

English iClaim All Else Screen Package

Version 1.4



April 6, 2011

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1.1. ent002_Welcome

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Social Security

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

Benefit Application

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

Welcome to the Social Security Benefit Application

Thank you for using our online 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:

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

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

Privacy & Security

Your privacy is important.

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

To Continue Your Application...

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

[Continue Application](#)

To Start The Application Process...

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

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

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

Please select one:

- I am not blind or visually impaired; or, I am not applying for myself.
- I have visited the Internet Special Notices Option page.

[Apply for Benefits](#)



Benefit Application

- Identification
- General
- Other Benefits
- Remarks
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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:

First Middle Last Suffix

The company, business, or organization that you represent (if any):

Preparer's Relationship to Applicant:

Other

If other, please specify:

Preparer's Address:

Country:

United States or U.S. Territory

Street Address:

Street Line 1:

Street Line 2: [+ Add More Lines](#)

City/Town:

State/Territory:

--

ZIP Code:

Preparer's Daytime Phone Number:

- U.S. International

10-digit Number [Ext.](#)

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

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Benefit Application

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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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last	Suffix

The company, business, or organization that you represent (if any):

Preparer's Relationship to Applicant:

If other, please specify:

Preparer's Address:

Country:

Street Address:

Street Line 1:

Street Line 2: [+ Add More Lines](#)

City/Town:	State/Province/Region:	Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Preparer's Daytime Phone Number:

U.S. International

<input type="text"/>	<input type="text"/>
10-digit Number	Ext.

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

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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:

First Middle Last Suffix

The company, business, or organization that you represent (if any):

Preparer's Relationship to Applicant:

Preparer's Address:

Country:

Street Address:

Street Line 1:

Street Line 2: [+ Add More Lines](#)

City/Town:

State/Territory:

ZIP Code:

Preparer's Daytime Phone Number:

U.S. International

10-digit Number [Ext.](#)

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

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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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last	Suffix

The company, business, or organization that you represent (if any):

Preparer's Relationship to Applicant:

If other, please specify:

Preparer's Address:

Country:

Street Address:

Street Line 1:

Street Line 2: [+ Add More Lines](#)

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

Preparer's Daytime Phone Number:

U.S. International

10-digit Number [Ext.](#)

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

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Applicant Identification

Applicant's Name:

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

First

Middle

Last

Suffix

Social Security Number (SSN):

Gender:

Male

Female

Date 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

Are you blind?

Yes

No

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Applicant Identification

Applicant's Name:

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last	Suffix

Social Security Number (SSN):

Gender:

- Male Female

Date Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

Are you blind?

- Yes No

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Application Number:

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. You may need it to complete your online application if you decide to continue the application later or to check the status of your claim.

Application Number: **71761784**

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

 [Print this Page](#)

In this section...

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Application Number for Jane Public

If you are unable to complete your online application for any reason, use the "Save & Exit" option at the bottom left corner of each page. We will save all the information you provided prior to the page where you use the "Save & Exit" option.

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

If you lose this number and have not completed the application, you can start a new application and we will give you a new Application Number. The old number will be disabled. Social Security employees will not ask for, or be able to access **your** Application Number.

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

Supplemental Security Income or SSI is a federal program that provides monthly payments to people who have limited income and assets and who are age 65 or older, or blind or have a disability. For more information about the SSI program, please read the pamphlet, [Supplemental Security Income](#).

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

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

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

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Application Number:

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. You may need it to complete your online application if you decide to continue the application later or to check the status of your claim.

Application Number: **45646564**

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

 [Print this Page](#)

In this section...

- Initial Information
- Application Number
- Additional Information

Application Number for Jane Public

If you are unable to complete your online application for any reason, use the "Save & Exit" option at the bottom left corner of each page. We will save all the information you provided prior to the page where you use the "Save & Exit" option.

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

If you lose this number and have not completed the application, you can start a new application and we will give you a new Application Number. The old number will be disabled. Social Security employees will not ask for, or be able to access **your** Application Number.

We may use 11/09/2010 as the official date of this application. In order to use 11/09/2010, we must receive the signed application by **05/10/2011**. **You may lose Medicare coverage** if we do not receive the signed application by **05/10/2011**. 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 live within the U.S., our territories or commonwealths, you may call our toll-free number **1-800-772-1213** (TTY **1-800-325-0778**). SSA representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.

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

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Disability Benefits for Jane Public

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

 [Things to Consider](#)

Yes No

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Children for Jane Public

These questions apply to natural children (including those born out of wedlock), adopted children, and step-children. In certain cases, [grandchildren and step-grandchildren](#) who live with you may qualify for benefits. **Note:** If a child reached the age limit within the last 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

Child's Name 1:

First Last

Child's Name 2:

First Last

Child's Name 3:

First Last

Child's Name 4:

First Last

Child's Name 5:

First Last

Child's Name 6:

First Last

Child's Name 7:

First Last

Child's Name 8:

First Last

Child's Name 9:

First Last

Child's Name 10:

First Last

Do you have more than 10 children in the categories above?

- Yes No



More than 10 Children

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

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Other Pensions/Annuities for Jane Public

Work Not Covered By Social Security

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

Yes No

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

Yes No

Is the pension or annuity based on government employment? [More Info](#)

Yes No

Railroad Employment

Did you work for the Railroad 5 years or more? [More Info](#)

Yes No

Are you receiving or eligible to receive a Railroad pension or annuity?

Yes No

Did your spouse or prior spouse work for the Railroad 5 years or more?

Yes No

Does your spouse or prior spouse receive or is she eligible to receive a Railroad pension or annuity?

Yes No

Federal Government Employment in January 1983

Did you work for the Federal Government in January 1983?

Yes No

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 - When to Start Retirement Benefits

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

Is the pension or annuity based on government employment? [More Info](#)

Yes No

Do you expect to receive a pension or annuity in the future based on this non-covered work?

Yes No

Did you receive a lump sum payment instead of a pension or annuity based on this non-covered work?

Yes No

Railroad Employment

Did you work for the Railroad 5 years or more? [More Info](#)

Yes No

Are you receiving or eligible to receive a Railroad pension or annuity?

Yes No

Did your spouse or prior spouse work for the Railroad 5 years or more?

Yes No

Does your spouse or prior spouse receive or is she eligible to receive a Railroad pension or annuity?

Yes No

Federal Government Employment in January 1983

Did you work for the Federal Government in January 1983?

Yes No

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Other Pensions/Annuities for Jane Public

Work Not Covered By Social Security

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

Yes No

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

Yes No

Do you expect to receive a pension or annuity in the future based on this non-covered work?

Yes No

What date is the pension or annuity expected to begin?

Month Day Year

Is the pension or annuity based on government employment? [More Info](#)

Yes No

Railroad Employment

Did you work for the Railroad 5 years or more? [More Info](#)

Yes No

Are you receiving or eligible to receive a Railroad pension or annuity?

Yes No

Did your spouse or prior spouse work for the Railroad 5 years or more?

Yes No

Does your spouse or prior spouse receive or is she eligible to receive a Railroad pension or annuity?

Yes No

Federal Government Employment in January 1983

Did you work for the Federal Government in January 1983?

Yes No

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When to Start Retirement Benefits for Jane Public

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

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

We have an estimator that can show you what your benefit amount will be under various scenarios. You may wish to end this session and go there now. You will be able to return and continue where you left off. The information you have already entered will be saved

[Go to Estimator](#)

We need to know when you want to start benefits.

Do you want benefits to start in 11/2010?

Yes No (Your other available options are 05/2010 to 03/2011.)

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

If you are full retirement age and we determine that you are eligible to receive both a retirement benefit and a spouse's benefit, you may choose to delay receiving your own retirement benefit and receive only the spouse's benefit for now.

Why? [More Info](#)

Yes No

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When to Start Retirement Benefits for Jane Public

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

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

We have an estimator that can show you what your benefit amount will be under various scenarios. You may wish to end this session and go there now. You will be able to return and continue where you left off. The information you have already entered will be saved.

[Go to Estimator](#)

We need to know when you want to start benefits.

Do you want benefits to start in 11/2010?

Yes No (Your other available options are 05/2010 to 03/2011.)

What date should benefits start?

Please let us know if there is a specific reason for this date.

Currently working and plan to retire on this date

No longer working

Other Reason:

Please briefly describe the reason.

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

If you are full retirement age and we determine that you are eligible to receive both a retirement benefit and a spouse's benefit, you may choose to delay receiving your own retirement benefit and receive only the spouse's benefit for now.

Why? [More Info](#)

Yes

No

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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

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Health Insurance for Jane 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

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Medicaid Information for Jane Public

When did Medicaid (state health insurance) start?

--
Month Year

When did Medicaid (state health insurance) end?

--
Month Year

Medicaid has not ended

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

Medicaid number unknown

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

--

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Group Health Plan Information for Jane 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

In this section...

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Disability Questions

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

Employment has not ended

Health Insurance Information

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

Month Year

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

Month Year

Health insurance has not ended

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Ability to Work for Jane Public

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

(57 characters maximum)

Are these illnesses, injuries or conditions related to work in any way?

Yes No

Are you now able to work?

Yes No

What is the date you became able to work?

/ /
Month Year

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Disability Payments for Jane Public

Workers' Compensation/Public Disability Benefits

Have you applied or intend to apply for any workers' compensation or public disability benefits? [More info](#)

Yes No

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

(26 characters maximum)

In this section...

Benefit Information

Disability Questions

Ability To Work

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Dependents

Authorization

Money from Employer

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

Yes No

Total amount of pay received:

(XXXX.XX)

Type 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 of pay you expect to receive:

(XXXX.XX)

Type of pay you expect to receive:

Select all that apply

Sick Pay

Vacation Pay

Other

Next

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Benefit Application

- Identification
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Dependents for Jane Public

- In this section...
- Benefit Information
 - Disability Questions
 - Ability To Work
 - Disability Payments
 - Dependents
 - Authorization

Parents

Do you have a parent who receives one-half support from you?

Yes No

First Parent's Name:

First Middle Last Suffix

First Parent's Address:

Country:

United States or U.S. Territory

Street Address:

Street Line 1: Street Line 2:

[+ Add More Lines](#)

City/Town: State/Territory: ZIP Code:

Do you have another parent who receives one-half support from you?

Yes No

Second Parent's Name:

First Middle Last Suffix

Same address as first parent?

Yes No

Second Parent's Address:

Country:

United States or U.S. Territory

Street Address:

Street Line 1: Street Line 2:

[+ Add More Lines](#)

City/Town: State/Territory: ZIP Code:

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:

More than six

Years with no Earnings

Please enter up to six years

1st Year:

2nd Year:

3rd Year:

4th Year:

5th Year:

6th Year:



More than 6 Years

If more than six actual years apply, please enter six here. We may contact you later if we determine that your benefit amount could be affected.

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Social Security

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

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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 medial records or other information about **your** disability. We **may not** be able to approve your disability claim without this written authorization.

In this section...

Benefit Information

Disability Questions

Ability To Work

Disability Payments

Dependents

Authorization

Authorization for Jane Public

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

Yes

No

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Save & Exit

1.25. rem001-m_Remarks

Text Size  | Accessibility Help



Social Security

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

Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Remarks for Jane Public

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

Characters remaining: XXXX

In this section...

- Remarks

Next Previous Save & Exit



Social Security

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

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Appointment Cancellation for Jane Public

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

Do you want to cancel any appointment(s) you may have scheduled with your local Social Security office?

Yes No

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

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Benefit Application

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Overall Summary for Joan Public

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

- In this section...
- Overall Summary
 - Send This Application

Identification: Initial Information

Applicant Identification

Applicant Name: **Jane Q Public**
Social Security Number: **743991246**
Gender: **Female**
Date of Birth: **February 03, 1949**
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

Mailing Address

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

Phone and email

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

Language preferences

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

Birth and Citizenship Information

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

Identification: Application Number

[Edit](#) ⁹ ✓ Application Number

The Application Number is: **71761784**
(The Application Number cannot be edited.)

Identification: Personal Information

[Edit](#) ¹⁰ ✓ Other Social Security Numbers and Names

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

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

[Edit](#) ¹¹ ✓ Disability

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

General: Family

[Edit](#) ¹² ✓ Marriage Information

Currently married: **No**

[Edit](#) ¹⁴ ✓ Prior Marriages

Had any prior marriages: **No**

[Edit](#) ¹⁵ ✓ Children

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

General: Earnings

[Edit](#) ¹⁵ ✓ Employer Details

Worked or will work for an employer in 2010 or 2011: **No**

Edit ¹⁸ ✓ Self-Employment Details

Self-employed in 2010: **No**

Self-employed in 2011: **No**

Edit ¹⁹ ✓ Supplemental Information

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**

Edit ¹⁷ ✓ Total Earnings

Neither working nor self-employed in 2010, last year worked: **2006**

Edit ¹⁹ ✓ Other Pensions/Annuities

Ever worked in a job where Social Security taxes were not deducted or withheld?: **No**

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

Worked for the Federal Government in January 1983: **No**

General: When to Start Benefits

Edit ²⁰ ✓ When to Start Retirement Benefits

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

Edit ²¹ ✓ Direct Deposit Details

No account information entered for Direct Deposit.

Other Benefits: Benefit Information

[Edit](#) ²⁴ ✓ Benefit Information

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

Other Benefits: Disability Questions

[Edit](#) ²⁴ ✓ Ability to Work

Illnesses, injuries, conditions that limit ability to work: **Narcolepsy**
Illnesses, injuries, conditions related to work: **Yes**
Now able to work: **No**

[Edit](#) ²⁴ ✓ Disability Payments

Applied or intend to apply for worker's compensation or other public disability benefits: **No**
Reason not filing for worker's compensation or other public disability benefits: **Because**
Received money from employer on/after date unable to work: **No**
Expect to receive money from employer in the future: **No**

[Edit](#) ²⁵ ✓ Dependents

Has one parent who receives one-half support: **No**

[Edit](#) ²⁴ ✓ Authorization

Disclosure of medical information authorized: **Yes**

Remarks

[Edit](#) ²⁷ ✓ Remarks

The following are your remarks:

[24](#) [25](#) [24](#) [24](#)
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1.28. ovs001-r1-e_Overall Summary



Benefit Application

 Identification General Other Benefits Remarks Review & Submit

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Overall Summary for Jane Public

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

In this section...

 Overall Summary Send This Application

Identification: Initial Information

 Applicant IdentificationApplicant Name: **Jane Q Public**Social Security Number: **743991243**Gender: **Female**Date of Birth: **February 03, 1945** Contact Information**Mailing Address**Applicant Address: **234 First St, Silver Spring, MD, 20901**Reside at this address: **Yes****Phone and email**Daytime telephone number: **301 555 7890**Type of phone: **Home**Best time to call: **Noon to 5 p.m.**

Email address: --

Language preferencesPreferred language for speaking: **English**Preferred language for reading: **English** Birth and Citizenship InformationBorn in the United States or a U.S. territory : **Yes**City of Birth: **Silver Spring**State of Birth: **MARYLAND**US Citizen: **Yes**Type of Citizenship: **Naturalized citizen**Date of Citizenship: **May 05, 1990** Medicare InformationWish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time: **No**

General: Earnings

[Edit](#) ¹⁵ **Employer Details**

Worked for an employer in 2009: **Yes**
Worked or will work for an employer in 2010 or 2011: **Yes**
First Employer's Name: **Big Company**
First Employer's Address: **1 Corp Rd, Burtonsville, MD, 20866**
First Employer - Date employment began: **April 1996**
First Employer - Date employment ended: **April 1996**

[Edit](#) ¹⁵ **Self-Employment Details**

Self-employed in 2009: **Yes**
2009 self-employment type of business: **Internet Sales**
2009 self-employment net income greater than \$400: **Yes**
Self-employed in 2010: **Yes**
2010 self-employment type of business: **Internet Sales**
2010 self-employment net income greater than \$400: **Yes**
Self-employed in 2011: **Yes**
2011 self-employment type of business: **Internet Sales**
2011 self-employment net income greater than \$400: **Yes**

[Edit](#) ¹⁵ **Supplemental Information**

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: **No**

[Edit](#) ¹⁷ ✓ **Total Earnings**

Total of all wages and tips including net income from self-employment in 2009: **\$450**

Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2009: **Yes**

Total of all wages and tips including net income from self-employment in 2010: **\$450**

Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2010: **Yes**

Total of all wages and tips including net income from self-employment in 2011: **\$450**

Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2011: **Yes**

Total earnings include any special payments paid in one year but earned in another: **Yes**

[Edit](#) ¹⁹ ✓ **Other Pensions/Annuities**

Ever worked in a job where Social Security taxes were not deducted or withheld?: **No**

Worked for the Federal Government in January 1983: **No**

General: When to Start Benefits

[Edit](#) ²⁰ ✓ **Reduced Benefits**

Reduced Benefits: **Earliest month possible without an age-related reduction**

[Edit](#) ²¹ ✓ **When to Start Retirement Benefits**

Benefits to start in 02/2011: **Yes**

[Edit](#) ²⁵ ✓ **Direct Deposit Details**

No account information entered for Direct Deposit.

Other Benefits: Benefit Information

[Edit](#) ²² Benefit Information

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

[Edit](#) ²⁵ Health Insurance Information

Already enrolled in Medicare Part B: **No**
Desire to enroll in Medicare Part B: **No**
Receiving Medicaid: **No**
Covered under a group health plan: **No**

Remarks

[Edit](#) ²³ Remarks

The following are your remarks:

[Edit](#) ²⁷ Appointment Cancellation Page

Want to cancel any appointment(s) scheduled with local Social Security office: **No**

1.29. ovs001-m1-g_Overall Summary



Benefit Application

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Next Steps

Overall Summary for Joan Public

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

In this section...

 Overall Summary Send This Application

Identification: Initial Information

 Applicant IdentificationApplicant Name: **Jane Q Public**Social Security Number: **743971249**Gender: **Female**Date of Birth: **January 01, 1907** Contact Information

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 InformationBorn in the United States or a U.S. territory : **Yes**City of Birth: **Silver Spring**State of Birth: **MARYLAND**US Citizen: **Yes**Type of Citizenship: **US Citizen born inside US** Medicare InformationWish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time: **Yes**Already enrolled in Medicare under a social security number other than own: **No**

Identification: Application Number

Edit ¹² ✓ Application Number

The Application Number is: **78223286**
(The Application Number cannot be edited.)

Other Benefits: Benefit Information

Edit ¹³ ✓ Health Insurance Information

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

Edit ¹⁴ ✓ Medicaid Information

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

Edit ¹⁵ ✓ Group Health Plan Information

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

Remarks : Remarks

Edit ¹⁶ ✓ Remarks

The following are your remarks:

¹⁷ **Next** ¹⁸ Previous ¹⁹ Save & Exit ²⁰



Benefit Application

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Overall Summary for Joan Public

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

In this section...

- Overall Summary
- Send This Application

Identification: Initial Information

Preparer's Contact Identification

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**
Preparer's Phone Extension:

Applicant Identification

Applicant Name: **Jane Q Public**
Social Security Number: **743991246**
Gender: **Female**
Date of Birth: **February 03, 1949**
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

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

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

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

Birth and Citizenship Information


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

Identification: Application Number

 Application Number

The Application Number is: **71761784**
(The Application Number cannot be edited.)

Identification: Personal Information

 Other Social Security Numbers and Names


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

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

 Disability

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

General: Family

 Marriage Information

Currently married: **No**

 Prior Marriages

Had any prior marriages: **Yes**
Had prior marriage that lasted at least 10 years: **No**
Had prior marriage that ended due to spouse's death: **Yes**
First prior spouse's name: **John Ex**
First prior spouse's Social Security Number: **743999999**
First prior spouse's 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 U.S. or U.S. territory : **Yes**
First prior marriage began in: **Bethesda, MARYLAND**
First prior marriage ended in U.S. or U.S. territory : **Yes**
First prior marriage ended in: **Chevy Chase, MARYLAND**
First prior marriage ended on: **October 05, 1986**
First prior marriage ended because of: **Divorce**
First Prior spouse deceased after marriage ended: **No**

 Children

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

General: Military

Edit

23



Military Details

Military service prior to 1968: **No**

General: Earnings

Edit

15



Employer Details

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

Worked or will work for an employer in 2010 or 2011: **No**

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

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

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

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

Edit

24



Self-Employment Details

Self-employed in 2009: **No**

Self-employed in 2010: **No**

Self-employed in 2011: **No**

Edit

17



Supplemental Information

Worked outside the US: **No**

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

Agree with earning history as shown on Social Security statement: **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**

Edit

15



Total Earnings

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

Earned wages and tips over \$1180 in all months of 2009: **Yes**

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

Edit ²³ ✓ Other Pensions/Annuities
Ever worked in a job where Social Security taxes were not deducted or withheld?: No Worked for the Railroad 5 years or more: No Spouse or prior spouse worked for the Railroad 5 years or more: No
General: When to Start Benefits
Edit ¹⁹ ✓ When to Start Retirement Benefits
Benefits should start in: 01/2011 The specific reason this start date was selected: No longer working
Edit ²¹ ✓ Direct Deposit Details
No account information entered for Direct Deposit
Other Benefits: Benefit Information
Edit ²⁵ ✓ Benefit Information
Recent application for Supplemental Security Income submitted to SSA: No Intend to apply for Supplemental Security Income benefits: No Any previous application(s) for Medicare, Social Security, or Supplemental Security Income benefits: No
Edit ⁵ ✓ Health Insurance Information
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

Other Benefits: Disability Questions

Edit ²⁶ ✓ Ability to Work

Illnesses, injuries, conditions that limit ability to work: **Bad Back**
Illnesses, injuries, conditions related to work: **Yes**
Now able to work: **No**

Edit ²⁷ ✓ Disability Payments

Applied or intend to apply for worker's compensation or other public disability benefits: **No**
Received money from employer on/after date unable to work: **Yes**
Total amount received from employer: **\$555.00**
Type(s) of pay received: **Sick Pay**
Expect to receive money from employer in the future: **No**

Edit ²⁸ ✓ Dependents

Has one parent who receives one-half support: **No**
Any years with no earnings while caring for a child under age 3: **Yes**
Number of years with no earnings while caring for a child under age 3: **Two**
Years during which there were no earnings: **1997**
Years during which there were no earnings: **1998**

Edit ²⁹ ✓ Authorization

Disclosure of medical information authorized: **Yes**

Remarks : Remarks

Edit ³ ✓ Remarks

The following are your remarks:

¹ **Next** ⁴ [Previous](#) ³ [Save & Exit](#) ²

1.31. ovs001-r3-c_Overall Summary



Benefit Application

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Overall Summary for Joan Public

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

In this section...

 Overall Summary Send This Application

Identification: Initial Information

 Preparer's Contact IdentificationPreparer'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**

Preparer's Phone Extension:



 Applicant IdentificationApplicant Name: **Jane Q Public**Social Security Number: **743971249**Gender: **Female**Date of Birth: **January 01, 1907** Contact Information**Mailing Address**Mailing Address: **234 First St, Silver Spring, MD, 20901**Reside at this address: **Yes****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 InformationBorn in the United States or a U.S. territory: **Yes**City of Birth: **Silver Spring**State of Birth: **MARYLAND**US Citizen: **Yes**Type of Citizenship: **US Citizen born inside US**Date of Citizenship: **May 05, 1990** Medicare InformationWish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time: **No**

Identification: Application Number

 Application Number

The Application Number is: **78223286**
(The Application Number cannot be edited.)

Identification: Personal Information

  Other Social Security Numbers and Names

Other Social Security Numbers

Any other Social Security Numbers used: **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

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: Family

  Marriage Information

Currently married: **Yes**
Spouse's Name: **Frank Walker**
Spouse's Social Security Number: **743990000**
Spouse's date of birth: **January 2, 1950**
Marriage Date: **June 24, 1990**
Marriage Type: **Married by Clergy or Public Official**
Married in U.S. or a U.S. territory : **Yes**
Place of Marriage: **Columbia, MARYLAND**

Edit ¹³ ✓ **Prior Marriages**

Had any prior marriages: **No**

Edit ¹⁴ ✓ **Children**

Have any children who became disabled prior to age 22: **No**
Have any unmarried children under age 18: **Yes**
Have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: **No**
Child 1: **Junior Smith**
Child 2:
Child 3:
Child 4:
Child 5:
Child 6:
Child 7:
Child 8:
Child 9:
Child 10:

General: Military

Edit ¹⁵ ✓ **Military Details**

Military service prior to 1968: **No**

General: Earnings

Edit ¹⁶ ✓ **Employer Details**

Worked or will work for an employer in 2010 or 2011: **No**

Edit ¹⁹ ✓ **Self-Employment Details**

Self-employed in 2010: **Yes**
2010 self-employment type of business: **Internet Sales**
2010 self-employment net income greater than \$400: **Yes**
Self-employed in 2011: **Yes**
2010 self-employment type of business: **Internet Sales**
2010 self-employment net income greater than \$400: **Yes**

Edit ¹⁷

Supplemental Information

Worked outside the US: **No**
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**

Edit ¹⁸

Total Earnings

Total of all wages and tips including net income from self-employment in 2010: **\$450**
Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2010: **Yes**
Total of all wages and tips including net income from self-employment in 2011: **\$450**
Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2011: **Yes**
Total earnings include any special payments paid in one year but earned in another: **Yes**

Edit ²⁰

Other Pensions/Annuities

Ever worked in a job where Social Security taxes were not deducted or withheld?: **No**
Spouse worked for the Railroad 5 years or more: **No**
Worked for the Federal Government in January 1983: **No**
Spouse worked for the Federal Government in January 1983: **No**

General: When to Start Benefits

Edit ²¹

Reduced Benefits

Reduced Benefits: **Will accept an age-related reduction**

Edit ²²

When to Start Retirement Benefits

Benefits should start in: **01/2011**
The specific reason this start date was selected: **No longer working**
If eligible for both retirement and spouse's benefits, delay receipt of retirement benefit: **No**

Edit ²³

Direct Deposit Details

No account information entered for Direct Deposit.

Other Benefits: Benefit Information

Edit ²⁴ ✓ Benefit Information

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

Edit ²⁵ ✓ Health Insurance Information

Already enrolled in Medicare Part B: **No**
Desire to enroll in Medicare Part B: **No**
Receiving Medicaid: **No**
Covered under a group health plan: **No**

Remarks


Edit ²⁵ ✓ Remarks

The following are your remarks:

¹ **Next** ⁴ Previous ³ Save & Exit ²

1.32. ovs001-m3-f_Overall Summary

Text Size | Accessibility Help

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

Benefit Application

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

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

In this section...

- Overall Summary
- Send This Application

Identification: Initial Information

Preparer's Contact Identification

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**
Preparer's Phone Extension:

Applicant Identification

Applicant Name: **Jane Q Public**
Social Security Number: **743991246**
Gender: **Female**
Date of Birth: **February 03, 1949**
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

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

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

Medicare Information

Wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time: **Yes**

Identification: Application Number

[Edit](#) ¹⁵ ✓ Application Number

The Application Number is: **78223286**
(The Application Number cannot be edited.)

Other Benefits: Benefit Information

[Edit](#) ¹⁷ ✓ Health Insurance Information

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

[Edit](#) ¹⁸ ✓ Medicaid Information

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

[Edit](#) ¹⁹ ✓ Group Health Plan Information

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

Remarks : Remarks

[Edit](#) ⁹ ✓ Remarks

The following are your remarks:

[Next](#) ¹ [Previous](#) ² [Save & Exit](#) ²

1.33. snd001-d1_Send This Application



Social Security

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

Benefit Application

Identification

General

Other Benefits

Remarks

Review & Submit

Next Steps

Electronic Signature & Submission for Jane Public

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 when I select the check box below. I also understand that my electronic signature means that I intend to apply for benefits and have provided the Social Security Administration with accurate information. I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

When you select "Submit Now" below, you will be sending your completed information electronically to the Social Security Administration. You will no longer be able to change your information.

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

Submit Now

Previous

Save & Exit

In this section...

Overall Summary

Send This Application

1.34. snd001-m1_Send This Application

Text Size | Accessibility Help

Social Security

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

Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Electronic Signature & Submission for Jane Public

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 when I select the check box below. I also understand that my electronic signature means that I intend to apply for Medicare insurance and have provided the Social Security Administration with accurate information.

I understand that I must apply separately to get 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 "Submit Now", you will be sending your completed information electronically to the Social Security Administration. You will no longer be able to change your information.

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

In this section...

- Overall Summary
- Send This Application

1.35. snd001-d3_Send This Application

Text Size  | Accessibility Help



Social Security

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

Benefit Application

Identification General Other Benefits Remarks Review & Submit

Next Steps

Send This Application for Jane Public

You've almost completed **Jane Public's** Disability application. Please read and accept the following statement.

I understand and agree that by selecting "**Submit Now**" below, this information will be sent electronically to Social Security. An application will be mailed to **Jane 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.

In this section...

- Overall Summary
- Send This Application**

Submit NowPreviousSave & Exit

1.36. snd001-m3_Send This Application

Text Size  | Accessibility Help



Social Security

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

Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Send This Application for Jane Public

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

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

I understand that **Jane Public** must apply separately to get 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.

In this section...

- Overall Summary
- Send This Application**

1.37. snd001-r3_Send This Application

Text Size  | Accessibility Help



Social Security

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

Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Send This Application for Jane Public

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

I understand and agree that by selecting "**Submit Now**" below, this information will be sent electronically to Social Security. An application will be mailed to **Jane 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.

In this section...
 Overall Summary
 Send This Application



Benefit Application

- Identification
- General
- Other Benefits
- Remarks
- Review & Submit

Next Steps

Evidence and Receipt for Jane Public

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

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

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

[Print this Page](#)

Documents You Need to Submit to Social Security.

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.

In this section...

- Receipt
- Evidence and Receipt
- What's Next

Identification: Initial Information



Applicant Identification

Applicant Name: **Jane Q Public**

Social Security Number: **743991246**

Gender: **Female**

Date of Birth: **February 03, 1949**

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

Mailing Address

Applicant Address: **234 First St, Silver Spring, MD, 20901**

Reside at this address: **Yes**

Phone and email

Daytime telephone number: **301 555 7890**

Type of phone: **Home**

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

Email address: --

Language preferences

Preferred language for speaking: **English**

Preferred language for reading: **English**

Birth and Citizenship Information

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

City of Birth: **Silver Spring**

State of Birth: **MARYLAND**

US Citizen: **Yes**

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

Identification: Personal Information

Other Social Security Numbers and Names

Other Social Security Numbers

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

Other names

Any other names used: **No**

Disability

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

General: Family

Marriage Information

Currently married: **No**

Prior Marriages

Had any prior marriages: **No**

Children

Have any children who became disabled prior to age 22: **No**

Have any unmarried children under age 18: **No**

Have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: **No**

General: Earnings

Employer Details

Worked or will work for an employer in 2010 or 2011: **No**

Self-Employment Details

Self-employed in 2010: **No**

Self-employed in 2011: **No**

Supplemental Information

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**

Total Earnings

Neither working nor self-employed in 2010, last year worked: **2006**

Other Pensions/Annuities

Ever worked in a job where Social Security taxes were not deducted or withheld?: **No**

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

Worked for the Federal Government in January 1983: **No**

General: When to Start Benefits

When to Start Retirement Benefits

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

Direct Deposit Details

No account information entered for Direct Deposit.

Other Benefits: Benefit Information

Benefit Information

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

Other Benefits: Disability Questions

Ability to Work

Illnesses, injuries, conditions that limit ability to work: **Narcolepsy**
Illnesses, injuries, conditions related to work: **Yes**
Now able to work: **No**

Disability Payments

Applied or intend to apply for worker's compensation or other public disability benefits: **No**
Reason not filing for worker's compensation or other public disability benefits: **Because**
Received money from employer on/after date unable to work: **No**
Expect to receive money from employer in the future: **No**

Dependents

Has one parent who receives one-half support: **No**



Authorization

  Disclosure of medical information authorized: **Yes**

Remarks

Remarks

The following are your remarks:

  [Next](#)



Social Security

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

Benefit Application

- Identification
- General
- Other Benefits
- Remarks
- Review & Submit

Next Steps

Evidence and Receipt for Joan Public

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

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

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

[Print this Page](#)

Documents You Need to Submit to Social Security.

Please submit the document(s) described below so that we can complete this application.

- [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;

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.

In this section...

- Receipt
- Evidence and Receipt
- What's Next

Identification: Initial Information

Applicant Identification

Applicant Name: **Jane Q Public**
Social Security Number: **743991243**
Gender: **Female**
Date of Birth: **February 03, 1945**

Contact Information

Mailing Address

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

Phone and email

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

Language preferences

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

Birth and Citizenship Information

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

Medicare Information

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

Identification: Personal Information

Other Social Security Numbers and Names

Other Social Security Numbers

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

Other names

Any other names used: **No**

Disability

During the last 14 months unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death: **No**

Blind: **No**

General: Family

Marriage Information

Currently married: **No**

Prior Marriages

Had any prior marriages: **No**

Children

Have any children who became disabled prior to age 22: **No**

Have any unmarried children under age 18: **No**

Have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: **No**

General: Earnings

Employer Details

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

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

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

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

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

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

Self-Employment Details

Self-employed in 2009: **Yes**

2009 self-employment type of business: **Internet Sales**

2009 self-employment net income greater than \$400: **Yes**

Self-employed in 2010: **Yes**

2010 self-employment type of business: **Internet Sales**

2010 self-employment net income greater than \$400: **Yes**

Self-employed in 2011: **Yes**

2010 self-employment type of business: **Internet Sales**

2010 self-employment net income greater than \$400: **Yes**

Supplemental Information

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: **No**

Total Earnings

Total of all wages and tips including net income from self-employment in 2009: **\$450**

Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2009: **Yes**

Total of all wages and tips including net income from self-employment in 2010: **\$450**

Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2010: **Yes**

Total of all wages and tips including net income from self-employment in 2011: **\$450**

Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2011: **Yes**

Total earnings include any special payments paid in one year but earned in another: **Yes**

Other Pensions/Annuities

Ever worked in a job where Social Security taxes were not deducted or withheld?: **No**

Worked for the Federal Government in January 1983: **No**

General: When to Start Benefits

Reduced Benefits

Reduced Benefits: **Earliest month possible without an age-related reduction**

When to Start Retirement Benefits

Benefits to start in 02/2011: **Yes**

Direct Deposit Details

No account information entered for Direct Deposit.

Other Benefits: Benefit Information

Benefit Information

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

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

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

Health Insurance Information

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

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

Receiving Medicaid: **No**

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

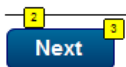
Remarks

Remarks

The following are your remarks:

Appointment Cancellation Page

Want to cancel any appointment(s) scheduled with local Social Security office: **No**



1.40. rec001-m1-g_Evidence and Receipt



Benefit Application

 Identification General Other Benefits Remarks Review & Submit


Next Steps

Evidence and Receipt for Joan Public

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

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

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

 [Print this Page](#)

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.

In this section...

 Receipt Evidence and Receipt What's Next

Identification: Initial Information

Applicant Identification

Applicant Name: **Jane Q Public**
Social Security Number: **743971249**
Gender: **Female**
Date of Birth: **January 01, 1907**

Contact Information

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

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

Medicare Information

Wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time: **Yes**
Already enrolled in Medicare under a social security number other than own: **No**

Other Benefits: Benefit Information

Health Insurance Information

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

Medicaid Information

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

Group Health Plan Information

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

Remarks : Remarks

Remarks

The following are your remarks:

2 **3**
Next



Social Security

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

Benefit Application


- Identification
- General
- Other Benefits
- Remarks
- Review & Submit
- Next Steps

Evidence and Receipt for Jane Public

Jane Public's benefit application was received on November 5, 2010 at 2:58:43 pm.

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

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

 [Print this Page](#)

- In this section...
- Receipt
 - Evidence and Receipt
 - What's Next

Identification: Initial Information

Preparer's Contact Identification

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**
Preparer's Phone Extension:

Applicant Identification

Applicant Name: **Jane Q Public**
Social Security Number: **743971249**
Gender: **Female**
Date of Birth: **January 01, 1907**

Contact Information

Mailing Address

Mailing Address: **234 First St, Silver Spring, MD, 20901**

Reside at this address: **Yes**

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

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

City of Birth: **Silver Spring**

State of Birth: **MARYLAND**

US Citizen: **Yes**

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

Date of Citizenship: **May 05, 1990**

Medicare Information

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

Identification: Personal Information

Other Social Security Numbers and Names

Other Social Security Numbers

Any other Social Security Numbers used: **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: **Jane Other**

Other Name 2:

Other Name 3:

Other Name 4:

Other Name 5:

Disability

During the last 14 months unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death: **No**

Blind: **No**

General: Family

Marriage Information

Currently married: **Yes**

Spouse's Name: **Frank Walker**

Spouse's Social Security Number: **743990000**

Spouse's date of birth: **January 2, 1950**

Marriage Date: **June 24, 1990**

Marriage Type: **Married by Clergy or Public Official**

Married in U.S. or a U.S. territory : **Yes**

Place of Marriage: **Columbia, MARYLAND**

Prior Marriages

Had any prior marriages: **No**

Children

Have any children who became disabled prior to age 22: **No**

Have any unmarried children under age 18: **Yes**

Have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: **No**

Child 1: **Junior Smith**

Child 2:

Child 3:

Child 4:

Child 5:

Child 6:

Child 7:

Child 8:

Child 9:

Child 10:

General: Military

Military Details

Military service prior to 1968: **No**

General: Earnings

Employer Details

Worked or will work for an employer in 2010 or 2011: **No**

Self-Employment Details

Self-employed in 2010: **Yes**

2010 self-employment type of business: **Internet Sales**

2010 self-employment net income greater than \$400: **Yes**

Self-employed in 2011: **Yes**

2011 self-employment type of business: **Internet Sales**

2011 self-employment net income greater than \$400: **Yes**

Supplemental Information

Worked outside the US: **No**

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**

Total Earnings

Total of all wages and tips including net income from self-employment in 2010: **\$450**

Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2010: **Yes**

Total of all wages and tips including net income from self-employment in 2011: **\$450**

Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2011: **Yes**

Total earnings include any special payments paid in one year but earned in another: **Yes**

Other Pensions/Annuities

Ever worked in a job where Social Security taxes were not deducted or withheld?: **No**

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

Worked for the Federal Government in January 1983: **No**

Spouse worked for the Federal Government in January 1983: **No**

General: When to Start Benefits

Reduced Benefits

Reduced Benefits: **Will accept an age-related reduction**

When to Start Retirement Benefits

Benefits should start in: **01/2011**

The specific reason this start date was selected: **No longer working**

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

Direct Deposit Details

No account information entered for Direct Deposit.

Other Benefits: Benefit Information

Benefit Information

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

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

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

Health Insurance Information

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

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

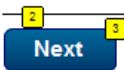
Receiving Medicaid: **No**

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

Remarks

Remarks

The following are your remarks:





Benefit Application

- Identification
- General
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- Remarks
- Review & Submit
- Next Steps

Evidence and Receipt for Jane Public

Jane Public's benefit application was received on November 5, 2010 at 2:59:47 pm

We recommend that you [print this page](#) or save. It provides instructions on what you need to do now for Jane Public.

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

[Print this Page](#)

Documents She Needs to Submit to Social Security.

- [Wages from Jane Public's](#) employer for last year (e.g., copy of Joan Public's W-2 form). We can accept a photocopy of 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 Jane Public received.

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

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

If she submit 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 your original documents.**

We will return all documents and photocopies to Jane Public unless she specifically tell 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.

In this section...

- Receipt
- Evidence and Receipt
- What's Next

Identification: Initial Information

Preparer's Contact Identification

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**

Preparer's Phone Extension:

Applicant Identification

Applicant Name: **Jane Q Public**

Social Security Number: **743991246**

Gender: **Female**

Date of Birth: **February 03, 1949**

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

Mailing Address

Applicant Address: **234 First St, Silver Spring, MD, 20901**

Reside at this address: **Yes**

Phone and email

Daytime telephone number: **301 555 7890**

Type of phone: **Home**

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

Email address: --

Language preferences

Preferred language for speaking: **English**

Preferred language for reading: **English**

Birth and Citizenship Information

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

City of Birth: **Silver Spring**

State of Birth: **MARYLAND**

US Citizen: **Yes**

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

Identification: Personal Information

Other Social Security Numbers and Names

Other Social Security Numbers

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

Other names

Any other names used: **No**

Disability

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

General: Family

Marriage Information

Currently married: **No**

Prior Marriages

Had any prior marriages: **Yes**

Had prior marriage that lasted at least 10 years: **No**

Had prior marriage that ended due to spouse's death: **Yes**

First prior spouse's name: **John Ex**

First prior spouse's Social Security Number: **743999999**

First prior spouse's 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 U.S. or U.S. territory or Commonwealth: **Yes**

First prior marriage began in: **Bethesda, MARYLAND**

First prior marriage ended in U.S. 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: **Divorce**

First Prior spouse deceased after marriage ended: **No**

Children

Have any children who became disabled prior to age 22: **No**

Have any unmarried children under age 18: **No**

Have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: **No**

General: Military

Military Details

Military service prior to 1968: **No**

General: Earnings

Employer Details

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

Worked or will work for an employer in 2010 or 2011: **No**

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

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

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

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

Self-Employment Details

Self-employed in 2009: **No**

Self-employed in 2010: **No**

Self-employed in 2011: **No**

Supplemental Information

Worked outside the US: **No**

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

Agree with earning history as shown on Social Security statement: **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

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

Earned wages and tips over \$1180 in all months of 2009: **Yes**

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

Other Pensions/Annuities

Ever worked in a job where Social Security taxes were not deducted or withheld?: **No**

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

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

General: When to Start Benefits

When to Start Retirement Benefits

Benefits should start in: **01/2011**

The specific reason this start date was selected: **No longer working**

Direct Deposit Details

No account information entered for Direct Deposit

Other Benefits: Benefit Information

Benefit Information

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

Health Insurance Information

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**

Other Benefits: Disability Questions

Ability to Work

Illnesses, injuries, conditions that limit ability to work: **Bad Back**
Illnesses, injuries, conditions related to work: **Yes**
Now able to work: **No**

Disability Payments

Applied or intend to apply for worker's compensation or other public disability benefits: **No**
Received money from employer on/after date unable to work: **Yes**
Total amount received from employer: **\$555.00**
Type(s) of pay received: **Sick Pay**
Expect to receive money from employer in the future: **No**

Dependents

Has one parent who receives one-half support: **No**
Any years with no earnings while caring for a child under age 3: **Yes**
Number of years with no earnings while caring for a child under age 3: **Two**
Years during which there were no earnings: **1997**
Years during which there were no earnings: **1998**

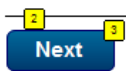
Authorization

Disclosure of medical information authorized: **Yes**

Remarks : Remarks

Remarks

The following are your remarks:



1.43. rec001-m3-f_Evidence and Receipt



Benefit Application


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

Evidence and Receipt for Jane Public

Jane Public's benefit application was received on February 9, 2011 at 2:58:09 pm.

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

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

 [Print this Page](#)

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 Jane 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 Jane 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.

Jane 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.

In this section...

[Receipt](#)[Evidence and Receipt](#)[What's Next](#)

Identification: Initial Information

Preparer's Contact Identification

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**
Preparer's Phone Extension:

4
Applicant Identification

Applicant Name: **Jane Q Public**
Social Security Number: **743991246**
Gender: **Female**
Date of Birth: **February 03, 1949**
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

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

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

City of Birth: **Silver Spring**

State of Birth: **MARYLAND**

US Citizen: **Yes**

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

Medicare Information

Wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time: **Yes**

Already enrolled in Medicare under a social security number other than own: **No**

Other Benefits: Benefit Information

Health Insurance Information

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

Receiving Medicaid (state health insurance) : **Yes**

Medicaid Information

Medicaid (state health insurance) start date: **January 1995**

Medicaid (state health insurance) start date: **January 1996**

Medicaid (state health insurance) number: **015774a**

State providing Medicaid (state health insurance): **MD**

Group Health Plan Information

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

Remarks : Remarks

Remarks

The following are your remarks:

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3
Next



Social Security

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

Benefit Application

Identification

General

Other Benefits

Remarks

Review & Submit

Next Steps



Thank you for completing one of the three steps in the Disability Application Process.



To finish the Disability Application Process, select the "Go to Adult Disability Report" button to complete the following 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)

[Go to Adult Disability Report](#)

In this Section...

[Receipt](#)

[What's Next?](#)

What's Next for Jane Public

We recommend that you print this page or write down your Confirmation Number and the Social Security office information.

 [Print this Page](#)

Check the Status of your Application

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

Your Confirmation Number: **71761784**

Please wait at least 5 business days from today before you check your application status. Just go to the Social Security Claims page at <http://www.socialsecurity.gov>, select "**Check the Status of Your Application**" and enter your Confirmation Number.

To Contact Social Security

- If you live within the U.S., our territories or commonwealths, you may call our toll-free number **1-800-772-1213** (TTY **1-800-325-0778**). SSA representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact your local Social Security office at the address below or the office of your choice by using our [Office Locator](#):
SOCIAL SECURITY
10230 NEW HAMPSHIRE AV
SUITE 304
SILVER SPRING, MD 20903
- If you live outside the U.S., our territories or commonwealths, you may visit our [Service Around the World](#) page, or contact your local U.S. embassy or Consulate.

Helpful Information

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

Helpful Health Care Websites

- The U.S. Department of Health and Human Services provides information on many health topics at www.healthfinder.gov on the Internet. You may wish to visit that site to review that information, which may be helpful to you.
- You may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit www.healthfinder.gov/rxdrug on the Internet.

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

[Go to Adult Disability Report](#)

[Previous](#)



Social Security

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

Benefit Application

- Identification
- General
- Other Benefits
- Remarks
- Review & Submit

Next Steps

Thank you for using our benefit application for Medicare.

In this Section...

- Receipt
- What's Next?

What's Next for Jane Public

We recommend that you print this page or write down your Confirmation Number and the Social Security office information.

[Print this Page](#)

Check the Status of your Application

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

Your Confirmation Number: **78223286**

Please wait at least 5 business days from today before you check your application status. Just go to the Social Security Claims page at <http://www.socialsecurity.gov>, select "Check the Status of Your Application" and enter your Confirmation Number.

To Contact Social Security

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

SOCIAL SECURITY
PO BOX 317500
JAMAICA, NY 11431

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

Helpful Information

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

Medicare Information

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

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

- visit our website at <http://www.socialsecurity.gov/prescriptionhelp/> ; or
- call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

For a list of names of Medicare prescription drug providers in your area, contact the Centers for Medicare & Medicaid Services toll-free at 1-800-MEDICARE (TTY 1-877-486-2048) or visit <http://www.medicare.gov> .

Helpful Health Care Websites

- The U.S. Department of Health and Human Services provides information on many health topics at www.healthfinder.gov on the Internet. You may wish to visit that site to review that information, which may be helpful to you.
- You may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit www.healthfinder.gov/rxdrug on the Internet.

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

Done

Previous



Benefit Application

- Identification
- General
- Other Benefits
- Remarks
- Review & Submit
- Next Steps

Thank you for using our benefit application for Retirement.

In this Section...

- Receipt
- What's Next?

What's Next for Jane Public

Jane Public will receive a printed version of the electronic application you sent. If she discovers that something is incorrect, she should mark the corrections per the instructions that come with the application.

To Contact Social Security

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

SOCIAL SECURITY
10230 NEW HAMPSHIRE AV
SUITE 304
SILVER SPRING, MD 20903
- If you live outside the U.S., our territories or commonwealths, you may visit our [Service Around the World](#) page, or contact your local U.S. embassy or Consulate.

Helpful Information

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

Medicare Information

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

If Jane Public wants to learn more about the Medicare Prescription Drug Program, and/or apply for the extra help related to this program, she may:

- visit our website at <http://www.socialsecurity.gov/prescriptionhelp/> ; or
- call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

For a list of names of Medicare prescription drug providers in your area, contact the Centers for Medicare & Medicaid Services toll-free at 1-800-MEDICARE (TTY 1-877-486-2048) or visit <http://www.medicare.gov> .

Helpful Health Care Websites

- The U.S. Department of Health and Human Services provides information on many health topics at www.healthfinder.gov on the Internet. You may wish to visit that site to review that information, which may be helpful to you.
- You may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit www.healthfinder.gov/rxdrug on the Internet.

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

Done

Previous



Social Security

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

Benefit Application

Identification

General

Other Benefits

Remarks

Review & Submit

Next Steps



Thank you for completing one of the three steps in the Disability Application Process.



To finish the Disability Application Process for Jane Public, select the "Go to Adult Disability Report" button to complete the following steps:

1. Complete the Adult Disability Report (SSA-3368), and
2. Have Jane Public Sign and send the Medical Release Form, Authorization to Disclose Information to the Social Security Administration (SSA-827)

[Go to Adult Disability Report](#)


In this Section...

[Receipt](#)

[What's Next?](#)

What's Next for Jane Public

We recommend that you print this page. It provides instructions on what you need to do now to help Jane Public.

 [Print this Page](#)

Jane Public will receive a printed version of the electronic application you sent. If she discovers that something is incorrect, she should mark the corrections per the instructions that come with the application.

To Contact Social Security

- If you live within the U.S., our territories or commonwealths, you may call our toll-free number **1-800-772-1213** (TTY **1-800-325-0778**). SSA representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
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 10230 NEW HAMPSHIRE AV
 SUITE 304
 SILVER SPRING, MD 20903
- If you live outside the U.S., our territories or commonwealths, you may visit our [Service Around the World](#) page, or contact your local U.S. embassy or Consulate.

Helpful Information

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

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Helpful Health Care Websites

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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 www.healthfinder.gov/rxdrug on the Internet.

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

[Go to Adult Disability Report](#)

[Previous](#)



Benefit Application

- Identification
- General
- Other Benefits
- Remarks
- Review & Submit

Next Steps

Thank you for using our benefit application for Medicare.

In this Section...

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What's Next?

What's Next for Jane Public

Jane Public will receive a printed version of the electronic application you sent. If she discovers that something is incorrect, she should mark the corrections per the instructions that come with the application.

To Contact Social Security

- If you live within the U.S., our territories or commonwealths, you may call our toll-free number **1-800-772-1213** (TTY **1-800-325-0778**). SSA representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
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SOCIAL SECURITY
PO BOX 317500
JAMAICA, NY 11431
- If you live outside the U.S., our territories or commonwealths, you may visit our [Service Around the World](#) page, or contact your local U.S. embassy or Consulate.

Helpful Information

- [Reporting Responsibilities](#)
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- [Social Security Online: What You Can Do Online](#)
- [Voluntary Tax Withholding](#)

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**).

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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 www.healthfinder.gov/rxdrug on the Internet.


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


Done

Previous


2. Messages

2.1. MSG-Confirm Delete of Table Entry

Text Size  | Accessibility Help



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

 **Are You Sure You Want to Remove This?**

You chose to << Description of what was deleted?>>.

If you choose "Yes", you will delete this and all of the information you entered about it.

If you choose "No", no changes will be made to the information you entered, and you will return to the prior page.

Are you sure you want to remove this?



Social Security

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

Benefit Application



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.

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

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

Exit

2.3. msg017_SignIn Problem

Text Size  | Accessibility Help



Social Security

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

Benefit Application



Sign In Problem

We could not find a match for the Social Security Number and Application Number you entered. Please check the numbers and sign in again.

You can start the Internet Benefit Application over again or call us to apply.


To contact Social Security:

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

[Sign-In](#)

[Start New Application](#)

2.4. msg025_Your Time Has Expired

Text Size  | Accessibility Help



Social Security

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

Benefit Application



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 Internet 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](#)


2.5. msg029_LimitOnNumberOfRestartsOnPartialApplication

Text Size  | Accessibility Help



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

Benefit Application

 **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 Internet Benefit Application or call us to help you complete this application.

If you start a new Internet Benefit Application you will have to reenter any information that may have been entered on a prior one.

To contact Social Security to apply:

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

Exit

2.6. msg030_We Are Processing Your Request

Text Size  | Accessibility Help



Social Security

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

Benefit Application




We Are Processing Your Request

Please wait a moment before selecting the "Next" button.

Next

2.7. msg047-a_Change Your Answer

Text Size  | Accessibility Help



Social Security

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

Benefit Application



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.

Confirm

Cancel

2.8. msg047-b_Change Your Answer

Text Size  | Accessibility Help



Social Security

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

Benefit 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.

Confirm

Cancel


2.9. msg113_Limit on Number of Requests

Text Size  | Accessibility Help



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

Benefit Application

 **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.

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

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

[Exit](#)

2.10. msg151_Cannot Match Your Zip Code



Social Security

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

Benefit Application



We Cannot Match Your ZIP Code

We are unable to verify your ZIP Code. Please check the number you entered and make sure it is correct. If the Post Office recently gave your area a new ZIP code, it may not be on our records yet. In that case, use the prior ZIP code for your current address.

Please contact Social Security to make other arrangements to complete an Internet Benefit Application if:

- this is your correct ZIP code and not a new code recently given to your area by the Post Office, or
- this is a new ZIP code recently given by the Post Office and you don't know the prior ZIP code.

To contact Social Security:

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

To reenter your ZIP code, close this window and type it in again.

Close this window to return to the application.

[Exit](#)

