

English iClaim AllElse Screen Package

Version 1.6

Social Security Administration

May 20, 2011

English iClaim – AllElse 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** – language and page layout changes
 - Myself link goes to: <http://www.socialsecurity.gov/info/isba/disability/firstpartydib.htm>
 - Someone else link goes to: <http://www.socialsecurity.gov/info/isba/disability/thirdpartytype.htm>
 - Changed the button label from “Continue Application” to “Return to a Saved Application”
 - 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 **WTN001** – all pages first and third party – language placement changes. Helpful Information, Medicare Information, and Helpful Health Care Websites will be displayed “collapsed” by default. The Contact Information will be displayed “expanded” by default.
 - Disability version:
 - modified language in the “What’s Next” section
 - Added link for video
 - Link for Adult Disability Checklist goes to: <http://www.ssa.gov/hlp/radr/10/ovw001-checklist.htm>,
 - Provide language to offer a Spanish-speaking applicant an alternative to exiting the application.
- Correction to **REM002-R1**, language change from “Sign Now” to “Submit Now”

5/20/11

- Updated the ENT002 screen 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 Disability Application.

This is only one of several steps in the process to apply online for disability benefits. If this is the first time you are learning about this process please go to the [applying online for disability benefits page](#) to review all the steps you need to complete your 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 disability, 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:

- [Information About the Disability Program](#)
- [Other Ways To Apply for Benefits](#)
- [Unfinished Applications](#)
- [Your Right To Representation](#)
- [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. ini001-r3_Preparers Contact Info

Text Size  | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Preparer's Contact Information

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

Preparer's Name:

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

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

Preparer's Relationship to Applicant:

If other, please specify:

Preparer's Address:

Country:

Street Address:

Street Line 1:

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

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

Preparer's Daytime Phone Number:

U.S. International

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


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


NextPrevious

- In this section...
- Initial Information
 - Application Number
 - Additional Information

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1.4. ini001-r3_Preparers Contact Info Foreign

Text Size  | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Preparer's Contact Information

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

Preparer's Name:

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

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

Preparer's Relationship to Applicant:

Other

If other, please specify:

Preparer's Address:

Country:

Street Address:

Street Line 1:

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

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

Preparer's Daytime Phone Number:

U.S. International

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


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


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- In this section...
- Initial Information**
 - Application Number
 - Additional Information

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1.5. ini001-d3_Preparers Contact Info

Text Size  | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Preparer's Contact Information

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

Preparer's Name:

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

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

Preparer's Relationship to Applicant:

Preparer's Address:

Country:

Street Address:

Street Line 1:

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

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

Preparer's Daytime Phone Number:

U.S. International

10-digit Number [Ext.](#)


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


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1.6. ini001-d3_Preparers Contact Info Foreign

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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Preparer's Contact Information

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

Preparer's Name:

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

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

Preparer's Relationship to Applicant:

If other, please specify:

Preparer's Address:

Country:

Street Address:

Street Line 1:

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

City/Town:	State/Province/Region:	Postal Code:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Preparer's Daytime Phone Number:

U.S. International

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
10-digit Number	Ext.

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


[Next](#)[Previous](#)


- In this section...**

 - Initial Information**
 - Application Number
 - Additional Information

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1.7. ini002-d1_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 Birth:

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

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

Yes No

Are you blind?

Yes No

In this section...

- Initial Information
- Application Number
- Additional Information

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1.8. ini002-d1_01_Applicant Identification



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Benefit Application

Identification

General

Other Benefits

Remarks

Review & Submit

Next Steps

Applicant Identification

Applicant's Name:

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

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

Social Security Number (SSN):

Gender:

Male Female

Date Birth:

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

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

Yes No

What date did you become unable to work?

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

Are you blind?

Yes No

In this section...

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1.9. apn001-d1_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 Disability application. We are providing you with an Application Number. The number can be used to restart an incomplete application. You may need it to complete your online application if you decide to continue the application later or to check the status of your claim.

Application Number: **71761784**

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

 [Print this Page](#)

In this section...

- Initial Information
- Application Number**
- Additional Information

Application Number for Jane Public

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

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

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

We may use 11/09/2010 as the official date of this application. In order to use 11/09/2010, we must receive the signed application by **05/10/2011 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

1.10. apn001-m1_Application Number



Benefit Application


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

Application Number:

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

Application Number: **45646564**

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

 [Print this Page](#)

In this section...

- Initial Information
- Application Number
- Additional Information

Application Number for Jane Public

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

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

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

We may use 11/09/2010 as the official date of this application. In order to use 11/09/2010, we must receive the signed application by **05/10/2011**. **You may lose Medicare coverage** if we do not receive the signed application by **05/10/2011**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day.

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

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

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[Previous](#)

[Save & Exit](#)

1.11. adi003-1_Disability

Text Size  | [Accessibility Help](#)



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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Disability Benefits for Jane Public

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

 [Things to Consider](#)

Yes No

Next Previous Save & Exit


In this section...

- [Initial Information](#)
- [Application Number](#)
- [Additional Information](#)

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1.12. fam003-d1_Children

Text Size | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext 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 twelve months, please answer "Yes."

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

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

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

Names of children for which you answered "Yes" above

Child's Name 1:
First: Last:

Child's Name 2:
First: Last:

Child's Name 3:
First: Last:

Child's Name 4:
First: Last:

Child's Name 5:
First: Last:

Child's Name 6:
First: Last:


Child's Name 7:
First: Last:

Child's Name 8:
First: Last:

Child's Name 9:
First: Last:

Child's Name 10:
First: Last:


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


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

NextPreviousSave & Exit

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1.13. ear005-1-b_Other_Pensions_Annuities

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Benefit Application

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

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

Yes No

Railroad Employment

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Federal Government Employment in January 1983

Did you work for the Federal Government in January 1983?

Yes No

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In this section...

- Children
- Other Pensions/Annuities**
- When to Start Retirement Benefits

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1.14. ear005-1-e_Other_Pensions_Anuities

Text Size ▾ | Accessibility Help



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Benefit Application

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

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

Yes No

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

Yes No

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

Yes No

Railroad Employment

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Federal Government Employment in January 1983

Did you work for the Federal Government in January 1983?

Yes No


NextPreviousSave & Exit


In this section...

- Children
- Other Pensions/Annuities
- When to Start Retirement Benefits

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1.15. ear005-r1-c_Other_Pensions_Anuities

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Benefit Application

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

Federal Government Employment in January 1983

Did you work for the Federal Government in January 1983?

Yes No

NextPreviousSave & Exit

- In this section...**
- Children
 - Other Pensions/Annuities**
 - When to Start Retirement Benefits

1.16. wst001-1-a_When to Start Retirement Benefits



Benefit Application

Identification

General

Other Benefits

Remarks

Review & Submit

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When to Start Retirement Benefits for Jane Public

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

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

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

[Go to Estimator](#)

We need to know when you want to start benefits.

Do you want benefits to start in 11/2010?

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

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

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

Why? [? More Info](#)

Yes No

In this section...

Children

Other Pensions/Annuities

When to Start Retirement Benefits

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[Previous](#)

[Save & Exit](#)

1.17. wst001-1-a_01_When to Start Retirement Benefits



Benefit Application

- Identification
- General
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When to Start Retirement Benefits for Jane Public

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

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

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

[Go to Estimator](#)

We need to know when you want to start benefits.

Do you want benefits to start in 11/2010?

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

What date should benefits start?

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

- Currently working and plan to retire on this date
- No longer working
- Other Reason:

Please briefly describe the reason.

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

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

Why? [More Info](#)

- Yes
- No


In this section...

- Children
- Other Pensions/Annuities
- When to Start Retirement Benefits

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

English iClaim – AllElse Final Screen Package

1.18. bni002-r1_b_Benefit Information

Text Size  | Accessibility Help

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Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Health Insurance for Jane Public

Medicare Coverage

Are you already enrolled in Medicare Part B? [? More Info](#)
 Yes No

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

Other Health Insurance Coverage


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


Are you covered under a Group Health Plan through your own employment? [? More Info](#)
 Yes No

Next Previous Save & Exit

In this section...
 Benefit Information
 Disability Questions

1.19. bni003-1_Benefit Information

Text Size  | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Health Insurance for Jane Public

Medicare Coverage

Do you want to enroll in Medicare Part B? [? More Info](#)

Yes No

Other Health Insurance Coverage

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

Yes No

Next Previous Save & Exit

In this section...

- Benefit Information**
- Disability Questions

1.20. bni004-1_Benefit Information

Text Size  | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & Submit

Next Steps

Medicaid Information for Jane Public

When did Medicaid (state health insurance) start?


Month

Year

When did Medicaid (state health insurance) end?


Month

Year

Medicaid has not ended

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

Medicaid number unknown

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

NextPreviousSave & Exit

In this section...

- Benefit Information
- Disability Questions

1.21. bni005-1_Benefit Information



Benefit Application

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

Group Health Plan Information for Jane Public

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

Yes No

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

Yes No

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

Yes No

In this section...

Benefit Information

Disability Questions

Employment Information

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

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

Month Day Year

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

Month Day Year

Employment has not ended

Health Insurance Information

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

Month Year

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

Month Year

Health insurance has not ended

Next

Previous

Save & Exit

1.22. dsq001-1_Ability To Work



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Benefit Application

Identification

General

Other Benefits

Remarks

Review & Submit

Next Steps

Ability to Work for Jane Public

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

(57 characters maximum)

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

Yes No

Are you now able to work?

Yes No

What is the date you became able to work?

Month

Year

In this section...

Benefit Information

Disability Questions

Ability To Work

Disability Payments

Dependents

Authorization


Next


Previous

Save & Exit

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1.23. dsq002-1_Disability Payments

Text Size  | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Disability Payments for Jane Public

Workers' Compensation/Public Disability Benefits

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

Yes No

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

(26 characters maximum)

Money from Employer

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

Yes No

Total amount of pay received:

(XXXX.XX)

Type of pay received:
Select all that apply

Sick Pay
 Vacation Pay
 Other

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

Yes No

Total amount of pay you expect to receive:

(XXXX.XX)

Type of pay you expect to receive:
Select all that apply

Sick Pay
 Vacation Pay
 Other

Next Previous Save & Exit


In this section...

- Benefit Information
- Disability Questions
- Ability To Work
- Disability Payments
- Dependents
- Authorization

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1.24. dsq003-1_Dependents

Text Size | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Dependents for Jane Public

Parents

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

First Parent's Name:

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

First Parent's Address:

Country:

Street Address:

Street Line 1:

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

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

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

Second Parent's Name:

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

Same address as first parent?
 Yes No

Second Parent's Address:

Country:

Street Address:

Street Line 1:

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

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

In this section...

- Benefit Information
- Disability Questions
- Ability To Work
- Disability Payments
- Dependents
- Authorization

English iClaim – AllElse Final Screen Package

Child Care Years

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

Select number of years:

More than six

Years with no Earnings

Please enter up to six years

1st Year:

2nd Year:

3rd Year:

4th Year:

5th Year:

6th Year:



More than 6 Years


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


Next

Previous

Save & Exit

1.25. dsq004-1_Authorization

Text Size  | Accessibility Help




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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

 **Please read the following statements before answering the question below**

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

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

Authorization for Jane Public

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

Yes No

In this section...

- Benefit Information
- Disability Questions
- Ability To Work
- Disability Payments
- Dependents
- Authorization**

NextPreviousSave & Exit

English iClaim – AllElse Final Screen Package

1.26. rem001-m_Remarks

Text Size  | Accessibility Help



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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. There is a limit of 750 characters (about 15 lines).

Characters remaining: XXXX


Next Previous Save & Exit


In this section...

- Remarks

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1.27. rem002-r1-cancellation

Text Size  | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Appointment Cancellation for Jane Public

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

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

Yes No

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

NextPreviousSave & Exit


In this section...

- Remarks

English iClaim – AllElse Final Screen Package

1.28. ovs001-d1-b_Overall Summary

Text Size | Accessibility Help



Social Security

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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Overall Summary for Joan Public

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

In this section...

- Overall Summary
- Send This Application

Identification: Initial Information

Edit **Applicant Identification**

Applicant Name: **Jane Q Public**
Social Security Number: **743991246**
Gender: **Female**
Date of Birth: **February 03, 1949**
During the last 14 months, unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death: **Yes**
Unable to work as of: **February 24, 1995**
Blind: **No**

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: **Noon to 5 p.m.**
Email address: --

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

Edit **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**

English iClaim – AllElse Final Screen Package

Identification: Application Number

[Edit](#) ⁹ ✓ Application Number

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

Identification: Personal Information

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

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

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

[Edit](#) ¹¹ ✓ Disability

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

General: Family

[Edit](#) ¹² ✓ Marriage Information

Currently married: **No**

[Edit](#) ¹⁴ ✓ Prior Marriages

Had any prior marriages: **No**

[Edit](#) ¹³ ✓ Children

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

General: Earnings

[Edit](#) ¹⁵ ✓ Employer Details

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

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Edit ¹⁶

Self-Employment Details

Self-employed in 2010: **No**

Self-employed in 2011: **No**

Edit ¹⁶

Supplemental Information

Worked outside the US: **No**

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

A Corporate Officer of employer: **No**

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

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

Edit ¹⁷

Total Earnings

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

Edit ¹⁸

Other Pensions/Annuities

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

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

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

General: When to Start Benefits

Edit ²³

When to Start Retirement Benefits

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

Edit ²¹

Direct Deposit Details

No account information entered for Direct Deposit.

English iClaim – AllElse Final Screen Package

Other Benefits: Benefit Information

[Edit](#) ²⁴ ✓ Benefit Information

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

Other Benefits: Disability Questions

[Edit](#) ²⁵ ✓ Ability to Work

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

[Edit](#) ²⁶ ✓ Disability Payments

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

[Edit](#) ²⁷ ✓ Dependents

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

[Edit](#) ²⁸ ✓ Authorization

Disclosure of medical information authorized: **Yes**

Remarks

[Edit](#) ²⁹ ✓ Remarks


The following are your remarks:

[Next](#) ³⁰ [Previous](#) ³¹ [Save & Exit](#) ³²

English iClaim – AllElse Final Screen Package

1.29. ovs001-r1-e_Overall Summary

Text Size | Accessibility Help



Social Security

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Benefit Application

✔ Identification✔ General✔ Other Benefits✔ Remarks○ Review & SubmitNext 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 ¹ ✔ Applicant Identification

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

Edit ² ✔ Contact Information

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

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

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

Edit ³ ✔ Birth and Citizenship Information

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

Edit ²⁴ ✔ Medicare Information

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

Last Updated: 5/20/2011

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Identification: Application Number

[Edit](#) ⁹ ✓ Application Number

The Application Number is: **75429533**
(The Application Number cannot be edited.)

Identification: Personal Information

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

Other Social Security Numbers

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

Other names

Any other names used: **No**

[Edit](#) ¹¹ ✓ Disability

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

General: Family

[Edit](#) ¹² ✓ Marriage Information

Currently married: **No**

[Edit](#) ¹⁴ ✓ Prior Marriages

Had any prior marriages: **No**

[Edit](#) ¹⁵ ✓ Children

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

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Edit ¹⁷ ✓ Total Earnings

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

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

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

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

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

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

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

Edit ¹⁸ ✓ Other Pensions/Annuities

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

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

General: When to Start Benefits

Edit ²⁰ ✓ Reduced Benefits

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

Edit ²¹ ✓ When to Start Retirement Benefits

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

Edit ²⁵ ✓ Direct Deposit Details

No account information entered for Direct Deposit.

English iClaim – AllElse Final Screen Package

Other Benefits: Benefit Information

[Edit](#) ²² ✓ **Benefit Information**

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

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

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

[Edit](#) ²⁵ ✓ **Health Insurance Information**

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

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

Receiving Medicaid: **No**

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

Remarks

[Edit](#) ²³ ✓ **Remarks**

The following are your remarks:


[Edit](#) ²⁷ ✓ **Appointment Cancellation Page**


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

[Next](#) ² ⁵ [Previous](#) ⁴ [Save & Exit](#) ³

English iClaim – AllElse Final Screen Package

1.30. ovs001-m1-g_Overall Summary

Text Size  | Accessibility Help



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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps


Overall Summary for Joan Public

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

Identification: Initial Information

Edit  Applicant Identification


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

Edit  Contact Information


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

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

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

Edit  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**

Edit  Medicare Information

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

In this section...

- Overall Summary
- Send This Application

English iClaim – AllElse Final Screen Package

Identification: Application Number

[Edit](#) ¹² ✓ Application Number

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

Other Benefits: Benefit Information

[Edit](#) ⁵ ✓ Health Insurance Information

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

[Edit](#) ⁵ ✓ Medicaid Information

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

[Edit](#) ¹³ ✓ Group Health Plan Information

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

Remarks : Remarks


[Edit](#) ¹⁰ ✓ Remarks


The following are your remarks:

[11](#) [12](#) [13](#) [14](#)
Next [Previous](#) [Save & Exit](#)

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1.31. ovs001-d3-d_Overall Summary

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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps


Overall Summary for Joan Public

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

In this section...


- Overall Summary
- Send This Application

Identification: Initial Information

Edit  **Preparer's Contact Identification**


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

Applicant Identification

Edit  **Applicant Identification**

Applicant Name: **Jane Q Public**
Social Security Number: **743991246**
Gender: **Female**
Date of Birth: **February 03, 1949**
During the last 14 months, unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death: **Yes**
Unable to work as of: **February 24, 1995**
Blind: **No**

Contact Information


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: **Noon to 5 p.m.**
Email address: --

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

Birth and Citizenship Information

Edit  **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**

English iClaim – AllElse Final Screen Package

Identification: Application Number

Edit ¹³

✔ Application Number

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

Identification: Personal Information

Edit ¹⁴

✔ Other Social Security Numbers and Names

Other Social Security Numbers

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

Other names

Any other names used: **No**

Edit ¹⁵

✔ Disability

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

General: Family

Edit ¹⁴

✔ Marriage Information

Currently married: **No**

Edit ¹⁵

✔ Prior Marriages

Had any prior marriages: **Yes**
Had prior marriage that lasted at least 10 years: **No**
Had prior marriage that ended due to spouse's death: **Yes**
First prior spouse's name: **John Ex**
First prior spouse's Social Security Number: **743999999**
First prior spouse's date of birth: **January 02, 1950**
First prior marriage began on: **April 17, 1973**
First prior marriage type: **Married by Clergy or Public Official**
First prior marriage began in U.S. or U.S. territory : **Yes**
First prior marriage began in: **Bethesda, MARYLAND**
First prior marriage ended in U.S. or U.S. territory : **Yes**
First prior marriage ended in: **Chevy Chase, MARYLAND**
First prior marriage ended on: **October 05, 1986**
First prior marriage ended because of: **Divorce**
First Prior spouse deceased after marriage ended: **No**

Edit ¹⁵

✔ Children

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

English iClaim – AllElse Final Screen Package

General: Military	
Edit ²³	Military Details
Military service prior to 1968: No	
General: Earnings	
Edit ¹⁵	Employer Details
Worked for an employer in 2009: Yes	
Worked or will work for an employer in 2010 or 2011: No	
First Employer's Name: Big Company	
First Employer's address: 1 Corp Rd, Burtonsville, MD, 20866	
First Employer - Date employment began: April 1996	
First Employer - Date employment ended: January 2011	
Edit ²⁴	Self-Employment Details
Self-employed in 2009: No	
Self-employed in 2010: No	
Self-employed in 2011: No	
Edit ¹⁷	Supplemental Information
Worked outside the US: No	
Spouse or prior spouse worked outside the US: No	
Agree with earning history as shown on Social Security statement: Yes	
A Corporate Officer of employer: No	
Related to a Corporate Officer of employer: No	
Receive earnings from a Family Corporation or other closely held corporation: No	
Permission granted to contact employer(s) if necessary: Yes	
Edit ¹⁵	Total Earnings
Total of all wages and tips in 2009: \$45000	
Earned wages and tips over \$1180 in all months of 2009: Yes	
Total earnings include any special payments paid in one year but earned in another: No	

English iClaim – AllElse Final Screen Package

Edit ²³ ✓ **Other Pensions/Annuities**

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

General: When to Start Benefits

Edit ¹⁹ ✓ **When to Start Retirement Benefits**

Benefits should start in: **01/2011**
The specific reason this start date was selected: **No longer working**

Edit ²¹ ✓ **Direct Deposit Details**

No account information entered for Direct Deposit

Other Benefits: Benefit Information

Edit ²⁵ ✓ **Benefit Information**

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

Edit ⁵ ✓ **Health Insurance Information**

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

English iClaim – AllElse Final Screen Package

Other Benefits: Disability Questions

[Edit](#) ²⁵ Ability to Work

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

[Edit](#) ²⁷ Disability Payments

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

[Edit](#) ²⁸ Dependents

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

[Edit](#) ²⁹ Authorization

Disclosure of medical information authorized: **Yes**

Remarks : Remarks

[Edit](#) ⁶ Remarks


The following are your remarks:

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

English iClaim – AllElse Final Screen Package

1.32. ovs001-r3-c_Overall Summary

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Benefit Application


Identification General Other Benefits Remarks Review & SubmitNext Steps

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


In this section...

- Overall Summary
- Send This Application


Identification: Initial Information

Edit  **Preparer's Contact Identification**

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

Edit  **Applicant Identification**

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


Edit  **Contact Information**

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


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

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

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

Edit  **Birth and Citizenship Information**

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

Edit  **Medicare Information**

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

English iClaim – AllElse Final Screen Package

Identification: Application Number

Application Number

The Application Number is: **78223286**

(The Application Number cannot be edited.)

Identification: Personal Information

Edit 

Other Social Security Numbers and Names

Other Social Security Numbers

Any other Social Security Numbers used: **Yes**

Other SSN 1: **743990000**

Other SSN 2:

Other SSN 3:

Other SSN 4:

Other SSN 5:

Other names

Any other names used: **Yes**

Other Name 1: **Johnny Other**

Other Name 2:

Other Name 3:

Other Name 4:

Other Name 5:

Edit 

Disability

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

Blind: **No**

General: Family

Edit 

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**

English iClaim – AllElse Final Screen Package

[Edit](#) ¹³ **Prior Marriages**

Had any prior marriages: **No**

[Edit](#) ¹⁴ **Children**

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

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

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

Child 1: **Junior Smith**

Child 2:

Child 3:

Child 4:

Child 5:

Child 6:

Child 7:

Child 8:

Child 9:

Child 10:

General: Military

[Edit](#) ¹⁵ **Military Details**

Military service prior to 1968: **No**

General: Earnings

[Edit](#) ¹⁶ **Employer Details**

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

[Edit](#) ¹⁹ **Self-Employment Details**

Self-employed in 2010: **Yes**

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

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

Self-employed in 2011: **Yes**

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

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

English iClaim – AllElse Final Screen Package

Edit ¹⁷ ✓ Supplemental Information
Worked outside the US: No Spouse worked outside the US: No Agree with earning history as shown on Social Security statement: Yes A Corporate Officer of employer: No Related to a Corporate Officer of employer: No Receive earnings from a Family Corporation or other closely held corporation: No
Edit ¹⁸ ✓ Total Earnings
Total of all wages and tips including net income from self-employment in 2010: \$450 Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2010: Yes Total of all wages and tips including net income from self-employment in 2011: \$450 Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2011: Yes Total earnings include any special payments paid in one year but earned in another: Yes
Edit ²⁰ ✓ Other Pensions/Annuities
Ever worked in a job where Social Security taxes were not deducted or withheld?: No Spouse worked for the Railroad 5 years or more: No Worked for the Federal Government in January 1983: No Spouse worked for the Federal Government in January 1983: No
General: When to Start Benefits
Edit ²¹ ✓ Reduced Benefits
Reduced Benefits: Will accept an age-related reduction
Edit ²² ✓ When to Start Retirement Benefits
Benefits should start in: 01/2011 The specific reason this start date was selected: No longer working If eligible for both retirement and spouse's benefits, delay receipt of retirement benefit: No
Edit ²³ ✓ Direct Deposit Details
No account information entered for Direct Deposit.

English iClaim – AllElse Final Screen Package

Other Benefits: Benefit Information

Edit ²⁴ ✓ Benefit Information

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

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

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

Edit ²⁵ ✓ Health Insurance Information

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

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

Receiving Medicaid: **No**

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

Remarks

Edit ²⁵ ✓ Remarks


The following are your remarks:

¹ **Next** ⁴ Previous ³ Save & Exit ²

English iClaim – AllElse Final Screen Package

1.33. ovs001-m3-f_Overall Summary

Text Size | Accessibility Help

**Social Security**
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Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Overall Summary for Joan Public
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Identification: Initial Information

Preparer's Contact Identification

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

Applicant Identification

Applicant Name: **Jane Q Public**
Social Security Number: **743991246**
Gender: **Female**
Date of Birth: **February 03, 1949**
During the last 14 months, unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death: **Yes**
Unable to work as of: **February 24, 1995**
Blind: **No**

Contact Information

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

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

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

Birth and Citizenship Information

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

Medicare Information

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

In this section...

- Overall Summary
- Send This Application

English iClaim – AllElse Final Screen Package

Identification: Application Number

[Edit](#) ¹⁰ ✓ Application Number

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

Other Benefits: Benefit Information

[Edit](#) ¹⁰ ✓ Health Insurance Information

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

[Edit](#) ¹⁰ ✓ Medicaid Information

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

[Edit](#) ¹¹ ✓ Group Health Plan Information

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

Remarks : Remarks

[Edit](#) ⁹ ✓ Remarks

The following are your remarks:

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

1.34. snd001-d1_Send This Application

Text Size  | Accessibility Help



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

Benefit Application

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

Electronic Signature & Submission for Jane Public

You're just about ready to complete your application for disability benefits.

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

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

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


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


Submit Now Previous Save & Exit

In this section...

- ✔ Overall Summary
- Send This Application

1.35. snd001-m1_Send This Application

Text Size  | Accessibility Help



Social Security

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

Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Electronic Signature & Submission for Jane Public

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

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

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

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

I understand that I must apply separately to get monthly Social Security benefits.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

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

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

Submit Now

Previous


Save & Exit

In this section...

- Overall Summary
- Send This Application

English iClaim – AllElse Final Screen Package

1.36. snd001-d3_Send This Application

Text Size  | Accessibility Help



Social Security

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

Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Send This Application for Jane Public

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

I understand and agree that by selecting "**Submit Now**" below, this information will be sent electronically to Social Security. An application will be mailed to **Jane Public** for **her** signature, and the application must be submitted to a Social Security office before processing can begin. I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge.

In this section...

- Overall Summary
- Send This Application

Submit Now Previous Save & Exit

1.37. snd001-m3_Send This Application

Text Size  | Accessibility Help



Social Security

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

Benefit Application

Identification General Other Benefits Remarks Review & SubmitNext Steps

Send This Application for Jane Public

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

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

I understand that **Jane Public** must apply separately to get monthly Social Security benefits.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge.


Submit NowPreviousSave & Exit


In this section...

- Overall Summary
- Send This Application**

English iClaim – AllElse Final Screen Package

1.38. snd001-r3_Send This Application

Text Size  | Accessibility Help



Social Security

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

Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

Send This Application for Jane Public

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

I understand and agree that by selecting "**Submit Now**" below, this information will be sent electronically to Social Security. An application will be mailed to **Jane Public** for **her** signature, and the application must be submitted to a Social Security office before processing can begin. I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge.

Overall Summary

Send This Application

1.39. rec001-d1-b_Evidence and Receipt



Benefit Application

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

Next Steps

Evidence and Receipt for Jane Public

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

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

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

[Print this Page](#)

Documents You Need to Submit to Social Security.

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

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

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

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

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

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

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

In this section...

- Receipt
- Evidence and Receipt
- What's Next

English iClaim – AllElse Final Screen Package

Identification: Initial Information



Applicant Identification

Applicant Name: **Jane Q Public**

Social Security Number: **743991246**

Gender: **Female**

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

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

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

Blind: **No**

Contact Information

Mailing Address

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

Reside at this address: **Yes**

Phone and email

Daytime telephone number: **301 555 7890**

Type of phone: **Home**

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

Email address: **--**

Language preferences

Preferred language for speaking: **English**

Preferred language for reading: **English**

Birth and Citizenship Information

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

City of Birth: **Silver Spring**

State of Birth: **MARYLAND**

US Citizen: **Yes**

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

English iClaim – AllElse Final Screen Package

Identification: Personal Information

Other Social Security Numbers and Names

Other Social Security Numbers

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

Other names

Any other names used: **No**

Disability

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

General: Family

Marriage Information

Currently married: **No**

Prior Marriages

Had any prior marriages: **No**

Children

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

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

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

General: Earnings

Employer Details

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

English iClaim – AllElse Final Screen Package

Self-Employment Details

Self-employed in 2010: **No**

Self-employed in 2011: **No**

Supplemental Information

Worked outside the US: **No**

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

A Corporate Officer of employer: **No**

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

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

Total Earnings

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

Other Pensions/Annuities

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

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

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

General: When to Start Benefits

When to Start Retirement Benefits

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

Direct Deposit Details

No account information entered for Direct Deposit.

English iClaim – AllElse Final Screen Package

Other Benefits: Benefit Information

Benefit Information

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

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

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

Other Benefits: Disability Questions

Ability to Work

Illnesses, injuries, conditions that limit ability to work: **Narcolepsy**

Illnesses, injuries, conditions related to work: **Yes**

Now able to work: **No**

Disability Payments

Applied or intend to apply for worker's compensation or other public disability benefits: **No**

Reason not filing for worker's compensation or other public disability benefits: **Because**

Received money from employer on/after date unable to work: **No**

Expect to receive money from employer in the future: **No**

Dependents

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

Authorization

Disclosure of medical information authorized: **Yes**

Remarks

Remarks

The following are your remarks:

Next

1.40. rec001-r1-e Evidence and Receipt



Social Security

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

Benefit Application

Identification

General

Other Benefits

Remarks

Review & Submit


Next Steps

Evidence and Receipt for Joan Public

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

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

 [Print this Page](#)

Documents You Need to Submit to Social Security.

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

- [Wages from your employer](#) for last year (e.g., copy of your W-2 form). We can accept a photocopy of this document;
- [Self-employment income](#) for last year (e.g., IRS Schedules C and SE). We can accept a photocopy of these documents;

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

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

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

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

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

In this section...

Receipt

Evidence and Receipt

What's Next

English iClaim – AllElse Final Screen Package

Identification: Initial Information

Applicant Identification

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

Contact Information

Mailing Address

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

Phone and email

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

Language preferences

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

Birth and Citizenship Information

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

Medicare Information

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

English iClaim – AllElse Final Screen Package

Identification: Personal Information

Other Social Security Numbers and Names

Other Social Security Numbers

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

Other names

Any other names used: **No**

Disability

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

Blind: **No**

General: Family

Marriage Information

Currently married: **No**

Prior Marriages

Had any prior marriages: **No**

Children

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

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

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

General: Earnings

Employer Details

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

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

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

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

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

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

English iClaim – AllElse Final Screen Package

Self-Employment Details

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

Supplemental Information

Worked outside the US: **No**
Agree with earning history as shown on Social Security statement: **Yes**
A Corporate Officer of employer: **No**
Related to a Corporate Officer of employer: **No**
Receive earnings from a Family Corporation or other closely held corporation: **No**
Permission granted to contact employer(s) if necessary: **No**

Total Earnings

Total of all wages and tips including net income from self-employment in 2009: **\$450**
Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2009: **Yes**
Total of all wages and tips including net income from self-employment in 2010: **\$450**
Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2010: **Yes**
Total of all wages and tips including net income from self-employment in 2011: **\$450**
Earned wages, tips, and net income from self-employment over \$1180 or performed substantial services in self-employment in all months of 2011: **Yes**
Total earnings include any special payments paid in one year but earned in another: **Yes**

Other Pensions/Annuities

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

English iClaim – AllElse Final Screen Package

General: When to Start Benefits

Reduced Benefits

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

When to Start Retirement Benefits

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

Direct Deposit Details

No account information entered for Direct Deposit.

Other Benefits: Benefit Information

Benefit Information

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

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

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

Health Insurance Information

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

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

Receiving Medicaid: **No**

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

Remarks

Remarks

The following are your remarks:

Appointment Cancellation Page

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

2 **3**
Next

1.41. rec001-m1-g_Evidence and Receipt



Social Security

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

Benefit Application

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

Evidence and Receipt for Joan Public

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

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

[Print this Page](#)

Documents You Need to Submit to Social Security.

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

- **Original Birth Certificate** or a **Certified Copy** of your birth certificate or other [proof of birth](#) . We cannot accept a photocopy unless it is certified by the office that issued the document;
- [Citizenship/Naturalization](#) (if other than your U.S. birth certificate). We cannot accept a photocopy;

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

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

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

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

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

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

English iClaim – AllElse Final Screen Package

Identification: Initial Information

Applicant Identification

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

Contact Information

Mailing Address

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

Phone and email

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

Language preferences

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

Birth and Citizenship Information

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

English iClaim – AllElse Final Screen Package

Medicare Information

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

Other Benefits: Benefit Information

Health Insurance Information

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

Medicaid Information

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

Group Health Plan Information

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

Remarks : Remarks

Remarks

The following are your remarks:

2 **3**
Next

1.42. rec001-r3-c_Evidence and Receipt



Social Security

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

Benefit Application

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


Next Steps

Evidence and Receipt for Jane Public

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

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

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

 [Print this Page](#)

In this section...

- Receipt
- Evidence and Receipt
- What's Next

Identification: Initial Information

Preparer's Contact Identification

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

Applicant Identification

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

English iClaim – AllElse Final Screen Package

Contact Information

Mailing Address

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

Reside at this address: **Yes**

Residence Address

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

Phone and email

Daytime telephone number: **301 555 7890**

Type of phone: **Home**

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

Email address: --

Language preferences

Preferred language for speaking: **English**

Preferred language for reading: **English**

Birth and Citizenship Information

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

City of Birth: **Silver Spring**

State of Birth: **MARYLAND**

US Citizen: **Yes**

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

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

Medicare Information

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

Identification: Personal Information

Other Social Security Numbers and Names

Other Social Security Numbers

Any other Social Security Numbers used: **Yes**

Other SSN 1: **743990000**

Other SSN 2:

Other SSN 3:

Other SSN 4:

Other SSN 5:

Other names

Any other names used: **Yes**

Other Name 1: **Jane Other**

Other Name 2:

Other Name 3:

Other Name 4:

Other Name 5:

English iClaim – AllElse Final Screen Package

Disability

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

Blind: **No**

General: Family

Marriage Information

Currently married: **Yes**

Spouse's Name: **Frank Walker**

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

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

Marriage Date: **June 24, 1990**

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

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

Place of Marriage: **Columbia, MARYLAND**

Prior Marriages

Had any prior marriages: **No**

Children

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

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

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

Child 1: **Junior Smith**

Child 2:

Child 3:

Child 4:

Child 5:

Child 6:

Child 7:

Child 8:

Child 9:

Child 10:

General: Military

Military Details

Military service prior to 1968: **No**

English iClaim – AllElse Final Screen Package

General: Earnings

Employer Details

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

Self-Employment Details

Self-employed in 2010: **Yes**

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

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

Self-employed in 2011: **Yes**

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

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

Supplemental Information

Worked outside the US: **No**

Spouse worked outside the US: **No**

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

A Corporate Officer of employer: **No**

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

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

Total Earnings

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

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

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

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

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

Other Pensions/Annuities

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

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

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

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

English iClaim – AllElse Final Screen Package

General: When to Start Benefits

Reduced Benefits

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

When to Start Retirement Benefits

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

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

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

Direct Deposit Details

No account information entered for Direct Deposit.

Other Benefits: Benefit Information

Benefit Information

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

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

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

Health Insurance Information

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

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



Receiving Medicaid: **No**

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

Remarks

Remarks

The following are your remarks:

  [Next](#)

1.43. rec001-d3-d_Evidence and Receipt



Social Security

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

Benefit Application

- Identification
- General
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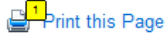
Next Steps

Evidence and Receipt for Jane Public

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

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

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



Documents She Needs to Submit to Social Security.

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

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

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

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

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

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

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

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

In this section...

- Receipt
- Evidence and Receipt
- What's Next

English iClaim – AllElse Final Screen Package

Identification: Initial Information

Preparer's Contact Identification

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

Applicant Identification

Applicant Name: **Jane Q Public**
Social Security Number: **743991246**
Gender: **Female**
Date of Birth: **February 03, 1949**
During the last 14 months, unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death: **Yes**
Unable to work as of: **February 24, 1995**
Blind: **No**

Contact Information

Mailing Address

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

Phone and email

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

Language preferences

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

Birth and Citizenship Information

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

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

English iClaim – AllElse Final Screen Package

Identification: Personal Information

Other Social Security Numbers and Names

Other Social Security Numbers

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

Other names

Any other names used: **No**

Disability

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

General: Family

Marriage Information

Currently married: **No**

Prior Marriages

Had any prior marriages: **Yes**

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

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

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

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

First prior spouse's date of birth: **January 02, 1950**

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

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

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

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

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

First prior marriage ended in: **Chevy Chase, MARYLAND**

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

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

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

Children

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

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

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

General: Military

Military Details

Military service prior to 1968: **No**

English iClaim – AllElse 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: **No**

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

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

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

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

Self-Employment Details

Self-employed in 2009: **No**

Self-employed in 2010: **No**

Self-employed in 2011: **No**

Supplemental Information

Worked outside the US: **No**

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

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

A Corporate Officer of employer: **No**

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

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

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

Total Earnings

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

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

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

Other Pensions/Annuities

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

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

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

General: When to Start Benefits

When to Start Retirement Benefits

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

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

Direct Deposit Details

No account information entered for Direct Deposit

English iClaim – AllElse Final Screen Package

Other Benefits: Benefit Information

Benefit Information

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

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

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

Health Insurance Information

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

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

Receiving Medicaid: **No**

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

Other Benefits: Disability Questions

Ability to Work

Illnesses, injuries, conditions that limit ability to work: **Bad Back**

Illnesses, injuries, conditions related to work: **Yes**

Now able to work: **No**

Disability Payments

Applied or intend to apply for worker's compensation or other public disability benefits: **No**

Received money from employer on/after date unable to work: **Yes**

Total amount received from employer: **\$555.00**

Type(s) of pay received: **Sick Pay**

Expect to receive money from employer in the future: **No**

Dependents

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

Any years with no earnings while caring for a child under age 3: **Yes**

Number of years with no earnings while caring for a child under age 3: **Two**

Years during which there were no earnings: **1997**

Years during which there were no earnings: **1998**

Authorization

Disclosure of medical information authorized: **Yes**

Remarks : Remarks

Remarks

The following are your remarks:

2
Next **3**

1.44. rec001-m3-f_Evidence and Receipt



Social Security

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

Benefit Application

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

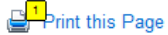
Next Steps

Evidence and Receipt for Jane Public

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

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

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



Documents You Need to Submit to Social Security.

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

- **Original Birth Certificate** or a **Certified Copy** of Jane Public's birth certificate or other [proof of birth](#). We cannot accept a photocopy unless it is certified by the office that issued the document;
- [Citizenship/Naturalization](#) (if other than Jane Public's U.S. birth certificate). We cannot accept a photocopy;

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

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

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

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

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

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English iClaim – AllElse Final Screen Package

Identification: Initial Information

Preparer's Contact Identification

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

Applicant Identification

Applicant Name: **Jane Q Public**
Social Security Number: **743991246**
Gender: **Female**
Date of Birth: **February 03, 1949**
During the last 14 months, unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death: **Yes**
Unable to work as of: **February 24, 1995**
Blind: **No**

Contact Information

Mailing Address

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

Phone and email

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

Language preferences

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

English iClaim – AllElse Final Screen Package

Birth and Citizenship Information

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

City of Birth: **Silver Spring**

State of Birth: **MARYLAND**

US Citizen: **Yes**

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

Medicare Information

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

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

Other Benefits: Benefit Information

Health Insurance Information

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

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

Medicaid Information

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

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

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

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

Group Health Plan Information

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

Remarks : Remarks

Remarks

The following are your remarks:


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English iClaim – AllElse Final Screen Package

1.45. wtn001- d1_What's Next

Default display will show Contact information expanded and all other sections collapsed.

Text Size v | Accessibility Help




Social Security

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

Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps


 **Thank you for completing one of the steps for applying for disability online.**


Your Confirmation Number is: **71761784**

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](#)

 **What's Next**

To continue with the process of applying for disability benefits online, review the [Adult Disability Checklist](#) for details about what you will need. Select the "Adult Disability Report" button, at the bottom of the page, to:

- Complete the Adult Disability Report (SSA-3368),
[Watch Video: How to complete this report](#)
- Sign and send the medical release form, Authorization to Disclose Information to the Social Security Administration (SSA-827)


Additional Information for Jane Public


 [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](#)

 [Helpful Health Care Websites](#)

Adult Disability ReportPrevious

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Social Security

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

Benefit Application

- Identification
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Next Steps

Thank you for completing one of the steps for applying for disability online.

Your Confirmation Number is: **71761784**

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](#)

In this Section...

Receipt

What's Next?

What's Next

To continue with the process of applying for disability benefits online, review the [Adult Disability Checklist](#) for details about what you will need. Select the "Adult Disability Report" button, at the bottom of the page, to:

- Complete the Adult Disability Report (SSA-3368),

Please Note: The Adult Disability Report is available only in English.

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

If you are unable to complete the Adult Disability Report in English please click the "I do not wish to continue" button at the bottom of the page. A representative from Social Security Administration will contact you in approximately 5 business days using the information you have provided.

- Sign and send the medical release form, Authorization to Disclose Information to the Social Security Administration (SSA-827)

Additional Information for Jane Public

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.

English iClaim – AllElse Final Screen Package

Helpful Information

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

Helpful Health Care Websites

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


Adult Disability Report

I do not wish to continue

Previous

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Text Size | Accessibility Help



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

Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps


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

Your Confirmation Number is: **78223286**

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](#)

In this Section...

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

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](#)

English iClaim – AllElse 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

English iClaim – AllElse Final Screen Package

1.48. wtn001- r3_What's Next

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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.

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

Additional Information for Jane Public

To Contact Your Local Social Security Office

- Contact her 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](#)
- [Voluntary Tax Withholding](#)

Medicare Information

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

If Jane Public 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.
- She 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.


DonePrevious


In this Section...

- ✔ Receipt
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English iClaim – AllElse Final Screen Package

1.49. wtn001- d3_What's Next

Text Size  | Accessibility Help




Social Security

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


Benefit Application

Identification General Other Benefits Remarks Review & Submit Next Steps

 **Thank you for completing one of the steps for applying for disability online.**


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

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

 [Print this Page](#)

In this Section...


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

 **What's Next**

To continue with the process of applying for disability benefits online, review the [Adult Disability Checklist](#) for details about what you will need. Select the "Adult Disability Report" button, at the bottom of the page, to:


- Complete the Adult Disability Report (SSA-3368).
Please Note: The Adult Disability Report is available only in English.
[Watch Video: How to complete this report](#)
- Sign and send the medical release form, Authorization to Disclose Information to the Social Security Administration (SSA-827)

Additional Information for Jane Public

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

- Contact her 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](#)
- [Voluntary Tax Withholding](#)

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Medicare Information

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

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

visit our website at <http://www.socialsecurity.gov/prescriptionhelp/> ; or

- call Social Security at **1-800-772-1213 (TTY 1-800-325-0778)**.

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


Helpful Health Care Websites


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

Adult Disability Report

Previous

1.50. wtn001- m3_What's Next


Text Size  | Accessibility Help



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Benefit Application

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

 **Thank you for using benefit application for Medicare.**

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

In this Section...

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

Additional Information for Jane Public

To Contact Your Local Social Security Office

- Contact her local Social Security office at the address below or the office of your choice by using our [Office Locator](#):

SOCIAL SECURITY
PO BOX 317500
JAMAICA, NY 11431

- If you live 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](#)
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Medicare Information

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

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visit our website at <http://www.socialsecurity.gov/prescriptionhelp/>; or

- call Social Security at **1-800-772-1213 (TTY 1-800-325-0778)**.

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

Helpful Health Care Websites

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

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2. Messages

2.1. MSG-Confirm Delete of Table Entry

Text Size  | Accessibility Help



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


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


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

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

Are you sure you want to remove this?


2.2. msg006_YouCannotApplyforMedicareOnly

Text Size  | Accessibility Help



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Benefit Application

 **You Cannot Use the Internet to Apply for Medicare Only**


You do not meet one or more qualifications to apply for Medicare Only benefits on the Internet. You should contact Social Security and tell us you received this message.


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

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

[Exit](#)


2.3. msg017_SignIn Problem

Text Size  | Accessibility Help



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Benefit Application

 **Sign In Problem**

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

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

To contact Social Security:

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

[Sign-In](#) [Start New Application](#)

2.4. msg025_Your Time Has Expired



Social Security

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Benefit Application



Your Time Has Expired


We are sorry for the inconvenience but your time has expired. This happens if your computer has been inactive for 30 minutes.


If you would like to continue completing the Internet Benefit Application, you may sign in again by selecting the button below. You will be brought back to the starting point of this application, where you can select the applicable restart link.

Some browsers may give a warning that you are directed to an "unsecure" site. You will be returned to the secure application for benefits once you select the applicable link on the start page.

[Restart Application](#)


2.5. msg029_LimitOnNumberOfRestartsOnPartialApplication

Text Size  | Accessibility Help



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Benefit Application

 **Limit on the Number of Restarts on a Partial Application**

In order to protect your information we limit the number of attempts to access an application. You have reached that limit. Information you provided in this application is no longer available. You can start a new Internet Benefit Application or call us to help you complete this application.

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


To contact Social Security to apply:


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

[Exit](#)

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2.6. msg030_We Are Processing Your Request

Text Size  | Accessibility Help



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Benefit Application




We Are Processing Your Request
Please wait a moment before selecting the "Next" button.

[Next](#)


2.7. msg047-a_Change Your Answer

Text Size  | Accessibility Help



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Benefit Application

 **Change Your Answer**

You previously stated that you wanted to apply for monthly cash benefits. If you now wish to apply for Medicare Only (excluding cash benefits), you will not be able to apply for cash benefits at the same time.

If you verify the Medicare Only selection by clicking "**Confirm**" below, some information you have provided will be lost, and you will be required to provide additional information.

To resume filing for cash benefits (which includes the option to apply for Medicare), please click "**Cancel**" below.

Either selection will return you to the previous page to continue your application.

2.8. msg047-b_Change Your Answer



Social Security

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Benefit Application



Change Your Answer

You previously stated that you wanted to apply for Medicare Only (excluding cash benefits). If you now wish to apply for monthly cash benefits, any information you have provided related to Medicare Only will be lost, and you will be required to provide additional information.

To verify the monthly cash benefits selection, click "**Confirm**" below.


To resume filing for Medicare Only benefits, please click "**Cancel**" below.


Either selection will return you to the previous page to continue your application.

Confirm

Cancel


2.9. msg113_Limit on Number of Requests

Text Size  | Accessibility Help



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

Benefit Application

 **You Have Reached the Limit on the Number of Requests**

We cannot continue because we cannot match the information you provided with our records. If the information that you have provided is correct, then it may be necessary to correct your Social Security record.

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

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

Exit

2.10. msg151_Cannot Match Your Zip Code



Social Security

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

Benefit Application



We Cannot Match Your ZIP Code

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

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

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

To contact Social Security:

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

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

Close this window to return to the application.

Exit

