Insurance Information for Joan 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

<< [P]revious [N]ext >>

## 10.2.2 HEALTH INSURANCE INFORMATION (THIRD PARTY)

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Benefit Information  Health Insurance Information  Go

<< [P]revious [N]ext >>

Benefit Information Section (Page 1 of 2)  
Health Insurance Information for Joan Public

**Medicare Coverage**

Does Joan Public want to enroll in Medicare Part B? [More Info](#)

Yes  No

**Other Health Insurance Coverage**

Is Joan Public receiving Medicaid (state health insurance)? [More Info](#)

Yes  No

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

## 10.2.3 MEDICAID INFORMATION (FIRST PARTY)

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Benefit Information  Medicaid Information  Go

<< [P]revious [N]ext >>

Benefit Information Section (Page 2 of 3)  
Medicaid Information for Joan 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](#)

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

---

## 10.2.4 MEDICAID INFORMATION (THIRD PARTY)

 Social Security Online  
www.socialsecurity.gov

# Benefit Application

Identification  General Other Benefits Remarks Review Submit Next Steps

Benefit Information Medicaid Information  Go

<< [P]revious [N]ext >>

Benefit Information Section (Page 2 of 3)  
Medicaid Information for Joan 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](#)

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



## 10.2.5 GROUP HEALTH PLAN INFORMATION (FIRST PARTY)

 Social Security Online  
www.socialsecurity.gov

### Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Benefit Information  Group Health Plan Information  Go

<< [P]revious [N]ext >>

### Benefit Information Section (Page 3 of 3) Group Health Plan Information for Joan 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

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

Month Day Year

Not Ended

### Health Insurance Coverage

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

Month Year


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

Month Year

Not Ended

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

## 10.2.6 GROUP HEALTH PLAN INFORMATION (THIRD PARTY)

 Social Security Online  
www.socialsecurity.gov

### Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Benefit Information  Group Health Plan Information  Go

<< [P]revious [N]ext >>

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

Is Joan Public covered under a Group Health Plan? [More Info](#)

Yes  No

Is Joan Public covered under a Group Health Plan through her own employment?

Yes  No

Is Joan Public 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

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

Month Day Year

Not Ended

### Health Insurance Coverage

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

Month Year

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

Month Year

Not Ended

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

---

## 11.0 OTHER BENEFITS: DISABILITY QUESTIONS (DISABILITY ONLY)

### 11.1 ABILITY TO WORK

#### 11.1.1 FIRST PARTY

The screenshot shows the 'Benefit Application' interface for 'Ability To Work'. The top navigation bar includes 'Social Security Online' and 'Benefit Application'. Below this is a progress bar with tabs for 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'Disability Questions' tab is active, and a sub-tab 'Ability To Work' is selected. Navigation buttons include '<< [P]revious' and '[N]ext >>'. The main content area is titled 'Disability Questions Section (Page 1 of 4) Ability To Work for Joan Public'. It contains a text input field for listing illnesses, injuries, or conditions, followed by radio button questions: 'Are these illnesses, injuries or conditions related to work in any way?' and 'Are you now able to work?'. Below these are date selection fields for 'Month' and 'Year' to indicate when the user became able to work. At the bottom of the form area are buttons for '[S]ign Off (finish this later)', '<< [P]revious', and '[N]ext >>'. The 'Sign Off' button is highlighted with a blue border.

---

## 11.1.2 THIRD PARTY

The screenshot shows the Social Security Online 'Benefit Application' interface. The top navigation bar includes 'Social Security Online' and 'www.socialsecurity.gov'. Below this is a progress bar with tabs for 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'Disability Questions' tab is active, and a dropdown menu shows 'Ability To Work' selected. Navigation buttons for '<< [P]revious' and '[N]ext >>' are visible.

**Disability Questions Section (Page 1 of 4)**  
**Ability To Work for Joan Public**

Please list the illnesses, injuries or conditions that limit ability to work. [More Info](#)  
Include mental or emotional conditions.

Are these illnesses, injuries or conditions related to work in any way?  
 Yes  No

Is Joan Public now able to work?  
 Yes  No

What is the date Joan Public became able to work

Month: [dropdown] Year: [dropdown]

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

---

## 11.2 DISABILITY PAYMENTS

### 11.2.1 FIRST PARTY

The screenshot shows the Social Security Online 'Benefit Application' interface. The top navigation bar includes 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'Disability Questions' section is active, with a 'Disability Payments' dropdown menu and a 'Go' button. Navigation buttons for '<< [P]revious' and '[N]ext >>' are visible.

**Disability Questions Section (Page 2 of 4)**  
**Disability Payments for Joan Public**

**Workers' Compensation / Public Disability Benefits**

Have you filed or intend to file for any workers' compensation or other public disability benefits? [More Info](#)

Yes  No

Provide reason not filing for workers' compensation or other public disability benefit.

**Money from Employer**

Have you received money from your employer on or after the date you became unable to work?

Yes  No

Total amount and type(s) of pay received  
(\$\$\$\$.\$¢¢)

Select all that apply

Sick pay  
 Vacation Pay  
 Other

Do you expect to receive any money from your employer in the future?


Yes  No

Total amount and type(s) of pay you expect to receive.  
(\$\$\$\$.\$¢¢)

Select all that apply

Sick pay  
 Vacation Pay  
 Other

## 11.2.2 THIRD PARTY

Benefit Application

Social Security Online  
www.socialsecurity.govDisability Payments ▾ Go

Identification ✓General ✓Other BenefitsRemarksReviewSubmitNext Steps

Benefit Information ✓Disability QuestionsDisability Payments ▾ Go

<< [P]revious [N]ext >>

**Disability Questions Section (Page 2 of 4)**  
**Disability Payments for Joan Public**

**Workers' Compensation / Public Disability Benefits**

Has Joan Public filed or intend to file for any workers' compensation or other public disability benefits? [More Info](#)

Yes  No

Provide reason not filing for workers' compensation or other public disability benefit.

**Money from Employer**

Has Joan Public received money from her employer on or after the date she became unable to work?

Yes  No

Total amount and type(s) of pay received (\$\$\$\$.\$¢)

Select all that apply

Sick pay

Vacation Pay

Other

Does Joan Public expect to receive any money from her employer in the future?

Yes  No

Total amount and type(s) of pay she expects to receive. (\$\$\$\$.\$¢)

Select all that apply

Sick pay

Vacation Pay

Other

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

## 11.3 DEPENDENTS

### 11.3.1 FIRST PARTY

Social Security Online **Benefit Application**  
www.socialsecurity.gov

Identification  General  Other Benefits Remarks Review Submit Next Steps

Benefit Information  Disability Questions Dependents Go

<< [P]revious [N]ext >>

Disability Questions Section (Page 3 of 4)  
**Dependents for Joan Public**

#### Parents

Do you have a parent who receives one-half support from you?  
 Yes  No

**First Parent's Name**  
First Name Middle Name Last Name Suffix

**First Parent's Address**  
Street Address 1  
City State ZIP

Do you have another parent who receives one-half support from you?  
 Yes  No

**Second Parent's Name**  
First Name Middle Name Last Name Suffix

**Same address as first parent?**  
 Yes  No

**Second Parent's Address**  
Street Address 1  
City State ZIP

#### Child Care Years

Do you have any years with no earnings in which you were caring for a child under the age of 3? [More Info](#)  
 Yes  No

**Select number of years**  
Select One

**Years with no earnings**  
(Please enter up to six years)

1.   
2.   
3.   
4.   
5.   
6.

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



### 11.3.2 THIRD PARTY

Social Security Online **Benefit Application**  
www.socialsecurity.gov

Identification  General  Other Benefits Remarks Review Submit Next Steps  
Benefit Information  Disability Questions Dependents Go

<< [P]previous [N]ext >>

Disability Questions Section (Page 3 of 4)  
Dependents for Joan Public

#### Parents

Does Joan Public have a parent who receives one-half support from her?  
 Yes  No

**First Parent's Name**  
First Name Middle Name Last Name Suffix

**First Parent's Address**  
Street Address 1  
City State ZIP

Does Joan Public have another parent who receives one-half support from her?  
 Yes  No

**Second Parent's Name**  
First Name Middle Name Last Name Suffix

Same address as first parent?  
 Yes  No

**Second Parent's Address**  
Street Address 1  
City State ZIP

#### Child Care Years

Does Joan Public have any years with no earnings in which she was caring for a child under the age of 3? [More Info](#)  
 Yes  No

**Select number of years**  
Select One

**Years with no earnings**  
(Please enter up to six years)

1.   
2.   
3.   
4.   
5.   
6.

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

---

## 11.4 AUTHORIZATION

### 11.4.1 FIRST PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification ✓ General ✓ Other Benefits Remarks Review Submit Next Steps

Benefit Information ✓ Disability Questions Authorization Go

<< [P]revious [N]ext >>

#### Disability Questions Section (Page 4 of 4) Authorization for Joan Public

Please read the following statements before answering the question below:

In order to make a decision about **your** disability claim, we need to have medical information that shows you have a disability.

**You** must authorize **your** medical sources to disclose any medical records or other information about **your** disability. We **may not** be able to approve **your** disability claim without this written authorization.

I authorize disclosure of medical information. [More Info](#)

Yes  No

[S]ign Off (finish this later)

<< [P]revious [N]ext >>

### 11.4.2 THIRD PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification ✓ General ✓ Other Benefits Remarks Review Submit Next Steps

Benefit Information ✓ Disability Questions Authorization Go

<< [P]revious [N]ext >>

#### Disability Questions Section (Page 4 of 4) Authorization for Joan Public

Please read the following statements before answering the question below:

In order to make a decision about **Joan Public's** disability claim, we need to have medical information that shows she has a disability.

**Joan Public** must authorize **her** medical sources to disclose any medical records or other information about **her** disability. We **may not** be able to approve **her** disability claim without this written authorization.

Joan Public authorizes disclosure of medical information. [More Info](#)

Yes  No

[S]ign Off (finish this later)

<< [P]revious [N]ext >>

## 12.0 REMARKS

### 12.1 RETIREMENT/DISABILITY

The screenshot displays the Social Security Online 'Benefit Application' interface. At the top, the Social Security Administration logo and the text 'Social Security Online www.socialsecurity.gov' are visible. The main heading is 'Benefit Application'. Below this is a navigation bar with tabs for 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'Remarks' tab is currently selected. To the right of the navigation bar are 'Remarks' and 'Go' buttons. Below the navigation bar are '<< [P]revious' and '[N]ext >>' buttons. The main content area is titled 'Remarks Section (Page 1 of 1) Remarks for Joan Public'. It contains a 'Remarks' section with a text area for providing additional information. Below the text area, it says 'Characters remaining: 750'. At the bottom of the text area is a button labeled '[S]ign Off (finish this later)'. To the right of the text area are '<< [P]revious' and '[N]ext >>' buttons.

**Remarks Section (Page 1 of 1)**  
**Remarks for Joan Public**

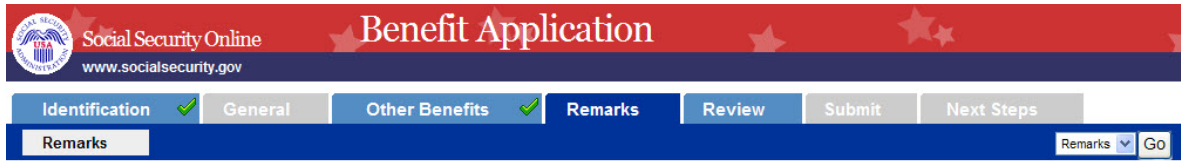
**Remarks**  
Please provide any additional information or remarks you want to send with this application. If you estimated any dates, places, or amounts, please explain. For example, if you estimated a date of marriage, please explain. There is a limit of 750 characters (about 15 lines).

Characters remaining: 750

[S]ign Off (finish this later)

---

## 12.2 MEDICARE ONLY



The navigation bar features the Social Security Online logo and website address on the left. The main title "Benefit Application" is centered. Below the title is a series of tabs: "Identification" (with a green checkmark), "General", "Other Benefits" (with a green checkmark), "Remarks" (highlighted in blue), "Review", "Submit", and "Next Steps". At the bottom of the bar, there is a "Remarks" dropdown menu and a "Go" button.

<< [P]revious    [N]ext >>

### Remarks Section (Page 1 of 1) Remarks for Joan 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. There is a limit of 750 characters (about 15 lines).

Characters remaining: 750

[S]ign Off (finish this later)

<< [P]revious    [N]ext >>

## **13.0 REVIEW: OVERALL SUMMARY**

### **13.1 RETIREMENT VERSION**

#### **13.1.1 FIRST PARTY**

Social Security Online **Benefit Application**  
www.socialsecurity.gov

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Overall Summary

**Overall Summary Section (Page 1 of 1)**  
**Overall Summary for Jane Public**

This page shows all the questions and answers you've provided. If you need to make changes, select the "Edit" button to return to that part of the application. To return to the Overall Summary, please select the Review tab or the "Return to Summary" button.

**Identification Tab**

**Initial Information Section**

**Applicant Identification Page**  
Applicant Name: **Jane Q Public**  
Social Security Number: **743990363**  
Gender: **Female**  
Date of Birth: **July 03, 1944**

**Contact Information Page**

**Mailing Address**  
Mailing Address: **234 First St, Silver Spring, MD, 20901**  
Reside at this address: **Yes**

**Phone and email**  
Daytime telephone number: **301 555 7890**  
Type of phone: **Home**  
Best time to call: **Noon to 5 p.m.**  
Email address:

**Language preferences**  
Preferred language for speaking: **English**  
Preferred language for reading: **English**

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

**Medicare Election Information Page**  
Wish to file for Medicare only excluding monthly retirement cash benefits at this time: **No**

**Application Number Section**

**Application Number Page**  
The Application Number is: **95267175**  
(The Application Number cannot be edited.)

**Personal Information Section**

**Other Social Security Numbers and Names Page**

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

**Other names**  
Any other names used: **No**

**Disability Page**  
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**  
Blind: **No**

| General Tab  |   |
|--|---|
| <b>Family Section</b>  |   |
| <a href="#">Edit</a>   | <b>✓ Marriage Information Page</b><br>Currently married: <b>No</b>  |
| <a href="#">Edit</a>   | <b>✓ Prior Marriages Page</b><br>Had any prior marriages: <b>No</b>   |
| <a href="#">Edit</a>   | <b>✓ Children Page</b><br>Have any children who became disabled prior to age 22: <b>No</b><br>Have any unmarried children under age 18: <b>No</b><br>Have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: <b>No</b>  |
| <b>Earnings Section</b>  |   |
| <a href="#">Edit</a>   | <b>✓ Employer Details Page</b><br>Worked for an employer in 2009: <b>Yes</b><br>Worked or will work for an employer in 2010: <b>Yes</b><br>First Employer's name: <b>Big Company</b><br>First Employer's address: <b>1 Corp Rd, Burtonsville, MD, 20866</b><br>First Employer - Date employment began: <b>April, 1986</b><br>First Employer - Date employment ended: <b>November, 2007</b>  |
| <a href="#">Edit</a>   | <b>✓ Self-Employment Details Page</b><br>Self-employed in 2009: <b>Yes</b><br>2009 self-employment type of business: <b>Internet sales</b><br>2009 self-employment net income greater than \$400: <b>Yes</b><br>Self-employed in 2010: <b>Yes</b><br>2010 self-employment type of business: <b>Internet sales</b><br>2010 self-employment net income greater than \$400: <b>Yes</b>   |
| <a href="#">Edit</a>   | <b>✓ Supplemental Information Page</b><br>Worked outside the US: <b>No</b><br>Agree with earning history as shown on Social Security statement: <b>Yes</b><br>A Corporate Officer of employer: <b>No</b><br>Related to a Corporate Officer of employer: <b>No</b><br>Receive earnings from a Family Corporation or other closely held corporation: <b>No</b><br>Permission granted to contact employer(s) if necessary: <b>Yes</b>  |
| <a href="#">Edit</a>   | <b>✓ Total Earnings Page</b><br>Total of all wages and tips including net income from self-employment in 2009: <b>\$450</b><br>Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2009: <b>Yes</b><br>Total of all wages and tips including net income from self-employment in 2010: <b>\$450</b><br>Earned wages, tips, and net income from self-employment over \$3140 or performed substantial services in self-employment in all months of 2010: <b>Yes</b><br>Total earnings include any special payments paid in one year but earned in another: <b>No</b> |
| <a href="#">Edit</a>   | <b>✓ Other Pensions/Annuities Page</b><br>Ever worked in a job where Social Security taxes were not deducted or withheld? <b>No</b><br>Worked for the Federal Government in January 1983: <b>No</b>   |
| <b>When to Start Benefits Section</b>  |   |
| <a href="#">Edit</a>   | <b>✓ Reduced Benefits Page</b><br>Reduced Benefits: <b>Earliest month possible without an age-related reduction</b>   |
| <a href="#">Edit</a>   | <b>✓ When to Start Benefits Page</b><br>Benefits to start in 07/2010: <b>Yes</b>  |
| <a href="#">Edit</a>   | <b>✓ Direct Deposit Details Page</b><br>No account information entered for Direct Deposit.  |
| <b>Other Benefits Tab</b>  |   |
| <b>Benefit Information Section</b>   |   |
| <a href="#">Edit</a>   | <b>✓ Benefit Information Page</b><br>Recent application for Supplemental Security Income submitted to SSA: <b>No</b><br>Intend to apply for Supplemental Security Income benefits: <b>No</b><br>Any previous application(s) for Medicare, Social Security, or Supplemental Security Income benefits: <b>No</b>  |
| <a href="#">Edit</a>   | <b>✓ Health Insurance Page</b><br>Already enrolled in Medicare Part B: <b>No</b><br>Desire to enroll in Medicare Part B: <b>No</b><br>Receiving Medicaid: <b>No</b><br>Covered under a group health plan: <b>No</b>   |
| <b>Review Tab</b>  |   |
| <b>Review Section</b>  |   |
| <a href="#">Edit</a>   | <b>✓ Remarks Page</b><br>Remarks:   |
| <a href="#">[Sign Off (finish this later)]</a> <a href="#">&lt;&lt; [Previous]</a> <a href="#">[Next] &gt;&gt;</a> |   |





**13.1.2 THIRD PARTY**

Social Security Online **Benefit Application**  
 www.socialsecurity.gov

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Overall Summary  Overall Summary

<< [P]revious [N]ext >>

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

This page shows all the questions and answers you've provided. If you need to make changes, select the "Edit" button to return to that part of the application. To return to the Overall Summary, please select the Review tab or the "Return to Summary" button.

**Identification Tab**

**Initial Information Section**

**Preparer's Contact Information Page**  
 Preparer's Name: **Mike Smith**  
 Preparer's Organization:  
 Preparer's Relationship to Applicant: **Neighbor**  
 Preparer's Address: **123 Main St, Baltimore, MD, 21244**  
 Preparer's Phone Number: **410 555 1234**  
 Extension:

**Applicant Identification Page**  
 Applicant Name: **John Q Public**  
 Social Security Number: **743990367**  
 Gender: **Male**  
 Date of Birth: **July 03, 1944**

**Contact Information Page**

**Mailing Address**  
 Mailing Address: **234 First St, Silver Spring, MD, 20901**  
 Reside at this address: **No**

**Residence Address**  
 Residence Address: **345 Second St, Silver Spring, MD, 20901**

**Phone and email**  
 Daytime telephone number: **301 555 7890**  
 Type of phone: **Home**  
 Best time to call: **Noon to 5 p.m.**  
 Email address:

**Language preferences**  
 Preferred language for speaking: **English**  
 Preferred language for reading: **English**

**Birth and Citizenship Information Page**  
 Born in the United States or a U.S. territory or commonwealth:  
**Yes**  
 City of Birth: **Silver Spring**  
 State of Birth: **MARYLAND**

US Citizen: **Yes**  
 Type of Citizenship: **Naturalized citizen**  
 Date of Citizenship: **May 05, 1990**

**Medicare Election Information Page**  
 Wish to file for Medicare only excluding monthly retirement cash benefits at this time:  
**No**

**Application Number Section**

**Application Number Page**  
 The Application Number is: **34678754**  
 (The Application Number cannot be edited.)

**Personal Information Section**

**Other Social Security Numbers and Names Page**

**Other Social Security Numbers**  
 Any other Social Security Numbers used: **Yes**  
 Other SSN 1: **743990000**  
 Other SSN 2:  
 Other SSN 3:  
 Other SSN 4:  
 Other SSN 5:

**Other names**  
 Any other names used: **Yes**  
 Other Name 1: **Johnny Other**  
 Other Name 2:  
 Other Name 3:  
 Other Name 4:  
 Other Name 5:

**Disability Page**  
 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**  
 Blind: **No**

| General Tab   |   |
|---|---|
| <b>Family Section</b>   |   |
| <a href="#">Edit</a>  | <p><b>Marriage Information Page</b></p> <p>Currently married: <b>Yes</b><br/>                     Spouse's Name: <b>Sally Maiden</b><br/>                     Spouse's Social Security Number: <b>142990000</b><br/>                     Spouse's age: <b>61</b><br/>                     Marriage Date: <b>June 24 1983</b><br/>                     Marriage Type: <b>Married by Clergy or Public Official</b><br/>                     Married in U.S. or a U.S. territory or commonwealth: <b>Yes</b><br/>                     City, town or county: <b>Columbia</b><br/>                     U.S. state, territory or commonwealth: <b>MARYLAND</b></p>  |
| <a href="#">Edit</a>  | <p><b>Prior Marriages Page</b></p> <p>Had any prior marriages: <b>No</b></p>  |
| <a href="#">Edit</a>  | <p><b>Children Page</b></p> <p>Have any children who became disabled prior to age 22: <b>No</b><br/>                     Have any unmarried children under age 18: <b>Yes</b><br/>                     Have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time:<br/> <b>No</b><br/>                     Child 1: <b>Junior Smith</b><br/>                     Child 2:<br/>                     Child 3:<br/>                     Child 4:<br/>                     Child 5:<br/>                     Child 6:<br/>                     Child 7:<br/>                     Child 8:<br/>                     Child 9:<br/>                     Child 10:</p>                    |
| <b>Military Section</b>   |   |
| <a href="#">Edit</a>  | <p><b>Military Details Page</b></p> <p>Military service prior to 1968: <b>No</b></p>  |
| <b>Earnings Section</b>   |   |
| <a href="#">Edit</a>  | <p><b>Employer Details Page</b></p> <p>Worked for an employer in 2009: <b>No</b><br/>                     Worked or will work for an employer in 2010: <b>No</b></p>  |
| <a href="#">Edit</a>  | <p><b>Self-Employment Details Page</b></p> <p>Self-employed in 2009: <b>Yes</b><br/>                     2009 self-employment type of business: <b>Internet sales</b><br/>                     2009 self-employment net income greater than \$400: <b>Yes</b><br/>                     Self-employed in 2010: <b>Yes</b><br/>                     2010 self-employment type of business: <b>Internet sales</b><br/>                     2010 self-employment net income greater than \$400: <b>Yes</b></p>  |
| <a href="#">Edit</a>  | <p><b>Supplemental Information Page</b></p> <p>Worked outside the US: <b>No</b><br/>                     Spouse worked outside the US: <b>No</b><br/>                     Agree with earning history as shown on Social Security statement:<br/> <b>Yes</b><br/>                     A Corporate Officer of employer: <b>No</b><br/>                     Related to a Corporate Officer of employer: <b>No</b><br/>                     Receive earnings from a Family Corporation or other closely held corporation:<br/> <b>No</b></p>  |
| <a href="#">Edit</a>  | <p><b>Total Earnings Page</b></p> <p>Total of all wages and tips including net income from self-employment in 2009:<br/> <b>\$450</b><br/>                     Earned net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2009:<br/> <b>Yes</b><br/>                     Total of all wages and tips including net income from self-employment in 2010:<br/> <b>\$450</b><br/>                     Earned net income from self-employment over \$3140 or performed substantial services in self-employment in all months of 2010:<br/> <b>Yes</b><br/>                     Total earnings include any special payments paid in one year but earned in another:<br/> <b>No</b></p> |
| <a href="#">Edit</a>  | <p><b>Other Pensions/Annuities Page</b></p> <p>Ever worked in a job where Social Security taxes were not deducted or withheld?<br/> <b>No</b><br/>                     Spouse worked for the Railroad 5 years or more: <b>No</b><br/>                     Worked for the Federal Government in January 1983: <b>No</b><br/>                     Spouse worked for the Federal Government in January 1983: <b>No</b></p>   |
| <b>When to Start Benefits Section</b>   |   |
| <a href="#">Edit</a>  | <p><b>Reduced Benefits Page</b></p> <p>Reduced Benefits: <b>Will accept an age-related reduction</b></p>  |
| <a href="#">Edit</a>  | <p><b>When to Start Benefits Page</b></p> <p>Benefits should start in: <b>02/2009</b><br/>                     The specific reason this start date was selected: <b>No longer working</b><br/>                     If eligible for both retirement and spouse's benefits, delay receipt of retirement benefit:<br/> <b>No</b></p>   |
| <a href="#">Edit</a>  | <p><b>Direct Deposit Details Page</b></p> <p>No account information entered for Direct Deposit.</p>   |
| <b>Other Benefits Tab</b>   |   |
| <b>Benefit Information Section</b>  |   |
| <a href="#">Edit</a>  | <p><b>Benefit Information Page</b></p> <p>Recent application for Supplemental Security Income submitted to SSA:<br/> <b>No</b><br/>                     Intend to apply for Supplemental security income benefits: <b>No</b><br/>                     Any previous application(s) for Medicare, Social Security, or Supplemental Security income benefits:<br/> <b>No</b></p>   |
| <a href="#">Edit</a>  | <p><b>Health Insurance Page</b></p> <p>Already enrolled in Medicare Part B: <b>No</b><br/>                     Desire to enroll in Medicare Part B: <b>No</b><br/>                     Receiving Medicaid: <b>No</b><br/>                     Covered under a group health plan: <b>No</b></p>  |
| <b>Review Tab</b>   |   |
| <b>Review Section</b>   |   |
| <a href="#">Edit</a>  | <p><b>Remarks Page</b></p> <p>Remarks</p>   |
| <p><a href="#">Sign Off (finish this later)</a>      &lt;&lt; <a href="#">P/previous</a>    <a href="#">N/next</a> &gt;&gt;</p> |   |

## **13.2 DISABILITY VERSION**

### **13.2.1 FIRST PARTY**

Social Security Online **Benefit Application**  
www.socialsecurity.gov

Identification ✓ General ✓ Other Benefits ✓ Remarks ✓ Review Submit Next Steps

Overall Summary Overall Summary Go

<< [P]revious [N]ext >>

**Overall Summary Section (Page 1 of 1)**  
**Overall Summary for Joan Public**

This page shows all the questions and answers you've provided. If you need to make changes, select the "Edit" button to return to that part of the application. To return to the Overall Summary, please select the Review tab or the "Return to Summary" button.

**Identification Tab**

**Initial Information Section**

✓ **Applicant Identification Page**  
Applicant Name: **Joan Q Public**  
Social Security Number: **743990366**  
Gender: **Female**  
Date of Birth: **July 03, 1948**  
  
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:  
**Yes**  
Unable to work as of: **February 24, 1995**  
Blind: **No**

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

✓ **Birth and Citizenship Information Page**  
Born in the United States or a U.S. territory or commonwealth:  
**Yes**  
City of Birth: **Silver Spring**  
State of Birth: **MARYLAND**  
  
US Citizen: **Yes**  
Type of Citizenship: **US Citizen born inside US**

**Application Number Section**

✓ **Application Number Page**  
The Application Number is: **31152722**  
(The Application Number cannot be edited.)

**Personal Information Section**

✓ **Other Social Security Numbers and Names Page**  
**Other Social Security Numbers**  
Any other Social Security Numbers used: **No**  
**Other names**  
Any other names used: **No**

✓ **Disability Page**  
Want to receive reduced Retirement benefits while waiting for disability decision:  
**Yes**

| General Tab  |  |
|--|--|
| <b>Family Section</b>  |  |
| <a href="#">Edit</a> ✓   | <b>Marriage Information Page</b><br>Currently married: <b>No</b>   |
| <a href="#">Edit</a> ✓   | <b>Prior Marriages Page</b><br>Had any prior marriages: <b>No</b>  |
| <a href="#">Edit</a> ✓   | <b>Children Page</b><br>Have any children who became disabled prior to age 22: <b>No</b><br>Have any unmarried children under age 18: <b>No</b><br>Have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: <b>No</b>   |
| <b>Earnings Section</b>  |  |
| <a href="#">Edit</a> ✓   | <b>Employer Details Page</b><br>Worked for an employer in 2009: <b>No</b><br>Worked or will work for an employer in 2010: <b>No</b>  |
| <a href="#">Edit</a> ✓   | <b>Self-Employment Details Page</b><br>Self-employed in 2009: <b>No</b><br>Self-employed in 2010: <b>No</b>  |
| <a href="#">Edit</a> ✓   | <b>Supplemental Information Page</b><br>Worked outside the US: <b>No</b><br>Agree with earning history as shown on Social Security statement: <b>Yes</b><br>A Corporate Officer of employer: <b>No</b><br>Related to a Corporate Officer of employer: <b>No</b><br>Receive earnings from a Family Corporation or other closely held corporation: <b>No</b>                       |
| <a href="#">Edit</a> ✓   | <b>Total Earnings Page</b><br>Neither working nor self-employed in 2010, last year worked: <b>2006</b>   |
| <a href="#">Edit</a> ✓   | <b>Other Pensions/Annuities Page</b><br>Ever worked in a job where Social Security taxes were not deducted or withheld? <b>No</b><br>Worked for the Railroad 5 years or more: <b>No</b><br>Worked for the Federal Government in January 1963: <b>No</b>  |
| <b>When to Start Benefits Section</b>  |  |
| <a href="#">Edit</a> ✓   | <b>When to Start Benefits Page</b><br>Based on the information provided, benefits will begin on 08/2010.   |
| <a href="#">Edit</a> ✓   | <b>Direct Deposit Details Page</b><br>No account information entered for Direct Deposit.   |
| Other Benefits Tab   |  |
| <b>Benefit Information Section</b>   |  |
| <a href="#">Edit</a> ✓   | <b>Benefit Information Page</b><br>Recent application for Supplemental Security Income submitted to SSA: <b>No</b><br>Intend to apply for Supplemental Security Income benefits: <b>No</b><br>Any previous application(s) for Medicare, Social Security, or Supplemental Security Income benefits: <b>No</b>   |
| <b>Disability Questions Section</b>  |  |
| <a href="#">Edit</a> ✓   | <b>Ability To Work Page</b><br>Illnesses, injuries, conditions that limit ability to work: <b>Narcolepsy</b><br>Illnesses, injuries, conditions related to work: <b>Yes</b><br>Now able to work: <b>No</b>   |
| <a href="#">Edit</a> ✓   | <b>Disability Payments Page</b><br>Filed or intend to file for worker's compensation or other public disability benefits: <b>No</b><br>Reason not filing for worker's compensation or other public disability benefits: <b>Because</b><br>Received money from employer on/after date unable to work: <b>No</b><br>Expect to receive money from employer in the future: <b>No</b> |
| <a href="#">Edit</a> ✓   | <b>Dependents Page</b><br>Has one parent who receives one-half support: <b>No</b>  |
| <a href="#">Edit</a> ✓   | <b>Authorization Page</b><br>Disclosure of medical information authorized: <b>Yes</b>  |
| Review Tab   |  |
| <b>Review Section</b>  |  |
| <a href="#">Edit</a> ✓   | <b>Remarks Page</b><br>Remarks:  |
| <a href="#">[Sign Off (finish this later)]</a> <a href="#">&lt;&lt; [P]previous</a> <a href="#">[N]next &gt;&gt;</a> |  |



**13.2.2 THIRD PARTY**

Benefit Application

www.socialsecurity.gov

[Identification](#) ✔
[General](#) ✔
[Other Benefits](#) ✔
[Remarks](#) ✔
[Review](#)
[Submit](#)
[Next Steps](#)

[Overall Summary](#)
Overall Summary ▼ [Go](#)

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[N]ext >>

**Overall Summary Section (Page 1 of 1)**  
**Overall Summary for Joan Public**

This page shows all the questions and answers you've provided. If you need to make changes, select the "Edit" button to return to that part of the application. To return to the Overall Summary, please select the Review tab or the "Return to Summary" button.

Identification Tab

**Initial Information Section**

Edit ✔ **Preparer's Contact Information Page**  
 Preparer's Name: **Mike Smith**  
 Preparer's Organization:  
 Preparer's Relationship to Applicant: **Family Member**  
 Preparer's Address: **123 Main St, Baltimore, MD, 21244**  
 Preparer's Phone Number: **410 555 1234**  
 Extension

Edit ✔ **Applicant Identification Page**  
 Applicant Name: **Joan Q Public**  
 Social Security Number: **743990362**  
 Gender: **Female**  
 Date of Birth: **May 03, 1945**  
 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:  
**Yes**  
 Unable to work as of: **February 24, 1995**  
 Blind: **No**

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

Edit ✔ **Birth and Citizenship Information Page**  
 Born in the United States or a U.S. territory or commonwealth:  
**Yes**  
 City of Birth: **Silver Spring**  
 State of Birth: **MARYLAND**  
 US Citizen: **Yes**  
 Type of Citizenship: **US Citizen born inside US**

**Application Number Section**

Edit ✔ **Application Number Page**  
 The Application Number is: **92523928**  
 (The Application Number cannot be edited.)

**Personal Information Section**

Edit ✔ **Other Social Security Numbers and Names Page**  
**Other Social Security Numbers**  
 Any other Social Security Numbers used: **No**  
**Other names**  
 Any other names used: **No**

Edit ✔ **Disability Page**  
 Want to receive reduced Retirement benefits while waiting for disability decision:  
**Yes**

| General Tab  |  |
|--|--|
| <b>Family Section</b>  |  |
| <a href="#">Edit</a>   | <p><b>Marriage Information Page</b></p> <p>Currently married: <b>No</b></p> <p><b>Prior Marriages Page</b></p> <p>Had any prior marriages: <b>Yes</b></p> <p>Had prior marriage that lasted at least 10 years: <b>Yes</b></p> <p>Had prior marriage that ended due to spouse's death: <b>No</b></p> <p>First prior spouse's name: <b>John D.</b></p> <p>First prior spouse's Social Security Number: <b>740999999</b></p> <p>First prior spouse's date of birth: <b>January 02, 1960</b></p> <p>First prior marriage began on: <b>April 17, 1972</b></p> <p>First prior marriage type: <b>Married by Clergy or Public Official</b></p> <p>First prior marriage began in United States or U.S. Territory or Commonwealth: <b>Yes</b></p> <p>First prior marriage began in: <b>Bethesda, MARYLAND</b></p> <p>First prior marriage ended in United States or U.S. Territory or Commonwealth: <b>Yes</b></p> <p>First prior marriage ended in: <b>Chesley Chase, MARYLAND</b></p> <p>First prior marriage ended on: <b>October 05, 1986</b></p> <p>First prior marriage ended because of: <b>Divorce</b></p> <p>First prior spouse deceased after marriage ended: <b>No</b></p> <p><b>Children Page</b></p> <p>Have any children who became disabled prior to age 22: <b>No</b></p> <p>Have any unmarried children under age 18: <b>No</b></p> <p>Have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: <b>No</b></p>  |
| <b>Military Section</b>  |  |
| <a href="#">Edit</a>   | <p><b>Military Details Page</b></p> <p>Military service prior to 1960: <b>No</b></p>   |
| <b>Earnings Section</b>  |  |
| <a href="#">Edit</a>   | <p><b>Employer Details Page</b></p> <p>Worked for an employer in 2009: <b>Yes</b></p> <p>Worked or will work for an employer in 2010: <b>No</b></p> <p>First Employer's name: <b>Big Company</b></p> <p>First Employer's address: <b>4 Corp Rd, Burtonville, MD, 20868</b></p> <p>First Employer - Date employment began: <b>April, 1990</b></p> <p>First Employer - Date employment ended: <b>November, 2007</b></p> <p><b>Self-Employment Details Page</b></p> <p>Self-employed in 2009: <b>No</b></p> <p>Self-employed in 2010: <b>No</b></p> <p><b>Supplemental Information Page</b></p> <p>Worked outside the US: <b>No</b></p> <p>Prior spouse worked outside the US: <b>No</b></p> <p>Agree with earning history as shown on Social Security statement: <b>Yes</b></p> <p>A Corporate Officer of employer: <b>No</b></p> <p>Related to a Corporate Officer of employer: <b>No</b></p> <p>Receive earnings from a Family Corporation or other closely held corporation: <b>No</b></p> <p>Permission granted to contact employer(s) if necessary: <b>Yes</b></p> <p><b>Total Earnings Page</b></p> <p>Total of all wages and tips in 2009: <b>\$40000</b></p> <p>Earned wages and tips over \$1180 in all months of 2009: <b>Yes</b></p> <p>Total earnings include any social payments paid in one year but earned in another: <b>No</b></p> <p><b>Other Pensions/Annuities Page</b></p> <p>Ever worked in a job where Social Security taxes were not deducted or withheld?: <b>No</b></p> <p>Worked for the Railroad 5 years or more: <b>No</b></p> <p>Prior spouse worked for the Railroad 5 years or more: <b>No</b></p> |
| <b>When to Start Benefits Section</b>  |  |
| <a href="#">Edit</a>   | <p><b>When to Start Benefits Page</b></p> <p>Benefits should start in: <b>01/2010</b></p> <p>The specific reason this start date was selected: <b>No longer working</b></p> <p><b>Direct Deposit Details Page</b></p> <p>No account information entered for Direct Deposit</p>   |
| <b>Other Benefits Tab</b>  |  |
| <b>Benefit Information Section</b>   |  |
| <a href="#">Edit</a>   | <p><b>Benefit Information Page</b></p> <p>Recent application for Supplemental Security Income submitted to SSA: <b>No</b></p> <p>Intend to apply for Supplemental Security Income benefits: <b>No</b></p> <p>Any previous application(s) for Medicaid, Social Security, or Supplemental Security Income benefits: <b>No</b></p> <p><b>Health Insurance Page</b></p> <p>Annually enrolled in Medicare Part B: <b>No</b></p> <p>Desire to enroll in Medicare Part B: <b>No</b></p> <p>Receiving Medicaid: <b>No</b></p> <p>Covered under a group health plan: <b>No</b></p>  |
| <b>Disability Questions Section</b>  |  |
| <a href="#">Edit</a>   | <p><b>Ability To Work Page</b></p> <p>Illnesses, injuries, conditions that limit ability to work: <b>Bad back</b></p> <p>Illnesses, injuries, conditions related to work: <b>No</b></p> <p>Now able to work: <b>No</b></p> <p><b>Disability Payments Page</b></p> <p>Filed or intend to file for worker's compensation or other public disability benefits: <b>No</b></p> <p>Received money from employer (whether able unable to work): <b>Yes</b></p> <p>Total amount received from employer: <b>\$555.00</b></p> <p>Type(s) of pay received: <b>Back Pay</b></p> <p>Expect to receive money from employer in the future: <b>No</b></p> <p><b>Dependents Page</b></p> <p>Has one parent who receives one-half support: <b>No</b></p> <p>Any years with no earnings while caring for a child under age 3: <b>Yes</b></p> <p>Number of years with no earnings while caring for a child under age 3: <b>Two</b></p> <p>Years during which there were no earnings: <b>1997</b></p> <p>Years during which there were no earnings: <b>1999</b></p> <p><b>Authorization Page</b></p> <p>Disclosure of medical information authorized: <b>Yes</b></p>  |
| <b>Review Tab</b>  |  |
| <b>Review Section</b>  |  |
| <a href="#">Edit</a>   | <p><b>Remarks Page</b></p> <p>Remarks:</p>   |
| <p align="center"> <a href="#">Sign Off (Finish This User)</a> <span style="margin-left: 200px;"><a href="#">« Previous</a></span> <span style="margin-left: 20px;"><a href="#">Next »</a></span> </p> |  |

**13.3 MEDICARE ONLY VERSION**

**13.3.1 FIRST PARTY**

Social Security Online **Benefit Application**  
 www.socialsecurity.gov

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Overall Summary  Overall Summary

<< [P]revious [N]ext >>

Overall Summary Section (Page 1 of 1)  
**Overall Summary for Joan Public**

This page shows all the questions and answers you've provided. If you need to make changes, select the "Edit" button to return to that part of the application. To return to the Overall Summary, please select the Review tab or the "Return to Summary" button.

**Identification Tab**

**Initial Information Section**

**Applicant Identification Page**  
 Applicant Name: **Joan Q Public**  
 Social Security Number: **743970362**  
 Gender: **Female**  
 Date of Birth: **January 01, 1907**

**Contact Information Page**

**Mailing Address**  
 Mailing Address: **234 First St, Silver Spring, MD, 20901**  
 Reside at this address: **Yes**

**Phone and email**  
 Daytime telephone number: **301 555 7890**  
 Type of phone: **Home**  
 Best time to call: **Noon to 5 p.m.**  
 Email address:

**Language preferences**  
 Preferred language for speaking: **English**  
 Preferred language for reading: **English**

**Birth and Citizenship Information Page**  
 Born in the United States or a U.S. territory or commonwealth:  
**Yes**  
 City of Birth: **Silver Spring**  
 State of Birth: **MARYLAND**  
 US Citizen: **Yes**  
 Type of Citizenship: **US Citizen born inside US**

**Medicare Election Information Page**  
 Wish to file for Medicare only excluding monthly retirement cash benefits at this time:  
**Yes**  
 Already enrolled in Medicare under a social security number other than own:  
**No**

**Application Number Section**

**Application Number Page**  
 The Application Number is: **13967576**  
 (The Application Number cannot be edited.)

**Other Benefits Tab**

**Benefit Information Section**

**Health Insurance Information Page**  
 Want to enroll in Medicare Part B: **No**  
 Receiving Medicaid (state health insurance): **Yes**

**Medicaid Information Page**  
 Medicaid (state health insurance) start date: **January, 1995**  
 Medicaid (state health insurance) end date: **January, 1996**  
 Medicaid (state health insurance) number: **015774a**  
 State providing Medicaid (state health insurance): **MD**

**Group Health Plan Information Page**  
 Covered under a Group Health Plan: **No**

**Review Tab**

**Review Section**

**Remarks Page**  
 Remarks:

<< [P]revious [N]ext >>

**13.3.2 THIRD PARTY**

Social Security Online **Benefit Application**  
 www.socialsecurity.gov

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Overall Summary  Overall Summary

<< [P]revious [N]ext >>

**Overall Summary Section (Page 1 of 1)**  
**Overall Summary for Joan Public**

This page shows all the questions and answers you've provided. If you need to make changes, select the "Edit" button to return to that part of the application. To return to the Overall Summary, please select the Review tab or the "Return to Summary" button.

| Identification Tab  |  |
|---|--|
| <b>Initial Information Section</b>  |  |
| <input type="button" value="Edit"/> <input checked="" type="checkbox"/>   | <b>Preparer's Contact Information Page</b><br>Preparer's Name: <b>Mike Smith</b><br>Preparer's Organization:<br>Preparer's Relationship to Applicant: <b>Family Member</b><br>Preparer's Address: <b>123 Main St, Baltimore, MD, 21244</b><br>Preparer's Phone Number: <b>410 555 1234</b><br>Extension  |
| <input type="button" value="Edit"/> <input checked="" type="checkbox"/>   | <b>Applicant Identification Page</b><br>Applicant Name: <b>Joan Q Public</b><br>Social Security Number: <b>743980362</b><br>Gender: <b>Female</b><br>Date of Birth: <b>January 01, 1907</b><br>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:<br><b>No</b><br>Blind: <b>No</b>  |
| <input type="button" value="Edit"/> <input checked="" type="checkbox"/>   | <b>Contact Information Page</b><br><b>Mailing Address</b><br>Mailing Address: <b>234 First St, Silver Spring, MD, 20901</b><br>Reside at this address: <b>Yes</b><br><b>Phone and email</b><br>Daytime telephone number: <b>301 555 7890</b><br>Type of phone: <b>Home</b><br>Best time to call: <b>Noon to 6 p.m.</b><br>Email address:<br><b>Language preferences</b><br>Preferred language for speaking: <b>English</b><br>Preferred language for reading: <b>English</b> |
| <input type="button" value="Edit"/> <input checked="" type="checkbox"/>   | <b>Birth and Citizenship Information Page</b><br>Born in the United States or a U.S. territory or commonwealth:<br><b>Yes</b><br>City of Birth: <b>Silver Spring</b><br>State of Birth: <b>MARYLAND</b><br>US Citizen: <b>Yes</b><br>Type of Citizenship: <b>US Citizen born inside US</b>   |
| <input type="button" value="Edit"/> <input checked="" type="checkbox"/>   | <b>Medicare Election Information Page</b><br>Wish to file for Medicare only excluding monthly retirement cash benefits at this time:<br><b>Yes</b><br>Already enrolled in Medicare under a social security number other than own:<br><b>No</b>   |
| <b>Application Number Section</b>   |  |
| <input type="button" value="Edit"/> <input checked="" type="checkbox"/>   | <b>Application Number Page</b><br>The Application Number is: <b>75649866</b><br>(The Application Number cannot be edited.)   |
| Other Benefits Tab  |  |
| <b>Benefit Information Section</b>  |  |
| <input type="button" value="Edit"/> <input checked="" type="checkbox"/>   | <b>Health Insurance Information Page</b><br>Want to enroll in Medicare Part B: <b>No</b><br>Receiving Medicaid (state health insurance): <b>Yes</b>  |
| <input type="button" value="Edit"/> <input checked="" type="checkbox"/>   | <b>Medicaid Information Page</b><br>Medicaid (state health insurance) start date: <b>January, 1995</b><br>Medicaid (state health insurance) end date: <b>January, 1996</b><br>Medicaid (state health insurance) number: <b>015774a</b><br>State providing Medicaid (state health insurance): <b>MD</b>   |
| <input type="button" value="Edit"/> <input checked="" type="checkbox"/>   | <b>Group Health Plan Information Page</b><br>Covered under a Group Health Plan: <b>No</b>  |
| Review Tab  |  |
| <b>Review Section</b>   |  |
| <input type="button" value="Edit"/> <input checked="" type="checkbox"/>   | <b>Remarks Page</b><br>Remarks:  |
| <input type="button" value="Sign Off (finish this later)"/> <input type="button" value="Sign Off (finish this later)"/> |  |
| << [P]revious [N]ext >>   |  |



---

## 14.0 SUBMIT: SEND THIS APPLICATION

### 14.1 RETIREMENT VERSION

#### 14.1.1 FIRST PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification ✓ General ✓ Other Benefits ✓ Remarks ✓ Review ✓ Submit Next Steps

Send this application Send this application Go

[R]eturn to Summary << [P]revious Sign Now

#### Send this application Section (Page 1 of 1)

#### Send this application for John Public

*To return to the Overall Summary, please use the "Return to Summary" button.*

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 by selecting "**Sign Now**" below. I also understand that my electronic signature means that I intend to file 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 "**Sign Now**", you will be sending your completed information electronically to the Social Security Administration. You will no longer be able to change your information.

[S]ign Off (finish this later)

<< [P]revious

Sign Now

### 14.1.2 THIRD PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification ✓ General ✓ Other Benefits ✓ Remarks ✓ Review ✓ Submit Next Steps

Send this application Send this application Go

[R]eturn to Summary << [P]revious Finish

**Send this application Section (Page 1 of 1)**  
**Send this application for John Public**

To return to the Overall Summary, please use the "Return to Summary" button.

Congratulations, you've almost completed **John Public's** Retirement application. Please read and accept the following statement.

I understand and agree that by selecting the **Finish** option below, this information will be sent electronically to Social Security. An application will be mailed to **John Public** for **his** signature, and the application must be submitted to a Social Security office before processing can begin. 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.

[S]ign Off (finish this later) << [P]revious Finish

### 14.2 DISABILITY VERSION

#### 14.2.1 FIRST PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification ✓ General ✓ Other Benefits ✓ Remarks ✓ Review ✓ Submit Next Steps

Send this application Send this application Go

[R]eturn to Summary << [P]revious Sign Now

**Send this application Section (Page 1 of 1)**  
**Send this application for Joan Public**

To return to the Overall Summary, please use the "Return to Summary" button.

Congratulations, you're just about ready to complete your application for disability 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 by selecting "**Sign Now**" below. I also understand that my electronic signature means that I intend to file 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 "**Sign Now**", you will be sending your completed information electronically to the Social Security Administration. You will no longer be able to change your information.

[S]ign Off (finish this later) << [P]revious Sign Now

---

## 14.2.2 THIRD PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification ✓ General ✓ Other Benefits ✓ Remarks ✓ Review ✓ Submit Next Steps

Send this application Send this application Go

[R]eturn to Summary << [P]revious Finish

Send this application Section (Page 1 of 1)

### Send this application for Joan Public

*To return to the Overall Summary, please use the "Return to Summary" button.*

Congratulations, you've almost completed **Joan Public's** Disability application. Please read and accept the following statement.

I understand and agree that by selecting the **Finish** option below, this information will be sent electronically to Social Security. An application will be mailed to **Joan Public** for **her** signature, and the application must be submitted to a Social Security office before processing can begin. 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.

[S]ign Off (finish this later)

<< [P]revious Finish

---

## 14.3 MEDICARE ONLY VERSION

### 14.3.1 FIRST PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Send this application

**Send this application Section (Page 1 of 1)**  
**Send this application for Joan Public**

*To return to the Overall Summary, please use the "Return to Summary" button.*

Congratulations, you've almost completed your application for Medicare insurance.

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 apply for all insurance benefits for which I may be eligible under Part A (and Part B) of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act as presently amended.

I understand and agree that my application will be signed electronically by selecting "**Sign Now**" below. I also understand that my electronic signature means that I intend to file for Medicare insurance and have provided the Social Security Administration with accurate information.

I understand I must file a separate application when I wish to establish entitlement to monthly Social Security benefits.

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 "**Sign Now**", you will be sending your completed information electronically to the Social Security Administration. You will no longer be able to change your information.

---

## 14.3.2 THIRD PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification ✓ General Other Benefits ✓ Remarks ✓ Review ✓ Submit Next Steps

Send this application Send this application Go

[R]eturn to Summary << [P]revious Finish

**Send this application Section (Page 1 of 1)**

**Send this application for Joan Public**

*To return to the Overall Summary, please use the "Return to Summary" button.*

Congratulations, you've almost completed **Joan Public's** Medicare application.

I understand and agree that by selecting the **Finish** option below, this information will be sent electronically to Social Security. An application will be mailed to **Joan Public** for **her** signature, and the application must be submitted to a Social Security office before processing can begin.

I understand that a separate application for Joan Public must be filed when she wishes to establish entitlement to monthly Social Security benefits.

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.

[S]ign Off (finish this later)

<< [P]revious Finish



## 15.0 NEXT STEPS: RECEIPT SECTION

### 15.1 RETIREMENT ONLY, FIRST PARTY

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Receipt What's Next?

[N]ext >>

#### Receipt Section (Page 1 of 1) Evidence and Receipt for John Public

Your benefit application was received on May 13, 2010 at 2:46:48 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.

#### 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;
- [U.S. Military Service](#) (e.g., DD214 - Certificate of Release or Discharge from Active Duty). We can accept a photocopy of this document;
- [Wages from your employer](#) for last year (e.g., copy of your W-2 form). We can accept a photocopy of this document;
- [Self-employment income](#) for last year (e.g., IRS Schedules C and SE). We can accept a photocopy of these documents;
- 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.**

**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 Page

Applicant Name: **John Q Public**  
Social Security Number: **743991069**  
Gender: **Male**  
Date of Birth: **November 03, 1940**

**Prior Marriages Page**

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: **Jane Ex**  
First prior spouse's Social Security Number: **743999999**  
First prior spouse's date of birth: **January 02, 1950**  
First prior marriage began on: **April 17, 1973**  
First prior marriage type: **Married by Clergy or Public Official**  
First prior marriage began in United States or U.S. Territory or Commonwealth:  
**Yes**  
First prior marriage began in: **Bethesda, MARYLAND**  
First prior marriage ended in United States or U.S. Territory or Commonwealth:  
**Yes**  
First prior marriage ended in: **Chevy Chase, MARYLAND**  
First prior marriage ended on: **October 05, 1986**  
First prior marriage ended because of: **Death**

**Children Page**

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**

**Military**

**Military Details Page**

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**

**Earnings**

**Employer Details Page**

Worked for an employer in 2009: **Yes**  
Worked or will work for an employer in 2010: **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: **November, 2007**

**Self-Employment Details Page**

Self-employed in 2009: **No**  
Self-employed in 2010: **No**

**Supplemental Information Page**

Worked outside the US: **No**  
Spouse or prior spouse worked outside the US: **No**  
Agree with earning history as shown on Social Security statement:  
**Yes**  
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 Page**

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

**Other Pensions/Annuities Page**

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**

**When to Start Benefits**

**When to Start Benefits Page**

Benefits to start in 05/2010: **Yes**  
If eligible for both retirement and spouse's benefits, delay receipt of retirement benefit:  
**No**

**Direct Deposit Details Page**

Routing transit number: **123456789**  
Account number: **1234567890**  
Account type: **Checking**

**Other Benefits**

**Benefit Information**

**Benefit Information Page**

Recent application for Supplemental Security Income submitted to SSA:  
**No**  
Intend to apply for Supplemental Security Income benefits: **Yes**  
Any previous application(s) for Medicare, Social Security, or Supplemental Security Income benefits:  
**No**

**Health Insurance Page**

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**

**Review**


**Review**

**Remarks Page**

Remarks:

[N]ext >>

## 15.2 RETIREMENT ONLY, THIRD PARTY



Social Security Online  
www.socialsecurity.gov

# Benefit Application

IdentificationGeneralOther BenefitsRemarksReviewSubmitNext Steps

ReceiptWhat's Next?

[N]ext >>

**Receipt Section (Page 1 of 1)**  
**Evidence and Receipt for John Public**

John Public's benefit application was received on May 13, 2010 at 2:46:48 pm.

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

We cannot complete processing of John Public's claim until we have received and verified all of his documents.

**Documents John Public Needs 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 John Public's 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 John Public's U.S. birth certificate). We cannot accept a photocopy;
- [U.S. Military Service](#) (e.g., DD214 - Certificate of Release or Discharge from Active Duty). We can accept a photocopy of this document;
- [Wages from John Public's employer](#) for last year (e.g., copy Joan Public's W-2 form). We can accept a photocopy of this document;
- [Self-employment income](#) for last year (e.g., IRS Schedules C and SE). We can accept a photocopy of these documents;
- If we determine that John Public qualifies for benefits as a spouse, we may need proof of his marriage. We will contact him if we need this document.

**Do not delay mailing or bringing in these documents, even if John Public does not have all the documents we need. We will help John Public get any other documents he needs.**

John Public can mail or take his documents to any Social Security Office.

If he submits any documents to us, we must have his Social Security number so that we can match them with his claim. Please write his Social Security number on a separate sheet of paper and include it with his documents. **Do not write anything on his original documents.**

**We will return all documents and photocopies to John Public unless he specifically tells us otherwise.**

**Caution: Do not mail** foreign records or any Department of Homeland Security (DHS) documents to us - especially those he is required to keep with him 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 his Social Security office** where they will be examined and returned to him.

### Identification

#### Initial Information

#### Preparer's Contact Information Page

Preparer's Name: **Mike Smith**  
Preparer's Organization:  
Preparer's Relationship to Applicant: **Family Member**  
Preparer's Address: **123 Main St, Baltimore, MD, 21244**  
Preparer's Phone Number: **410 555 1234**  
Extension

## 15.3 RETIREMENT ONLY, CURRENT MARRIAGE AND NO OTHER EVIDENCE REQUIRED, FIRST PARTY

|  |              |                |         |        |        |            |                            |  |  |  |  |  |  |
|--|--------------|----------------|---------|--------|--------|------------|----------------------------|--|--|--|--|--|--|
|  Social Security Online<br>www.socialsecurity.gov |              |                |         |        |        |            | <b>Benefit Application</b> |  |  |  |  |  |  |
| Identification   | General      | Other Benefits | Remarks | Review | Submit | Next Steps |                            |  |  |  |  |  |  |
| Receipt  | What's Next? |                |         |        |        |            |                            |  |  |  |  |  |  |

[N]ext >>

### Receipt Section (Page 1 of 1) Evidence and Receipt for John Public

Your benefit application was received on May 13, 2010 at 2:46:48 pm.

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

If we determine that you qualify for benefits as a spouse, we may need proof of your marriage. We will contact you if we need this document.

#### Identification

##### Initial Information

##### Applicant Identification Page

Applicant Name: **John Q Public**  
Social Security Number: **743991069**  
Gender: **Male**  
Date of Birth: **November 03, 1940**

##### Contact Information Page

##### Mailing Address

Mailing Address: **234 First St, Silver Spring, MD, 20901**  
Reside at this address: **Yes**

##### Phone and email

Daytime telephone number: **301 555 7890**  
Type of phone: **Home**  
Best time to call: **Noon to 5 p.m.**  
Email address:

##### Language preferences

Preferred language for speaking: **English**  
Preferred language for reading: **English**

##### Birth and Citizenship Information Page

Born in the United States or a U.S. territory or commonwealth:  
**Yes**  
City of Birth: **Silver Spring**  
State of Birth: **MARYLAND**


##### US Citizen: **Yes**

Type of Citizenship: **Naturalized citizen**  
Date of Citizenship: **May 05, 1990**

##### Medicare Election Information Page

Wish to file for Medicare only excluding monthly retirement cash benefits at this time:  
**No**

## 15.4 RETIREMENT ONLY, CURRENT MARRIAGE AND NO OTHER EVIDENCE REQUIRED, THIRD PARTY

|  |              |                            |         |        |        |                   |
|--|--------------|----------------------------|---------|--------|--------|-------------------|
|  Social Security Online<br>www.socialsecurity.gov |              | <b>Benefit Application</b> |         |        |        |                   |
| Identification   | General      | Other Benefits             | Remarks | Review | Submit | <b>Next Steps</b> |
| <b>Receipt</b>   | What's Next? |                            |         |        |        |                   |

[N]ext >>

### Receipt Section (Page 1 of 1) Evidence and Receipt for John Public


John Public's benefit application was received on May 13, 2010 at 2:46:48 pm.

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

If we determine that John Public qualifies for benefits as a spouse, we may need proof of his marriage. We will contact him if we need this document.

|  |
|--|
| <b>Identification</b>  |
| <b>Initial Information</b>                                     |
| <b>Preparer's Contact Information Page</b>                     |
| Preparer's Name: <b>Mike Smith</b>                             |
| Preparer's Organization:                                       |
| Preparer's Relationship to Applicant: <b>Family Member</b>     |
| Preparer's Address: <b>123 Main St, Baltimore, MD, 21244</b>   |
| Preparer's Phone Number: <b>410 555 1234</b>                   |
| Extension  |
| <b>Applicant Identification Page</b>                           |
| Applicant Name: <b>John Q Public</b>                           |
| Social Security Number: <b>743991069</b>                       |
| Gender: <b>Male</b>  |
| Date of Birth: <b>November 03, 1940</b>                        |
| <b>Contact Information Page</b>                                |
| <b>Mailing Address</b>   |
| Mailing Address: <b>234 First St, Silver Spring, MD, 20901</b> |
| Reside at this address: <b>Yes</b>                             |
| <b>Phone and email</b>   |
| Daytime telephone number: <b>301 555 7890</b>                  |
| Type of phone: <b>Home</b>                                     |
| Best time to call: <b>Noon to 5 p.m.</b>                       |
| Email address:   |
| <b>Language preferences</b>                                    |
| Preferred language for speaking: <b>English</b>                |
| Preferred language for reading: <b>English</b>                 |

## 15.5 RETIREMENT ONLY, NO EVIDENCE REQUIRED, FIRST PARTY

|  |              |                              |         |        |        |            |
|--|--------------|------------------------------|---------|--------|--------|------------|
|  Social Security Online<br>www.socialsecurity.gov |              | <h1>Benefit Application</h1> |         |        |        |            |
| Identification   | General      | Other Benefits               | Remarks | Review | Submit | Next Steps |
| Receipt  | What's Next? |                              |         |        |        |            |

[\[N\]ext >>](#)

### Receipt Section (Page 1 of 1) Evidence and Receipt for John Public

Your benefit application was received on May 13, 2010 at 2:46:48 pm.


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

We have reviewed your records and the answers you provided. We have determined that no additional information is required to process your claim at this time.

| Identification  |
|---|
| <b>Initial Information</b>  |
| <b>Applicant Identification Page</b>  |
| Applicant Name: <b>John Q Public</b><br>Social Security Number: <b>743991069</b><br>Gender: <b>Male</b><br>Date of Birth: <b>November 03, 1940</b>                  |
| <b>Contact Information Page</b>   |
| <b>Mailing Address</b><br>Mailing Address: <b>234 First St, Silver Spring, MD, 20901</b><br>Reside at this address: <b>Yes</b>                                      |
| <b>Phone and email</b><br>Daytime telephone number: <b>301 555 7890</b><br>Type of phone: <b>Home</b><br>Best time to call: <b>Noon to 5 p.m.</b><br>Email address: |
| <b>Language preferences</b><br>Preferred language for speaking: <b>English</b><br>Preferred language for reading: <b>English</b>                                    |
| <b>Birth and Citizenship Information Page</b>   |
| Born in the United States or a U.S. territory or commonwealth:<br><b>Yes</b><br>City of Birth: <b>Silver Spring</b><br>State of Birth: <b>MARYLAND</b>              |
| US Citizen: <b>Yes</b><br>Type of Citizenship: <b>Naturalized citizen</b><br>Date of Citizenship: <b>May 05, 1990</b>   |
| <b>Medicare Election Information Page</b>   |
| Wish to file for Medicare only excluding monthly retirement cash benefits at this time:<br><b>No</b>  |

---

## 15.6 RETIREMENT ONLY, NO EVIDENCE REQUIRED, THIRD PARTY

|  |              |                            |         |        |        |                   |
|--|--------------|----------------------------|---------|--------|--------|-------------------|
|  Social Security Online<br>www.socialsecurity.gov |              | <b>Benefit Application</b> |         |        |        |                   |
| Identification   | General      | Other Benefits             | Remarks | Review | Submit | <b>Next Steps</b> |
| <b>Receipt</b>   | What's Next? |                            |         |        |        |                   |

[\[N\]ext >>](#)

**Receipt Section (Page 1 of 1)**  
**Evidence and Receipt for John Public**

John Public's benefit application was received on May 13, 2010 at 2:46:48 pm.

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


We have reviewed John Public's records and the answers you provided. We have determined that no additional information is required to process his claim at this time.

|  |
|--|
| <b>Identification</b>  |
| <b>Initial Information</b>                                     |
| <b>Preparer's Contact Information Page</b>                     |
| Preparer's Name: <b>Mike Smith</b>                             |
| Preparer's Organization:                                       |
| Preparer's Relationship to Applicant: <b>Family Member</b>     |
| Preparer's Address: <b>123 Main St, Baltimore, MD, 21244</b>   |
| Preparer's Phone Number: <b>410 555 1234</b>                   |
| Extension  |
| <b>Applicant Identification Page</b>                           |
| Applicant Name: <b>John Q Public</b>                           |
| Social Security Number: <b>743991069</b>                       |
| Gender: <b>Male</b>  |
| Date of Birth: <b>November 03, 1940</b>                        |
| <b>Contact Information Page</b>                                |
| <b>Mailing Address</b>   |
| Mailing Address: <b>234 First St, Silver Spring, MD, 20901</b> |
| Reside at this address: <b>Yes</b>                             |
| <b>Phone and email</b>   |
| Daytime telephone number: <b>301 555 7890</b>                  |
| Type of phone: <b>Home</b>                                     |
| Best time to call: <b>Noon to 5 p.m.</b>                       |
| Email address:   |
| <b>Language preferences</b>                                    |
| Preferred language for speaking: <b>English</b>                |
| Preferred language for reading: <b>English</b>                 |




---

## 15.7 DISABILITY ALLEGED, FIRST PARTY

|  |              |                              |         |        |        |            |
|--|--------------|------------------------------|---------|--------|--------|------------|
|  Social Security Online<br>www.socialsecurity.gov |              | <h1>Benefit Application</h1> |         |        |        |            |
| Identification   | General      | Other Benefits               | Remarks | Review | Submit | Next Steps |
| Receipt  | What's Next? |                              |         |        |        |            |

**Receipt Section (Page 1 of 1)**  
**Evidence and Receipt for Joan Public**

Your benefit application was received on May 13, 2010 at 2:46:48 pm.

 [Print this page...](#) It provides instructions on what you need to do now.

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

**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;
- [U.S. Military Service](#) (e.g., DD214 - Certificate of Release or Discharge from Active Duty). We can accept a photocopy of this document;
- [Wages from your employer](#) for last year (e.g., copy of your W-2 form). We can accept a photocopy of this document;
- [Self-employment income](#) for last year (e.g., IRS Schedules C and SE). We can accept a photocopy of these documents;
- 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.

We will need, and can accept, uncertified photocopies of the following:

- Any [medical evidence](#) already in your possession regarding your disability.
- Award letters, pay stubs, settlement agreements or other proof of temporary or permanent [workers' compensation](#) -type benefits you received.

**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.**

**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 Page

Applicant Name: **Joan Q Public**  
Social Security Number: **743991066**  
Gender: **Female**  
Date of Birth: **August 03, 1948**

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:

**Yes**

Unable to work as of: **February 24, 1995**

Blind: **No**

#### Contact Information Page

##### Mailing Address

Mailing Address: **234 First St, Silver Spring, MD, 20901**  
Reside at this address: **Yes**

##### Phone and email

Daytime telephone number: **301 555 7890**

Type of phone: **Home**

Best time to call: **Noon to 5 p.m.**

Email address:

##### Language preferences

Preferred language for speaking: **English**

Preferred language for reading: **English**

#### Birth and Citizenship Information Page

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

**Yes**

City of Birth: **Silver Spring**

State of Birth: **MARYLAND**

US Citizen: **Yes**

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

#### Personal Information

#### Other Social Security Numbers and Names Page

##### Other Social Security Numbers

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

##### Other names


Any other names used: **No**

#### Disability Page

Want to receive reduced Retirement benefits while waiting for disability decision:

**Yes**

## 15.8 DISABILITY ALLEGED, THIRD PARTY



Social Security Online  
www.socialsecurity.gov

### Benefit Application

IdentificationGeneralOther BenefitsRemarksReviewSubmitNext Steps

ReceiptWhat's Next?

[N]ext >>

### Receipt Section (Page 1 of 1)

#### Evidence and Receipt for Joan Public

Joan Public's benefit application was received on May 13, 2010 at 2:46:48 pm.

[Print this page...](#) It provides instructions on what you need to do now for Joan Public.

We cannot complete processing of Joan Public's claim until we have received and verified all of her documents.

#### Documents Joan Public Needs 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 Joan Public's 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 Joan Public's U.S. birth certificate). We cannot accept a photocopy;
- [U.S. Military Service](#) (e.g., DD214 - Certificate of Release or Discharge from Active Duty). We can accept a photocopy of this document;
- [Wages from Joan Public's employer](#) for last year (e.g., copy Joan Public's W-2 form). We can accept a photocopy of this document;
- [Self-employment income](#) for last year (e.g., IRS Schedules C and SE). We can accept a photocopy of these documents;
- If we determine that Joan Public qualifies for benefits as a spouse, we may need proof of her marriage. We will contact her if we need this document.

We will need, and can accept, uncertified photocopies of the following:

- Any [medical evidence](#) already in her possession regarding her disability.
- Award letters, pay stubs, settlement agreements or other proof of temporary or permanent [workers' compensation](#) -type benefits Joan Public received.

**Do not delay mailing or bringing in these documents, even if Joan Public does not have all the documents we need. We will help Joan Public get any other documents she needs.**

Joan Public can mail or take her documents to any Social Security Office.

If she submits any documents to us, we must have her Social Security number so that we can match them with her claim. Please write her Social Security number on a separate sheet of paper and include it with her documents. **Do not write anything on her original documents.**

**We will return all documents and photocopies to Joan Public unless she specifically tells us otherwise.**

**Caution: Do not mail** foreign records or any Department of Homeland Security (DHS) documents to us - especially those she is required to keep with her 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 her Social Security office** where they will be examined and returned to her.

## Identification

### Initial Information

#### Preparer's Contact Information Page

Preparer's Name: **Mike Smith**  
Preparer's Organization:  
Preparer's Relationship to Applicant: **Family Member**  
Preparer's Address: **123 Main St, Baltimore, MD, 21244**  
Preparer's Phone Number: **410 555 1234**  
Extension

#### Applicant Identification Page

Applicant Name: **Joan Q Public**  
Social Security Number: **743991066**  
Gender: **Female**  
Date of Birth: **August 03, 1948**

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:

**Yes**

Unable to work as of: **February 24, 1995**

Blind: **No**

#### Contact Information Page

##### Mailing Address

Mailing Address: **234 First St, Silver Spring, MD, 20901**  
Reside at this address: **Yes**

##### Phone and email

Daytime telephone number: **301 555 7890**  
Type of phone: **Home**  
Best time to call: **Noon to 5 p.m.**  
Email address:

##### Language preferences

Preferred language for speaking: **English**  
Preferred language for reading: **English**

#### Birth and Citizenship Information Page

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

**Yes**

City of Birth: **Silver Spring**


State of Birth: **MARYLAND**

US Citizen: **Yes**

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


---

## 15.9 MEDICARE ONLY, FIRST PARTY (EVIDENCE REQUIRED)



Social Security Online  
www.socialsecurity.gov

### Benefit Application



IdentificationGeneralOther BenefitsRemarksReviewSubmitNext Steps

ReceiptWhat's Next?

**Receipt Section (Page 1 of 1)**  
**Evidence and Receipt for Joan Public**

Your benefit application was received on May 13, 2010 at 2:46:48 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.

**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;

**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.**

**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 Page**

Applicant Name: **Joan Q Public**  
Social Security Number: **743971069**  
Gender: **Female**  
Date of Birth: **January 01, 1907**

---

## 15.10 MEDICARE ONLY, THIRD PARTY (EVIDENCE REQUIRED)

|  |              |                              |         |        |        |            |
|--|--------------|------------------------------|---------|--------|--------|------------|
|  Social Security Online<br>www.socialsecurity.gov |              | <h1>Benefit Application</h1> |         |        |        |            |
| Identification   | General      | Other Benefits               | Remarks | Review | Submit | Next Steps |
| Receipt  | What's Next? |                              |         |        |        |            |

**Receipt Section (Page 1 of 1)**  
**Evidence and Receipt for Joan Public**

Joan Public's benefit application was received on May 13, 2010 at 2:46:48 pm.

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

We cannot complete processing of Joan Public's claim until we have received and verified all of her documents.

**Documents Joan Public Needs 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 Joan Public's 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 Joan Public's U.S. birth certificate). We cannot accept a photocopy;

**Do not delay mailing or bringing in these documents, even if Joan Public does not have all the documents we need. We will help Joan Public get any other documents she needs.**

Joan Public can mail or take her documents to any Social Security Office.

If she submits any documents to us, we must have her Social Security number so that we can match them with her claim. Please write her Social Security number on a separate sheet of paper and include it with her documents. **Do not write anything on her original documents.**

**We will return all documents and photocopies to Joan Public unless she specifically tells us otherwise.**

**Caution: Do not mail** foreign records or any Department of Homeland Security (DHS) documents to us - especially those she is required to keep with her 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 her Social Security office** where they will be examined and returned to her.

**Identification**

**Initial Information**


**Preparer's Contact Information Page**

Preparer's Name: **Mike Smith**  
Preparer's Organization:  
Preparer's Relationship to Applicant: **Family Member**  
Preparer's Address: **123 Main St, Baltimore, MD, 21244**  
Preparer's Phone Number: **410 555 1234**  
Extension



---

## 15.11 MEDICARE ONLY, NO EVIDENCE REQUIRED, FIRST PARTY

|  |              |                              |         |        |        |            |
|--|--------------|------------------------------|---------|--------|--------|------------|
|  Social Security Online<br>www.socialsecurity.gov |              | <h1>Benefit Application</h1> |         |        |        |            |
| Identification   | General      | Other Benefits               | Remarks | Review | Submit | Next Steps |
| Receipt  | What's Next? |                              |         |        |        |            |

[\[Next >>\]](#)

**Receipt Section (Page 1 of 1)**  
**Evidence and Receipt for Joan Public**

Your benefit application was received on May 13, 2010 at 2:46:48 pm.


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

We have reviewed your records and the answers you provided. We have determined that no additional information is required to process your claim at this time.

|  |
|--|
| <b>Identification</b>  |
| <b>Initial Information</b>   |
| <b>Applicant Identification Page</b>   |
| Applicant Name: <b>Joan Q Public</b>   |
| Social Security Number: <b>743971069</b>                                     |
| Gender: <b>Female</b>  |
| Date of Birth: <b>January 01, 1907</b>                                       |
| <b>Contact Information Page</b>  |
| <b>Mailing Address</b>   |
| Mailing Address: <b>234 First St, Silver Spring, MD, 20901</b>               |
| Reside at this address: <b>Yes</b>   |
| <b>Phone and email</b>   |
| Daytime telephone number: <b>301 555 7890</b>                                |
| Type of phone: <b>Home</b>   |
| Best time to call: <b>Noon to 5 p.m.</b>                                     |
| Email address:   |
| <b>Language preferences</b>  |
| Preferred language for speaking: <b>English</b>                              |
| Preferred language for reading: <b>English</b>                               |
| <b>Birth and Citizenship Information Page</b>                                |
| Born in the United States or a U.S. territory or commonwealth:<br><b>Yes</b> |
| City of Birth: <b>Silver Spring</b>  |
| State of Birth: <b>MARYLAND</b>  |
| US Citizen: <b>Yes</b>   |
| Type of Citizenship: <b>US Citizen born inside US</b>                        |

---

## 15.12 MEDICARE ONLY, NO EVIDENCE REQUIRED, THIRD PARTY

|  |              |                              |         |        |        |            |
|--|--------------|------------------------------|---------|--------|--------|------------|
|  Social Security Online<br>www.socialsecurity.gov |              | <h3>Benefit Application</h3> |         |        |        |            |
| Identification   | General      | Other Benefits               | Remarks | Review | Submit | Next Steps |
| Receipt  | What's Next? |                              |         |        |        |            |

[\[N\]ext >>](#)

### Receipt Section (Page 1 of 1) Evidence and Receipt for Joan Public

Joan Public's benefit application was received on May 13, 2010 at 2:46:48 pm.

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

We have reviewed Joan Public's records and the answers you provided. We have determined that no additional information is required to process her claim at this time.

|   |
|---|
| <b>Identification</b>   |
| <b>Initial Information</b>  |
| <b>Preparer's Contact Information Page</b>  |
| Preparer's Name: <b>Mike Smith</b><br>Preparer's Organization:<br>Preparer's Relationship to Applicant: <b>Family Member</b><br>Preparer's Address: <b>123 Main St, Baltimore, MD, 21244</b><br>Preparer's Phone Number: <b>410 555 1234</b><br>Extension |
| <b>Applicant Identification Page</b>  |
| Applicant Name: <b>Joan Q Public</b><br>Social Security Number: <b>743971069</b><br>Gender: <b>Female</b><br>Date of Birth: <b>January 01, 1907</b>   |
| <b>Contact Information Page</b>   |
| <b>Mailing Address</b><br>Mailing Address: <b>234 First St, Silver Spring, MD, 20901</b><br>Reside at this address: <b>Yes</b>  |
| <b>Phone and email</b><br>Daytime telephone number: <b>301 555 7890</b><br>Type of phone: <b>Home</b><br>Best time to call: <b>Noon to 5 p.m.</b><br>Email address:   |
| <b>Language preferences</b><br>Preferred language for speaking: <b>English</b><br>Preferred language for reading: <b>English</b>  |

## 16.0 NEXT STEPS: WHAT'S NEXT SECTION

### 16.1 RETIREMENT ONLY (NO DISABILITY ALLEGED), FIRST PARTY



Social Security Online **Benefit Application**  
www.socialsecurity.gov

Identification General Other Benefits Remarks Review Submit **Next Steps**

Receipt  **What's Next?**

<< [P]revious Finish

**What's Next? Section (Page 1 of 1)**  
**What's Next for John Public**

Thank you for using our benefit application for Retirement.

We recommend that you [Print this page...](#) or write down your confirmation number and the Social Security office information.

**Check the Status of your Application**

The Confirmation Number for this claim is: **99324656**

Please guard this number carefully. It's the key to your application information. Social Security employees will never ask for your Confirmation Number.

Please wait at least 5 business days from today before you check your application status. Just go to the Social Security Claims page at [www.socialsecurity.gov](http://www.socialsecurity.gov), select "**Check the Status of Your Application**" and enter your Confirmation Number.

You indicated that you intend to file a Supplemental Security Income (SSI) application. You need to file your application with us by 07/12/2010 **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 file for SSI. You **cannot** apply for SSI over the Internet.

**To contact Social Security**

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. 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

**Helpful Information**

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

**Medicare Information**

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

If you want to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, you 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 <http://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 <http://www.healthfinder.gov/rxdrug> on the Internet.

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


<< [P]revious Finish

## 16.2 RETIREMENT ONLY (NO DISABILITY ALLEGED), THIRD PARTY



Social Security Online  
www.socialsecurity.gov

### Benefit Application

|   |              |                |         |        |        |            |
|---|--------------|----------------|---------|--------|--------|------------|
| Identification  | General      | Other Benefits | Remarks | Review | Submit | Next Steps |
| Receipt  | What's Next? |                |         |        |        |            |

[<< \[P\]previous](#) [Finish](#)

### What's Next? Section (Page 1 of 1) What's Next for John Public

Thank you for using our benefit application for Retirement.

**John Public will receive a printed version of the electronic application you sent. If he discovers that something is incorrect, he should mark the corrections per the instructions that come with the application.**

You indicated John Public intends to file a Supplemental Security Income (SSI) application. He needs to file an application with us by 07/12/2010 **or he 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 file for SSI. He **cannot** apply for SSI over the Internet.

#### To contact Social Security

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact his local Social Security office at the address below or the office of his choice by using our [Office Locator](#):

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10230 NEW HAMPSHIRE AV  
SUITE 304  
SILVER SPRING, MD 20903

#### Helpful Information

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

#### Medicare Information

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

If John Public wants to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, he 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 his 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 <http://www.healthfinder.gov> on the Internet. He may wish to visit that site to review that information, which may be helpful to him.
- He 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 <http://www.healthfinder.gov/rxdrug> on the Internet.

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

[<< \[P\]previous](#) [Finish](#)

## 16.3 DISABILITY ALLEGED W/ LINK TO 3368 REQUIRED, FIRST PARTY

Social Security Online  
www.socialsecurity.govBenefit Application

Identification | General | Other Benefits | Remarks | Review | Submit | Next Steps

Receipt ✔ | What's Next?

<< [P]previous | Continue to Adult Disability Report >>

**What's Next? Section (Page 1 of 1)**  
**What's Next for John Public**

Thank you for completing one of the three steps in the Disability Application Process.

[Print this page...](#) It provides instructions on what you need to do now.

**To finish the Disability Application Process, click "Continue to Adult Disability Report" to complete the following two steps:**

1. Complete the Adult Disability Report (SSA-3368), and
2. Sign and send the Medical Release Form, Authorization to Disclose Information to the Social Security Administration (SSA-827)

**Check the Status of your Application**

The Confirmation Number for this claim is: **99324656**

Please guard this number carefully. It's the key to your application information. Social Security employees will never ask for your Confirmation Number.

Please wait at least 5 business days from today before you check your application status. Just go to the Social Security Claims page at [www.socialsecurity.gov](http://www.socialsecurity.gov), select "**Check the Status of Your Application**" and enter your Confirmation Number.

You indicated that you intend to file a Supplemental Security Income (SSI) application. You need to file your application with us by 07/12/2010 **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 file for SSI. You **cannot** apply for SSI over the Internet.

**To contact Social Security**

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. 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

**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 File for Extra Help With Medicare Prescription Drug Plan Costs**

If you want to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, you 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 <http://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 <http://www.healthfinder.gov/rxdrug> on the Internet.

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

<< [P]previous | Continue to Adult Disability Report >>



## 16.4 DISABILITY ALLEGED W/ LINK TO 3368 REQUIRED, THIRD PARTY

|  |                     |                            |         |        |        |                   |
|--|---------------------|----------------------------|---------|--------|--------|-------------------|
| Social Security Online<br>www.socialsecurity.gov |                     | <b>Benefit Application</b> |         |        |        |                   |
| Identification                                   | General             | Other Benefits             | Remarks | Review | Submit | <b>Next Steps</b> |
| Receipt  | <b>What's Next?</b> |                            |         |        |        |                   |

[<< \[P\]previous](#)   [Continue to Adult Disability Report >>](#)

### What's Next? Section (Page 1 of 1) What's Next for John Public

Thank you for completing one of the three steps in the Disability Application Process.

**John Public will receive a printed version of the electronic application you sent. If he discovers that something is incorrect, he should mark the corrections per the instructions that come with the application.**

[Print this page...](#) It provides instructions on what you need to do now to help John Public.



**To finish the Disability Application Process for John Public, click "Continue to Adult Disability Report" to complete the following two steps:**

1. Complete the Adult Disability Report (SSA-3368), and
2. Have John Public sign and send the Medical Release Form, Authorization to Disclose Information to the Social Security Administration (SSA-827)

You indicated John Public intends to file a Supplemental Security Income (SSI) application. He needs to file an application with us by 07/12/2010 **or he 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 file for SSI. He **cannot** apply for SSI over the Internet.

#### To contact Social Security

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact his local Social Security office at the address below or the office of his choice by using our [Office Locator](#).

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

#### 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 File for Extra Help With Medicare Prescription Drug Plan Costs

If John Public wants to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, he 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 his 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 <http://www.healthfinder.gov> on the Internet. He may wish to visit that site to review that information, which may be helpful to him.
- He 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 <http://www.healthfinder.gov/rxdrug> on the Internet.

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

[<< \[P\]previous](#)   [Continue to Adult Disability Report >>](#)

## 16.5 DISABILITY ALLEGED BUT NOT CONTINUING TO 3368, FIRST PARTY



Social Security Online  
www.socialsecurity.gov

### Benefit Application


IdentificationGeneralOther BenefitsRemarksReviewSubmitNext Steps

Receipt What's Next?

[<< \[P\]revious](#)   [Finish](#)

### What's Next? Section (Page 1 of 1) What's Next for John Public

Thank you for completing one of the three steps in the Disability Application Process.

 [Print this page...](#) It provides instructions on what you need to do now.

#### Check the Status of your Application

The Confirmation Number for this claim is: **99324656**

Please guard this number carefully. It's the key to your application information. Social Security employees will never ask for your Confirmation Number.

Please wait at least 5 business days from today before you check your application status. Just go to the Social Security Claims page at [www.socialsecurity.gov](http://www.socialsecurity.gov), select "**Check the Status of Your Application**" and enter your Confirmation Number.

You indicated that you intend to file a Supplemental Security Income (SSI) application. You need to file your application with us by 07/12/2010 **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 file for SSI. You **cannot** apply for SSI over the Internet.

#### To contact Social Security

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
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10230 NEW HAMPSHIRE AV  
SUITE 304  
SILVER SPRING, MD 20903

#### Helpful Information

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

#### Medicare Information

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- 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 <http://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 <http://www.healthfinder.gov/rxdrug> on the Internet.

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

[<< \[P\]revious](#)   [Finish](#)

## 16.6 DISABILITY ALLEGED BUT NOT CONTINUING TO 3368, THIRD PARTY



Social Security Online  
www.socialsecurity.gov

### Benefit Application

|                |         |                |         |        |        |            |
|----------------|---------|----------------|---------|--------|--------|------------|
| Identification | General | Other Benefits | Remarks | Review | Submit | Next Steps |
|----------------|---------|----------------|---------|--------|--------|------------|

Receipt  What's Next?

**What's Next? Section (Page 1 of 1)**  
**What's Next for John Public**

Thank you for completing one of the three steps in the Disability Application Process.

**John Public will receive a printed version of the electronic application you sent. If he discovers that something is incorrect, he should mark the corrections per the instructions that come with the application.**

[Print this page...](#) It provides instructions on what you need to do now to help John Public.

You indicated John Public intends to file a Supplemental Security Income (SSI) application. He needs to file an application with us by 07/12/2010 or **he 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 file for SSI. He **cannot** apply for SSI over the Internet.

**To contact Social Security**

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact his local Social Security office at the address below or the office of his choice by using our [Office Locator](#).

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10230 NEW HAMPSHIRE AV  
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SILVER SPRING, MD 20903

**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 File for Extra Help With Medicare Prescription Drug Plan Costs**

If John Public wants to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, he 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 his 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**

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- He 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 <http://www.healthfinder.gov/rxdrug> on the Internet.

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



## 16.7 MEDICARE ONLY, FIRST PARTY



Social Security Online  
www.socialsecurity.gov

### Benefit Application

IdentificationGeneralOther BenefitsRemarksReviewSubmitNext Steps

Receipt ✔What's Next?

<< [P]previous Finish

### What's Next? Section (Page 1 of 1) What's Next for John Public

Thank you for using our benefit application for Medicare.

We recommend that you [Print this page...](#) or write down your confirmation number and the Social Security office information.

#### Check the Status of your Application

The Confirmation Number for this claim is: **99324656**

Please guard this number carefully. It's the key to your application information. Social Security employees will never ask for your Confirmation Number.

Please wait at least 5 business days from today before you check your application status. Just go to the Social Security Claims page at [www.socialsecurity.gov](http://www.socialsecurity.gov), select "**Check the Status of Your Application**" and enter your Confirmation Number.

#### To contact Social Security

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. 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](#).

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10230 NEW HAMPSHIRE AV  
SUITE 304  
SILVER SPRING, MD 20903

#### 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 File for Extra Help With Medicare Prescription Drug Plan Costs

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

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- 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 <http://www.healthfinder.gov/rxdrug> on the Internet.

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

<< [P]previous Finish



## 16.8 MEDICARE ONLY, THIRD PARTY



Social Security Online  
www.socialsecurity.gov

### Benefit Application

IdentificationGeneralOther BenefitsRemarksReviewSubmitNext Steps

Receipt ✔What's Next?

<< [P]previous Finish

**What's Next? Section (Page 1 of 1)**  
**What's Next for John Public**

Thank you for using our benefit application for Medicare.

**John Public will receive a printed version of the electronic application you sent. If he discovers that something is incorrect, he should mark the corrections per the instructions that come with the application.**

**To contact Social Security**

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact his local Social Security office at the address below or the office of his choice by using our [Office Locator](#).

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10230 NEW HAMPSHIRE AV  
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SILVER SPRING, MD 20903

**Helpful Information**

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

**Medicare Information**

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If John Public wants to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, he 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 his 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 <http://www.healthfinder.gov> on the Internet. He may wish to visit that site to review that information, which may be helpful to him.
- He 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 <http://www.healthfinder.gov/rxdrug> on the Internet.

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

<< [P]previous Finish

## 17.0 MESSAGE PAGES

### MSG005



#### 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.

[Previous](#)

[Continue](#)

### MSG006



#### You cannot use the Internet to apply for Medicare Only

You do not meet one or more qualifications to apply for Medicare Only benefits on the Internet. You should contact Social Security and tell us you received this message.

Please call us at **1-800-772-1213(TTY 1-800-325-0778)** for more information. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.

[Exit](#)

MSG010



**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 Social Security Benefit Application and received this message.

To contact Social Security:

- Please call us at **1-800-772-1213 (TTY 1-800-325-0778)** for more information. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.
- Visit your [local Social Security office](#)

Next

## MSG025



### Your Time Has Expired

We are sorry for the inconvenience but your time has expired. This happens if your computer has been inactive for 30 minutes.

If you would like to continue completing the Social Security Benefit Application, you may sign in again by selecting the button below. You will be brought back to the starting point of this application, where you can select the applicable restart link.

Some browsers may give a warning that you are directed to an "unsecure" site. You will be returned to the secure application for benefits once you select the applicable link on the start page.

[Restart Application](#)

## MSG028



### This Service Is Not Available At This Time

This service 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

[Exit](#)

## MSG029



### Limit on the Number of Restarts on a Partial Application

In order to protect your information we limit the number of attempts to access an application. You have reached that limit. Information you provided in this application is no longer available. You can start a new Social Security Retirement Application or call us to help you complete this application.

If you start a new Social Security Retirement Application you will have to reenter any information that may have been entered on a prior one.

To contact Social Security to help file this claim:

- Please call us at **1-800-772-1213 (TTY 1-800-325-0778)** for more information. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.
- Visit your [local Social Security office](#)

[Exit](#)

## MSG045



### Hours of Operation

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

The Social Security Retirement 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.

[Continue](#)

[Exit](#)

MSG047



**Change Your Answer**

You previously stated that you wanted to apply for monthly cash benefits. If you now wish to apply for Medicare Only (excluding cash benefits), you will not be able to apply for cash benefits at the same time.

If you verify the Medicare Only selection by clicking "**Confirm**" below, some information you have provided will be lost, and you will be required to provide additional information.

To resume filing for cash benefits (which includes the option to apply for Medicare), please click "**Cancel**" below.

Either selection will return you to the previous page to continue your application.



**Change Your Answer**

You previously stated that you wanted to apply for Medicare Only (excluding cash benefits). If you now wish to apply for monthly cash benefits, any information you have provided related to Medicare Only will be lost, and you will be required to provide additional information.

To verify the monthly cash benefits selection, click "**Confirm**" below.

To resume filing for Medicare Only benefits, please click "**Cancel**" below.

Either selection will return you to the previous page to continue your application.

MSG111



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

We are sorry for the inconvenience, but we cannot match the information you have provided with our records. If the information that you have provided is correct, then it may be necessary to correct your Social Security record. Please call us at **1-800-772-1213 (TTY 1-800-325-0778)** for more information.



MSG112



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

Several attempts to match your information with our records have been unsuccessful. If the information that you have provided is correct, then it may be necessary to correct your Social Security record. Please call us at **1-800-772-1213 (TTY 1-800-325-0778)** for more information.

[Exit](#)

**MSG113**



**You Have Reached the Limit on the Number of Requests**

We cannot continue because we cannot match the information you provided with our records. If the information that you have provided is correct, then it may be necessary to correct your Social Security record. Please call us at **1-800-772-1213 (TTY 1-800-325-0778)** for more information.

[Exit](#)

## MSG152



### Sign Off

#### 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.

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

#### DO NOT Forget Your Application Number:

Your Application Number is **12345678**.

**Do not give this number to anyone else.** 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 02/03/2010 as the official date of this application. In order to use 02/03/2010, we must receive the signed application by **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 file an SSI application you need to file your application with us by **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 file 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 a Social Security Retirement/Medicare 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 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 file an application.
- If you live outside the United States, see [Service Around the World](#).

[Return to Application](#)  
[Sign Off \(finish this later\)](#)

MSG153



**We Cannot Process Your Request**

We Cannot Process Your Request.

If you want to know about other options for completing this benefit application, please call us at **1-800-772-1213 (TTY 1-800-325-0778)** for more information or contact your [local Social Security Office](#). Representatives are available Monday through Friday from 7 a.m. to 7 p.m.

Select the "Exit" button to leave this application. You will be taken to the Social Security home page.

[Exit](#)