

English iClaim Updated Screen Package

Version 1.6

Social Security Administration

May 20, 2011

English iClaim – Updated Final Screen Package

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1. Pages

1.1. Changes to Document

5/16/2011:

- Based on Based on the PAS Forum information gathering session the following changes have been made to the Welcome and What's Next pages
 - o **ENT001 and ENT003** – language and page layout changes
 - Moved the Retirement Estimator to the left side of the page under the “Applying for benefits” section to reduce confusion where applicants perceive the “Estimate My Benefits” to be the starting point of the application
 - Changed the button label from “Continue Application” to “Return to a Saved Application”
 - Myself link goes to: <http://www.socialsecurity.gov/info/isba/retirement/firstpartyrib.htm>
 - Someone else link goes to: <http://www.socialsecurity.gov/info/isba/retirement/thirdpartytype.htm>
 - Modified the links in the “You may also want to review” section
 - Page template change
 - Language removed: Form Approved
 - Expiration date removed
 - Footer added with links
 - o **ENT003** – Reflects the secure connection that has been previously established and allows the applicant to “Sign Out” of the secure session, if desired
 - o **WTN001** – language placement changes. Helpful Information, Medicare Information, and Hepful Health Care Websites will be displayed “collapsed” by default. The Contact Information will be displayed “expanded” by default.
- Message pages update
 - o MSG005 and MSG152 to reflect the new button label on the Welcome page.
- Prior Marriage, Military and Employment table pages –
 - o Updated **FAM002, MIL001, and EAR001** pages. Each column in a table should have a label. Updated the tables to include the label – Status – in the first column.

5/20/11

- Updated the ENT001 and ENT003 screens with the correct Privacy Act Statement



Social Security

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

Benefit Application

OMB No. 0960-0618
Paperwork Reduction Act

Welcome to the Social Security Benefit Application

Thank you for using our online Retirement/Medicare Application.

What will you need before you begin?

Gather the necessary documents you need to complete the application online for:

- [Myself](#)
- [Someone else](#)

[Watch Video: How to complete this application](#)

Applying for benefits

- To start a new application for retirement or Medicare, select the "Apply for Benefits" button
- To finish an application you already started select the "Return to a Saved Application" button
- To obtain estimates of your future retirement benefits use the [Retirement Estimator](#)

How long will it take?

We estimate that completing the application will take between 10 and 30 minutes depending on the number of questions you need to answer. You can save your application as you go, so you can take a break at any time.

You may also want to review:

- [When To Start Receiving Retirement Benefits](#)
- [Extra Help With Medicare Prescription Drug Plan Costs](#)
- [Medicare - For People Within 3 Months of Age 65 or Older](#)
- [Other Ways To Apply for Benefits](#)
- [Unfinished Applications](#)
- [Hours of Operation](#)

To Continue Your Application

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

[Return to a Saved 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](#)

Your privacy is important.

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

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1.3. ent003_Welcome

[Español](#) | [Text Size](#) | [Accessibility Help](#)



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Benefit Application

OMB No. 0960-0618
Paperwork Reduction Act

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What will you need before you begin?

Gather the necessary documents you need to complete the application online for:

- [Myself](#)
- [Someone else](#)

[Watch Video: How to complete this application.](#)

Applying for benefits

- To start a new application for retirement or Medicare, select the "Apply for Benefits" button
- To finish an application you already started select the "Return to a Saved Application" button

How long will it take?

We estimate that completing the application will take between 10 and 30 minutes depending on the number of questions you need to answer. You can save your application as you go, so you can take a break at any time.

You may also want to review:

- [When To Start Receiving Retirement Benefits](#)
- [Extra Help With Medicare Prescription Drug Plan Costs](#)
- [Medicare - For people Within 3 Months of Age 65 or Older](#)
- [Other Ways To Apply](#)
- [Unfinished Applications](#)
- [Hours of Operation](#)

To Continue Your Application

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

To Start The Application Process

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

I am applying for myself.

I am helping someone who wants to apply for benefits and is with me.

I am helping someone who is not with me, and therefore cannot sign the application at this time.

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

Please select one:

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

I have visited the Internet Special Notices Option page.

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

You are currently signed into a secure session. If you wish to end the secure session, you can do so by selecting "Sign Out".

[Privacy Policy](#) | [Website Policies & Other Important Information](#) | [About Us](#) | [Site Map](#)

Last reviewed or modified January 1, 2010 12:00 PM

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

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1.4. ent004_Restart

Español | Text Size  | Accessibility Help

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Benefit Application

Restart

Applicant's Social Security Number (SSN):

Application Number:

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

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

English iClaim – Updated Final Screen Package

1.5. ini002-r_Applicant Identification

Text Size  | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

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 of Birth:

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

In this section...

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

English iClaim – Updated Final Screen Package

1.6. ini003-1_Contact Information

Text Size | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Contact Information for Jane Public

Mailing Address:

Country:

Street Address:
Street Line 1:
Street Line 2: [Add More Lines](#)

City/Town: State/Territory: ZIP Code:

Do you live at this address?
 Yes No

Residence Address:

Country:

Street Address:
Street Line 1:
Street Line 2: [Add More Lines](#)

City/Town: State/Territory: ZIP Code:

Daytime Telephone Number:
 U.S. International

10-digit Number Phone Type

What is the best time to call?
 9 a.m. to Noon Noon to 5 p.m. Anytime between 9 a.m. and 5 p.m.

Email Address:
We will send an acknowledgement to this address.

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

Language Preferences

Language preferred for speaking:

Language preferred for reading:

In this section...

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

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1.7. ini003-1_Contact Information_Foreign

Text Size | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Contact Information for Jane Public

Mailing Address:

Country:

Street Address:

Street Line 1:

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

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

Do you live at this address?
 Yes No

Residence Address:

Country:

Street Address:

Street Line 1:

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

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

Daytime Telephone Number:
 U.S. International

Country Code + Number Phone Type

What is the best time to call?
 9 a.m. to Noon Noon to 5 p.m. Anytime between 9 a.m. and 5 p.m.

Email Address:
We will send an acknowledgement to this address.

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

Language Preferences

Language preferred for speaking:

Language preferred for reading:

In this section...

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

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1.8. ini004-1_Birth and Citizenship

Text Size ▾ | Accessibility Help



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Benefit Application

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

Birth and Citizenship Information for Jane Public

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

U.S. or U.S. Territory Other

City/Town State/Territory

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

Yes No

Type of citizenship: [? More Info](#)

Date of Citizenship:

January 2002

Month Day Year

In this section...

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

Next Previous

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1.9. ini004-1_Birth and Citizenship_foreign citizen

Text Size | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Birth and Citizenship Information for Jane Public

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

City/Town Country

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

Country of Citizenship:

In this section...

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

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1.10. ini005-1_01_Medicare Election Information

Text Size  | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Medicare Information for Jane Public

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

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

Next Previous

In this section...

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

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1.11. apn001-r1_Application Number

Text Size | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

 Application Number:

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

Application Number:

In this section...

- Initial Information
- Application Number
- Additional Information

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](#)

Application Number for Jane Public

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

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

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

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

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

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

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

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

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

NextPreviousSave & Exit

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1.12. adi001-1_01_Other SSNs and Names

Text Size | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Other SSNs and Names

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

Yes No

1st Other Social Security Number (SSN):

2nd Other Social Security Number (SSN):

3rd Other Social Security Number (SSN):

4th Other Social Security Number (SSN):

5th Other Social Security Number (SSN):

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

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

Yes No

1st Other Name:

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

2nd Other Name:

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

3rd Other Name:

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

4th Other Name:

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

5th Other Name:

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

NextPreviousSave & Exit

In this section...	
<input checked="" type="radio"/>	Initial Information
<input checked="" type="radio"/>	Application Number
<input type="radio"/>	Additional Information
<input type="radio"/>	Other SSNs and Names
<input type="radio"/>	Disability

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1.13. adi002-1_01_Disability

Text Size  | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Disability for Jane Public

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

Yes No

What date did you become unable to work?

Month Day Year

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

[Things to Consider](#)

Yes No

Are you blind?

Yes No

NextPreviousSave & Exit

In this section...

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

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1.14. fam001-1_01_Marriage Information

Text Size | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Marriage Information for Jane Public

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

Yes No

Marriage

Spouse's Name:
Provide name at birth.

First	Last

Spouse's Social Security Number (SSN):

Spouse's Social Security Number Unknown

Do you know your Spouse's date of birth?

Yes No

Date of Marriage:

-	-	-
Month	Day	Year

Place of Marriage: [More Info](#)

U.S. or U.S. Territory Other

	-
City/Town	State/Territory

Marriage Type: [More Info](#)

-

NextPreviousSave & Exit

- In this section...**
- Family Details
 - Marriage Information**
 - Prior Marriages
 - Children
 - Military Details
 - Earnings Details
 - When to Start Benefits

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1.15. fam001-1_01_Marriage Information_Yes

Text Size | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Marriage Information for Jane Public

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

Yes No

Marriage

Spouse's Name:
Provide name at birth.

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

Spouse's Social Security Number (SSN):

Spouse's Social Security Number Unknown

Do you know your Spouse's date of birth?

Yes No

Spouse's Date of Birth:

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

Date of Marriage:

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

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

U.S. or U.S. Territory Other

<input type="text"/>	<input type="text"/>
City/Town	State/Territory

Marriage Type: [? More Info](#)

NextPreviousSave & Exit

- In this section...**
- Family Details
 - Marriage Information**
 - Prior Marriages
 - Children
 - Military Details
 - Earnings Details
 - When to Start Benefits

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1.16. fam001-1_01_Marriage Information_No

Text Size  | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Marriage Information for Jane Public

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

Yes No

Marriage

Spouse's Name:
Provide name at birth.

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

Spouse's Social Security Number (SSN):

Spouse's Social Security Number Unknown

Do you know your Spouse's date of birth?

Yes No

Spouse's Age:

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

U.S. or U.S. Territory Other

<input type="text"/>	<input type="text"/>
City/Town	State/Territory

Marriage Type: [? More Info](#)

NextPreviousSave & Exit

In this section...

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

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1.17. fam002-1_02_Prior Marriages

Text Size  | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Prior Marriages for Jane Public

Did you have any prior marriages? [More Info](#)

Yes No

Did you have any prior marriage that lasted at least 10 years?

Yes No

Did you have any prior marriage that ended due to your spouse's death?

Yes No

Next Previous Save & Exit

In this section...

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

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1.18. fam002-1_02_Prior Marriages_add page_empty table

Text Size  | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & Submit

Next Steps

Prior Marriages for Jane Public

Did you have any prior marriages? [More Info](#)

Yes No

Did you have any prior marriage that lasted at least 10 years?

Yes No

Did you have any prior marriage that ended due to your spouse's death?

Yes No

Details of Prior Marriages

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

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

NextPreviousSave & Exit

In this section...

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

English iClaim – Updated Final Screen Package

1.19. fam002-1_02_Prior Marriages_add page4

Text Size | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Prior Marriage Details

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

Prior Spouse's Name:
Provide name at birth.

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

Prior Spouse's Social Security Number (SSN):

Prior Spouse's Social Security Number Unknown

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

Date Marriage Started:
Estimate if not sure

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

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

<input type="text"/>	<input type="text"/>
City/Town	State/Territory

Marriage Type: [More Info](#)

Date Marriage Ended:
Estimate if not sure

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

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

<input type="text"/>	<input type="text"/>
City/Town	State/Territory

How did the marriage end?

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

- In this section...
- Family Details
 - Marriage Information
 - Prior Marriages
 - Children
 - Military Details
 - Earnings Details
 - When to Start Benefits

English iClaim – Updated Final Screen Package

1.20. fam002-1_02_Prior Marriages_add_waddl questions

Text Size | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Prior Marriage Details

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

Prior Spouse's Name:
Provide name at birth.

First	Last

Prior Spouse's Social Security Number (SSN):

Prior Spouse's Social Security Number Unknown

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

Date Marriage Started:
Estimate if not sure

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

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

<input style="width: 95%;" type="text"/>	<input type="text" value="--"/> <small>State/Territory</small>
City/Town	State/Territory

Marriage Type: [More Info](#)

Date Marriage Ended:
Estimate if not sure

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

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

<input style="width: 95%;" type="text"/>	<input type="text" value="--"/> <small>State/Territory</small>
City/Town	State/Territory

How did the marriage end?

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

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

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

- In this section...
- Family Details
 - Marriage Information
 - Prior Marriages
 - Children
 - Military Details
 - Earnings Details
 - When to Start Benefits

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1.21. fam002-1_02_Prior Marriages_add page_Yes

Text Size | Accessibility Help



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Identification General Other Benefits Remarks Review & SubmitNext Steps

Prior Marriage Details

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

Prior Spouse's Name:
Provide name at birth.

First	Last

Prior Spouse's Social Security Number (SSN):

Prior Spouse's Social Security Number Unknown

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

Prior Spouse's Date of Birth:

-	-	-
Month	Day	Year

Date Marriage Started:
Estimate if not sure

-	-	-
Month	Day	Year

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

	-
City/Town	State/Territory

Marriage Type: [More Info](#)

-

Date Marriage Ended:
Estimate if not sure

-	-	-
Month	Day	Year

Place Marriage Ended: [More Info](#)

U.S. or U.S. Territory Other

	-
City/Town	State/Territory

How did the marriage end?
Annulment

-

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

In this section...

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

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1.22. fam002-1_02_Prior Marriages_add page_No

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✔ Identification ○ General ○ Other Benefits ○ Remarks ○ Review & Submit Next Steps

Prior Marriage Details

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

Prior Spouse's Name:
Provide name at birth.

First Last

Prior Spouse's Social Security Number (SSN):

Prior Spouse's Social Security Number Unknown

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

Prior Spouse's Age:

Date Marriage Started:
Estimate if not sure

Month Day Year

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

City/Town State/Territory

Marriage Type: [More Info](#)

Date Marriage Ended:
Estimate if not sure

Month Day Year

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

City/Town State/Territory

How did the marriage end?

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

In this section...

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

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1.23. fam002-1_02_Prior Marriages_summary page

Text Size  | Accessibility Help



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Identification General Other Benefits Remarks Review & SubmitNext Steps

Prior Marriages for Jane Public

Did you have any prior marriages?
 Yes No

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

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

Details of Prior Marriages

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

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

In this section...

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

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1.24. fam002-1_02_Prior Marriages_summary page_message

Text Size | Accessibility Help

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Prior Marriages for Jane Public

Did you have any prior marriages?
 Yes No

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

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

Details of Prior Marriages

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

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

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

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

In this section...

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

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1.25. fam003-r1_Children

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Identification General Other Benefits Remarks Review & Submit Next Steps

Children for Jane Public

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

Do you have any children who became disabled prior to the age of 22?
 Yes No

Do you have any unmarried children under age 18?
 Yes No

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

In this section...

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

Names of children for which you answered "Yes" above

Child's Name 1:
First Last

Child's Name 2:
First Last

Child's Name 3:
First Last

Child's Name 4:
First Last

Child's Name 5:
First Last

Child's Name 6:
First Last

Child's Name 7:
First Last

Child's Name 8:
First Last

Child's Name 9:
First Last

Child's Name 10:
First Last

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

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

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1.26. mil001-1_Military Details_initial state

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Identification General Other Benefits Remarks Review & Submit Next Steps

Military Details for Jane Public

Were you in the US Military Service prior to 1968? [More Info](#)
 Yes No

Are you receiving or eligible to receive a military or civilian Federal agency benefit?
 Yes No

What type of benefit?

Next Previous Save & Exit

In this section...

- Family Details
- Military Details
- Earnings Details
- When to Start Benefits

English iClaim – Updated Final Screen Package

1.27. mil001-1_Military Details_tableempty

Text Size | Accessibility Help

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Identification General Other Benefits Remarks Review & Submit Next Steps

Military Details for Jane Public

Were you in the US Military Service prior to 1968? [? More Info](#)
 Yes No

Are you receiving or eligible to receive a military or civilian Federal agency benefit?
 Yes No

What type of benefit?

In this section...

- Family Details
- Military Details
- Earnings Details
- When to Start Benefits

Details of Military Service

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

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1.28. mil001-1_Military Details_Period1

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Identification General Other Benefits Remarks Review & SubmitNext Steps

Military Period

Type of Duty:

Branch of Service:

Start Date of Military Service Period:

Month Day Year

End Date of Military Service Period:

Month Day Year

In this section...

- Family Details
- Military Details
- Earnings Details
- When to Start Benefits

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1.29. mil001-1_Military Details_Table9Row_NoWarning

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Military Details for Jane Public

Were you in the US Military Service prior to 1968? [? More Info](#)

Yes No

Are you receiving or eligible to receive a military or civilian Federal agency benefit?

Yes No

What type of benefit?

In this section...

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

Details of Military Service

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

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1.30. mil001-1_Military Details_Table10Row_Warning

Text Size ▾ | Accessibility Help



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Military Details for Jane Public

Were you in the US Military Service prior to 1968? [More Info](#)

Yes No

Are you receiving or eligible to receive a military or civilian Federal agency benefit?

Yes No

What type of benefit?

Details of Military Service

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

Is there another period of military service prior to 1968?

Yes No

⚠ More Than 10 Military Service Periods

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

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In this section...

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

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1.31. ear001-1-lag_Employer Details

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Employer Details for Jane Public

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

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

Next Previous Save & Exit

In this section...

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

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1.32. ear001-1-lag_01_tableEmpty

Text Size  | Accessibility Help



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Employer Details for Jane Public

Did you work for an employer in 2009? [More Info](#)

Yes No

Did you work or will you work for an employer in 2010 or 2011? [More Info](#)

Yes No

Details of Employer Information

Please add all employers you worked for in 2010 and 2011.

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

In this section...

- Family Details
- Military Details
- Earning Details
- Employer Details
- Self Employment
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
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1.33. ear001-1-lag_02_EmployerDetailEntry

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Employer Details

Employer's Name:

Employer's Address:

Country:

Street Address:

Street Line 1:

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

City/Town: **State/Territory:** **ZIP Code:**

Start Date of Employment:

Month: Year:

End Date of Employment:

Month: Year:

Employment has not ended

In this section...

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

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1.34. ear001-1-lag_02_EmployerDetailEntry_Foreign Address

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Employer Details

Employer's Name:

Employer's Address:

Country:

Street Address:

Street Line 1:

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

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

Start Date of Employment:

Month Year

End Date of Employment:

Month Year

Employment has not ended

In this section...

- Family Details
- Military Details
- Earning Details
- Employer Details**
- Self Employment
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
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1.35. ear001-1-lag_03_table1Row

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Employer Details for Jane Public

Did you work for an employer in 2009? [More Info](#)

Yes No

Did you work or will you work for an employer in 2010 or 2011? [More Info](#)

Yes No

Details of Employer Information

Please add all employers you worked for in 2009, 2010 and 2011.

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

NextPreviousSave & Exit

In this section...

- Family Details
- Military Details
- Earning Details
- Employer Details
- Self Employment
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
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1.36. ear001-1-lag_05_table9Rows

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Employer Details for Jane Public

Did you work for an employer in 2009? [More Info](#)

Yes No

Did you work or will you work for an employer in 2010 or 2011? [More Info](#)

Yes No

Details of Employer Information

Please add all employers you worked for in 2009, 2010 and 2011.

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

Another employer for 2009, 2010 or 2011?

Yes No

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

In this section...

- Family Details
- Military Details
- Earning Details
- Employer Details**
- Self Employment
- Supplemental Information
- Total Earnings
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1.37. ear002-lag_Self Employment

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Self-Employment Details for Jane Public

Were you self-employed in 2009?
 Yes No

Type of Business:

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

Were you self-employed in 2010?
 Yes No

Type of Business:

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

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

Type of Business:

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

Next Previous Save & Exit

In this section...

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

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Self-Employment Details for Jane Public

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

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

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

Next Previous Save & Exit

In this section...

- Family Details
- Military Details
- Earning Details
- Employer Details
- Self Employment
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1.39. ear003-1-a_Supplemental Information

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Supplemental Information for Jane Public

Foreign Social Security

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

Are you eligible for benefits under a foreign Social Security system? [More Info](#)
 Yes No

In what country are you eligible for benefits?
..

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

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

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

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

Social Security Statement

Do you agree with your earnings history as shown on your Social Security Statement? [More Info](#)
 Yes
 No
 Not sure or I do not have a statement

Corporate Officer

Are you a Corporate Officer of your employer? [More Info](#)
 Yes No

Are you related to a Corporate Officer of your employer? [More Info](#)
 Yes No

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

Authorization

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

Next Previous Save & Exit

Go to...

- Family Details
- Military Details
- Earning Details
- Employer Details
- Self Employment
- Supplemental Information
- Total Earnings
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1.40. ear004_Total Earnings

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Identification General Other Benefits Remarks Review & Submit Next Steps

Total Earnings for Jane Public

Total Earnings for 2009

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

\$
(XXXX.XX)

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

Yes No

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

Select All Options

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October

In this section...

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

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- November
- December

Total Earnings for 2010

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

\$
(XXXX.XX)

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

Yes No

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

Select All Options

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

Total Earnings for 2011

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

\$
(XXXX.XX)

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

Yes No

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

Select All Months

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

Special Payments

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

Yes No

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

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ear004-d1-b_Total Earnings

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Identification General Other Benefits Remarks Review & Submit Next Steps

Total Earnings for Jane Public

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

I have never worked.

Next Previous Save & Exit

In this section...

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

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1.41. ear005-1-a_Other Pensions/Annuities

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Identification General Other Benefits Remarks Review & SubmitNext Steps

Other Pensions/Annuities for Jane Public

Work Not Covered By Social Security

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

Yes No

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

Yes No

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

Yes No

What date is the pension or annuity expected to begin?

Month Day Year

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

Yes No

Railroad Employment

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

Yes No

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

Yes No

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

Yes No

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

Yes No

NextPreviousSave & Exit

In this section...

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

Last Updated: 5/16/2011

Page **46** of **81**
Version 1.5

English iClaim – Updated Final Screen Package

1.42. wst000-1_Reduced Benefits

Text Size  | Accessibility Help

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

Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Reduced Benefits for Jane Public

Reduced Benefits: [More Info](#)

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

I will accept an age-related reduction

Next Previous Save & Exit

In this section...

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

English iClaim – Updated Final Screen Package

1.43. wst001-1-b_When to Start Retirement Benefits

Text Size ▾ | Accessibility Help



Social Security

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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

When to Start Retirement Benefits for Jane Public

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

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

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

We need to know when you want to start benefits.

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

In this section...

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

English iClaim – Updated Final Screen Package

1.44. wst001-1-e_When to Start Retirement Benefits

Text Size | Accessibility Help

**Social Security**
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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

When to Start Retirement Benefits for Jane Public

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

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

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

We need to know when you want to start benefits.

Do you want benefits to start in 11/2010?

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

What date should benefits start?

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

Currently working and plan to retire on this date

No longer working

Other Reason:

Please briefly describe the reason. (35 characters maximum)

In this section...

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

English iClaim – Updated Final Screen Package

1.45. wst001-3-c_When to Start Retirement Benefits

Text Size | Accessibility Help



Social Security

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

Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

When to Start Retirement Benefits for Jane Public

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

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

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

[Go to Estimator](#)

We need to know when you want to start benefits.

What date should benefits start?

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

Currently working and plan to retire on this date

No longer working

Other Reason:

Please briefly describe the reason. (35 characters maximum)

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

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

Yes No

In this section...

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

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

English iClaim – Updated Final Screen Package

1.46. wst001-3-d_When to Start Retirement Benefits

Text Size | Accessibility Help

Social Security
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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Reduced Benefits for for Jane Public

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

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

English iClaim – Updated Final Screen Package

1.47. wst002-1_Direct Deposit Details

Text Size ▾ | Accessibility Help

 **Social Security**
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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Direct Deposit Details for Jane Public

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

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

Account Type Routing Number Account Number

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

Next Previous Save & Exit

In this section...

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

1.48.

English iClaim – Updated Final Screen Package

1.49. bni001-1_Benefit Information

Text Size ▾ | Accessibility Help

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

Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Benefit Information for Jane Public

Supplemental Security Income (SSI)

The SSI program pays benefits to people age 65 and older or blind or disabled adults under 65 who have limited income and resources. [More Info](#)

Have you recently applied for Supplemental Security Income?

Yes No

Do you intend to apply for Supplemental Security Income?

Yes No

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

Have you previously applied for Medicare, Social Security Benefits, or Supplemental Security Income (SSI) benefits?

Yes No

Which type(s) of benefits?
Please select all that apply

Medicare benefits

Social Security benefits

Supplemental Security Income benefits

Did you previously apply using your own Social Security Number?

Yes No

Please provide the Social Security number and name of the person on whose record you previously applied.
For example, if you previously applied for a child's benefits, please provide the parent's name and Social Security Number.

1st Person's Name:

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

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

2nd Person's Name:

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

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

NextPreviousSave & Exit

English iClaim – Updated Final Screen Package

1.50. bni002-3_Health Insurance

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

Health Insurance for Jane Public

Medicare Coverage

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

Yes No

Are you enrolled on your own Social Security Number?

Yes No

Other Health Insurance Coverage

Are you receiving Medicaid (state health insurance)? [More Info](#)

Yes No

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

Yes No

Next Previous Save & Exit

In this section...

- Benefit Information
- Benefit Information
- Health Insurance

English iClaim – Updated Final Screen Package

1.51. rem001_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 & SubmitNext Steps

Remarks for Jane Public

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

Characters remaining: XXXX

NextPreviousSave & Exit

In this section...

- Remarks

English iClaim – Updated Final Screen Package

1.52. ovs001-r1-a_Overall Summary



Benefit Application

Identification

General

Other Benefits

Remarks

Review & Submit

Next Steps

Overall Summary for Jane Public

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

In this section...

Overall Summary

Send This Application

Identification: Initial Information

Edit

Applicant Identification

Applicant Name: **Jane Q Public**

Social Security Number: **743991249**

Gender: **Female**

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

Edit

Contact Information

Mailing Address

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

Reside at this address: **Yes**

Phone and email

Daytime telephone number: **301 555 7890**

Type of phone: **Home**

Best time to call: **--**

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

English iClaim – Updated Final Screen Package

Language preferences

Preferred language for speaking: **English**

Preferred language for reading: **English**

Birth and Citizenship Information

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

City of Birth: **Silver Spring**

State of Birth: **MARYLAND**

US Citizen: **Yes**

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

Medicare Information

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

Identification: Application Number

Application Number

The Application Number is: **45646564**

(The Application Number cannot be edited.)

Identification: Personal Information

Other Social Security Numbers and Names

Other Social Security Numbers

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

Other names

Any other names used: **No**

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Disability

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

General: Family

Marriage Information

Currently married: **Yes**

Spouse's Name: **Frank Walker**

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

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

Marriage Date: **June 24, 1990**

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

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

Place of Marriage: **Columbia, MARYLAND**

Prior Marriages

Had any prior marriages: **Yes**

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

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

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

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

First prior spouse's age: **36**

First prior marriage began on: **April 17, 1973**

First prior marriage type: **Married by Clergy or Public Official**

First prior marriage began in U.S. or U.S. territory: **Yes**

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

First prior marriage ended in U.S. or U.S. territory: **Yes**

First prior marriage ended in: **--**

First prior marriage ended on: **October 05, 1986**

First prior marriage ended because of: **Death**

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[Edit](#) 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](#) Military Details

Military service prior to 1968: **Yes**

Receiving or eligible to receive military or civilian Federal agency benefit: **No**

First Military Period Type of Duty: **Active**

First Military Period Branch of Service: **Navy**

First Military Period Start Date: **September 20, 1970**

First Military Period End Date: **September 21, 1975**

General: Earnings

[Edit](#) Employer Details

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

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

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

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

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

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

[Edit](#) Self-Employment Details

Self-employed in 2009: **No**

Self-employed in 2010: **No**

Self-employed in 2011: **No**

English iClaim – Updated Final Screen Package

Edit Supplemental Information

Worked outside the US: **No**

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

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

A Corporate Officer of employer: **No**

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

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

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

Edit Total Earnings

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

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

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

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

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

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

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

Edit 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 When to Start Retirement Benefits

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

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

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<input type="button" value="Edit"/> <input checked="" type="checkbox"/> Direct Deposit Details
Account Type: Checking Routing Number: 052001633 Account Number: 123456789
Other Benefits: Benefit Information
<input type="button" value="Edit"/> <input checked="" type="checkbox"/> 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
<input type="button" value="Edit"/> <input checked="" type="checkbox"/> Health Insurance
Already enrolled in Medicare Part B: No Desire to enroll in Medicare Part B: No Receiving Medicaid: No Covered under a group health plan: No
Remarks
<input type="button" value="Edit"/> <input checked="" type="checkbox"/> Remarks
The following are your remarks:

English iClaim – Updated Final Screen Package

1.53. snd001-r1_Send This Application

Text Size ▾ | Accessibility Help



Social Security
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Benefit Application

✔ Identification ✔ General ✔ Other Benefits ✔ Remarks ○ Review & Submit Next Steps

Electronic Signature & Submission for Jane Public

Congratulations, you're just about ready to complete your application for retirement benefits.

Please read and accept the following statement to finish the application. If you are helping someone to complete the application, then that person needs to read and accept the statements.

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

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

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

Submit Now Previous Save & Exit

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.

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

- **Original Birth Certificate** or a **Certified Copy** of your birth certificate or other [proof of birth](#). We cannot accept a photocopy unless it is certified by the office that issued the document;
- [Citizenship/Naturalization](#) (if other than your U.S. birth certificate). We cannot accept a photocopy;
- [Wages from your employer](#) for last year (e.g., copy of your W-2 form). We can accept a photocopy of this document;
- If we determine that you qualify for benefits as a spouse, we may also need proof of your marriage. We will contact you if we need this document.

Do not delay mailing or bringing in your documents, even if you do not have all the documents we need. We will help you get any other documents you need.

You can mail or take your documents to any Social Security Office.

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

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

In this section...

[Receipt](#)

[What's Next?](#)

English iClaim – Updated Final Screen Package

Caution: Do not mail foreign records or any Department of Homeland Security (DHS) documents to us - especially those you are required to keep with you at all times. These documents are extremely difficult, time-consuming and expensive to replace if lost; and some cannot be replaced. Instead, **bring them to your Social Security office** where they will be examined and returned to you.

Identification: Initial Information

Applicant Identification

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

Contact Information

Mailing Address

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

Phone and email

Daytime telephone number: **301 555 7890**
Type of phone: **Home**
Best time to call: **--**
Email address: **jane@email.com**

Language preferences

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

Birth and Citizenship Information

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

English iClaim – Updated Final Screen Package

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

Medicare Information

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

Identification: Personal Information

Other Social Security Numbers and Names

Other Social Security Numbers

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

Other names

Any other names used: **No**

Disability

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

General: Family

Marriage Information

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

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Prior Marriages

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

Children

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

General: Military

Military Details

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

English iClaim – Updated Final Screen Package

General: Earnings

Employer Details

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

Self-Employment Details

Self-employed in 2009: **No**
Self-employed in 2010: **No**
Self-employed in 2011: **No**

Supplemental Information

Worked outside the US: **No**
Spouse or prior spouse worked outside the US: **No**
Agree with earning history as shown on Social Security statement: **Not sure or I do not have a statement**
A Corporate Officer of employer: **No**
Related to a Corporate Officer of employer: **No**
Receive earnings from a Family Corporation or other closely held corporation: **No**
Permission granted to contact employer(s) if necessary: **Yes**

Total Earnings

Total of all wages and tips in 2009: **\$45000**
Earned wages and tips over \$3140 in all months of 2009: **Yes**
Total of all wages and tips in 2010: **\$45000**
Earned wages and tips over \$3140 in all months of 2010: **Yes**
Total of all wages and tips in 2011: **\$2550**

English iClaim – Updated Final Screen Package

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

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

Other Pensions/Annuities

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

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

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

General: When to Start Benefits

When to Start Retirement Benefits

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

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

Direct Deposit Details

Account Type: **Checking**

Routing Number: **052001633**

Account Number: **123456789**

Other Benefits: Benefit Information

Benefit Information

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

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

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

Other Benefits: Disability Questions

Health Insurance

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

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

Receiving Medicaid: **No**

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

Remarks

Remarks

The following are your remarks:

Next

English iClaim – Updated Final Screen Package

1.55. wtn001-r1_Next Steps

Default view, Contact Information will display expanded and the other remaining sections will display collapsed.

Text Size | Accessibility Help



Social Security

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

Benefit Application

✔ Identification✔ General✔ Other Benefits✔ Remarks✔ Review & SubmitNext Steps

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

Your Confirmation Number is: **45646564**

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.

You can check the status of your application after 5 business days. Go to <http://www.socialsecurity.gov>, select "Check the Status of Your Application" and enter your Confirmation Number.

We recommend that you print this page or write down your Confirmation Number.

 [Print this Page](#)

Additional Information for Jane Public

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

 [To Contact Your Local Social Security Office](#)

- 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 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.

 [Helpful Information](#)

 [Medicare Information](#)

 [Helpful Health Care Websites](#)

Done[Previous](#)

In this Section...

-  [Receipt](#)
-  [What's Next?](#)

English iClaim – Updated Final Screen Package

1.56. wtn001-r1_Next Steps-Expanded

Text Size  | Accessibility Help



Social Security

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

Benefit Application

✔ Identification✔ General✔ Other Benefits✔ Remarks✔ Review & SubmitNext Steps

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

Your Confirmation Number is: **45646564**

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.

You can check the status of your application after 5 business days. Go to <http://www.socialsecurity.gov>, select "Check the Status of Your Application" and enter your Confirmation Number.

We recommend that you print this page or write down your Confirmation Number.

 [Print this Page](#)

Additional Information for Jane Public

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

 **To Contact Your Local Social Security Office**

- 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 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.

 **Helpful Information**

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

In this Section...

-  [Receipt](#)
-  [What's Next?](#)

English iClaim – Updated Final Screen Package

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.

Done

Previous

2. Messages

2.1. msg005_GoToEstimator

Text Size  | Accessibility Help



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

Benefit Application

 **Go to Estimator**

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

To Come Back to This Application Later

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

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

[Go to Estimator](#) [Previous](#)

English iClaim – Updated Final Screen Package

2.2. msg010_Check the Information You Entered

Text Size ▾ | Accessibility Help



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

Benefit Application

 **Check the Information You Entered**

Please make sure all the information you entered is correct.

- If you typed the wrong information, you will need to correct it before continuing. To return to your application, select the "Next" button below.
- If you prefer, you can contact Social Security to make other arrangements to complete a Social Security Application. Be sure to tell the representative that you tried the Internet Benefit Application and received this message.

To Contact Social Security:

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

Next

English iClaim – Updated Final Screen Package

2.3. msg027_We cannot process your request at this time

Text Size ▾ | Accessibility Help



Social Security

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

Benefit Application

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

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

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

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

Exit

English iClaim – Updated Final Screen Package

2.4. msg028_This service is not available at this time



The screenshot displays the Social Security Administration's website interface. At the top right, there are links for 'Text Size' and 'Accessibility Help'. The main header features the Social Security Administration logo and the text 'Social Security The Official Website of the U.S. Social Security Administration'. Below this, the page title is 'Benefit Application'. A prominent yellow warning box contains the message: 'This Service Is Not Available At This Time'. Below the warning, it states: 'This service is available during the following hours (Eastern Time):' followed by a list of hours: 'Monday through Friday: 5:00 AM - 1:00 AM', 'Saturday: 5:00 AM - 11:00 PM', 'Sunday: 8:00 AM - 10:00 PM', and 'Holidays: 5:00 AM - 11:00 PM'. At the bottom of the page, there is a blue 'Exit' button.

Text Size | Accessibility Help

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

Benefit Application

 **This Service Is Not Available At This Time**

This service is available during the following hours (Eastern Time):

- Monday through Friday: 5:00 AM - 1:00 AM
- Saturday: 5:00 AM - 11:00 PM
- Sunday: 8:00 AM - 10:00 PM
- Holidays: 5:00 AM - 11:00 PM

[Exit](#)

English iClaim – Updated Final Screen Package

2.5. msg045_Hours of Operation

Text Size  | Accessibility Help



Social Security

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

Benefit Application

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

The Internet Benefit Application is available during the following hours (Eastern Time):

- Monday through Friday: 5:00 AM - 1:00 AM
- Saturday: 5:00 AM - 11:00 PM
- Sunday: 8:00 AM - 10:00 PM
- Holidays: 5:00 AM - 11:00 PM

If you start the application now and the system shuts down before you finish it, you will lose only the information on the page you are working on at the time of the shutdown.

We estimate that it will take between 10 and 30 minutes to read the instructions, gather the facts, and answer the questions, but this will depend upon the number of questions you need to answer.

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

English iClaim – Updated Final Screen Package

2.6. msg051_We cannot Process your request

Text Size ▾ | Accessibility Help



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

Benefit Application



We Cannot Process Your Request

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

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

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

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

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

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

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

English iClaim – Updated Final Screen Package

2.7. msg052_We cannot Process your request

Text Size ▾ | Accessibility Help



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

Benefit Application



We Cannot Process Your Request

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

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

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

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

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

Exit

English iClaim – Updated Final Screen Package

2.8. msg152_Sign Off

Text Size  | Accessibility Help



Social Security

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

Benefit Application

 **Save & Exit**

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

Application Number: **45646564**

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

To Come Back to This Application Later

1. Go to this web site: "<http://www.socialsecurity.gov/retireonline>"
2. Select "Return to a Saved Application".
3. Type in your Social Security Number and the Application Number shown below.
4. You will be taken back to where you left off in the application.

If you lose or forget your Application Number, you will have to begin this application over again and you will lose all the information you already entered. To ensure your privacy, no one else can have access to your Application Number. Social Security can help you start the process over again, but we cannot access your Application Number. To have a record of your Application Number, print this page and keep it in a safe place.

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

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

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

Unable To Come Back?

If, for some reason, you are unable to come back to this application later, you can use any of the following ways to complete an Internet Benefit Application:

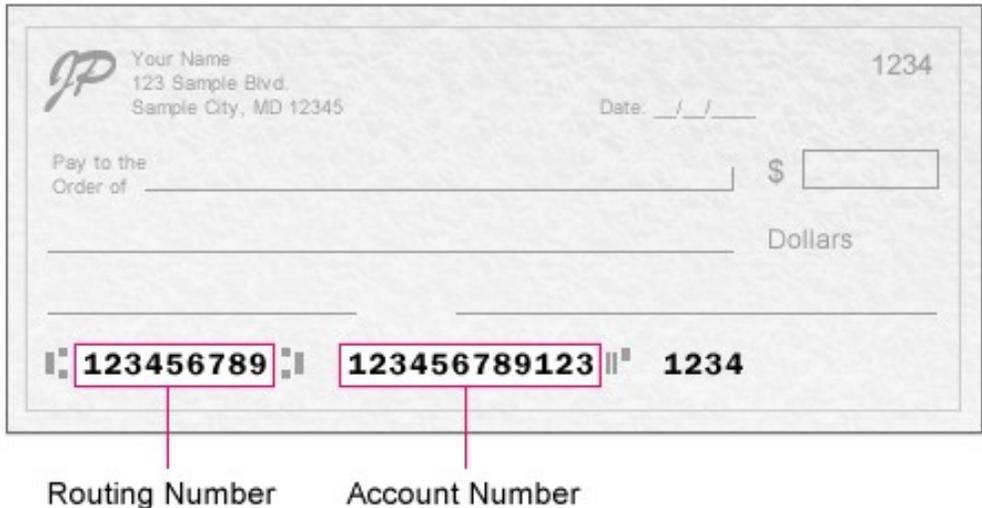
- Call our number, **1-800-772-1213 (TTY 1-800-325-0778)**. Explain that you don't want to use the online application process but do want to file a claim. Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact your [local Social Security office](#) and tell the representative that you want to complete a benefit application.
- If you live outside the United States, see [Service Around the World](#).

Save & Exit Return to Application

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

Where can I find this?

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



Important:

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

Close