

TRANSFER TO: XXXX RSDHI CLAIMS APPLICATION APPL

[1-M] NH NAME: XXX

[2-M] [3-M] SSN: SSSSSSSSS SEX: X NH BIRTHDATE: 99999999

[4-M] [5-C] PROOF (A/B/C/F/Q): X PROOF TYPE (P/H/N/O): X

[6-M] SELECT CLAIM TYPE(S): 9 9 9 1. RETIREMENT 4. AUXILIARY 7. AGE 72

2. DISABILITY 5. UNINS MED ONLY 8. ESRD

[7-C] ABBREVIATED APPLICATION: X

CLAIMANT (IF DIFFERENT) [8-C] NAME: XXX

[9-C] [10-C] [11-C] SSN: 999999999 SEX: X BIRTHDATE: 99999999

[12-C] [13-C] PROOF (A/B/C/F/Q): X PROOF TYPE (P/H/N/O): X

[14-C] [15-C] RELATIONSHIP TO NH: 9 1. SPOUSE (SUBSEQUENT CLAIM: 9) 1. RIB

2. SPOUSE WITH CHILD IN CARE 2. DIB

3. CHILD APPLICANT (IF DIFFERENT) 4. DEPENDENT PARENT

[16-C] NAME: XXX

[17-C] [18-C] [19-C] SSN: 999999999 EIN: 999999999 WILL APPLICANT BE ENTERED IN RPS (Y/N): X

MCS
NH:

CLAIM CONTACT METHOD DATA

CCMD

SELECT CONTACT METHOD FOR ESTABLISHING APPLICATION

*CLAIM TYPE: PARENT CONTACT METHOD 1: 02

CLAIM TYPE: CONTACT METHOD 2: —

CLAIM TYPE: CONTACT METHOD 3: —

1=TELEPHONE -CLAIM INITIATED OVER THE PHONE, USUALLY BY APPOINTMENT
2=VISIT -CLAIM INITIATED IN PERSON WITH THE CLAIMANT

3=MAIL -RECEIVED PAPER APPLICATION IN THE MAIL AND LOADED IN MCS

4=INTERNET -CLAIM STARTED AND COMPLETED ON THE INTERNET

5=ICT -CLAIM ORIGINATED THROUGH 800 NUMBER AND REFERRED TO ICT UNIT

6=OTHER -NO OTHER CM VALUE IS CURRENTLY APPROPRIATE.

UNSATISFIED FELONY WARRANTS FOR YOUR ARREST? (Y/N) : —
UNSATISFIED FEDERAL/STATE WARRANTS FOR VIOLATION OF PROBATION/PAROLE? (Y/N) : —

*IF AWARDED DO YOU WANT A PASSWORD TO USE THE INTERNET/PHONE SERVICES? (Y/N) : N

SELECT MAILING METHOD (BLIND NOTICE INFORMATION) TYPE: —
1=CERTIFIED MAIL 2=TELEPHONE CONTACT 3=REGULAR MAIL.

PE1 FOR HELP

TRANSFER TO: _____

mcs TRANSFER TO: XXXX ADDITIONAL BENEFITS ADDR

NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M]

ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939 (Y/N): X

[2-M]

[3-C]

WORKED IN RR FOR 5 YEARS OR MORE (Y/N): X SPOUSE (Y/N): X

[4-M]

[5-C]

RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): X SPOUSE (Y/N): X

[6-M]

[7-C]

COVERED UNDER FOREIGN SSA (Y/N): X COUNTRY: XXXXXXXXXXXX IF COVERED,

[8-C]

[9-C]

FILING FOR FOREIGN SSA (Y/N): X REQUIRES FOREIGN QCS FOR US FILING (Y/N): X

[10-C]

[11-C]

SPOUSE COVERED UNDER SSA OF OTHER COUNTRY (Y/N): X COUNTRY: XXXXXXXXXXXX

[12-M]

[13-C]

CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): X SPOUSE (Y/N): X

[14-M]

[15-C]

JAPANESE INTERNEE (Y/N): X VOW OF POVERTY (Y/N):

[16-M]

QUALIFY FOR US FED/STATE/LOCAL GOVT PENSION BASED ON ANY WORK YOU PERFORMED
which was NOT COVERED UNDER SSA (Y/N): X

[17-M]

CURRENTLY ENTITLED TO A PENSION NOT COVERED UNDER SSA (Y/N): X

[18-C]

IF NO, DO YOU EXPECT TO BE ENTITLED TO A PENSION NOT COVERED UNDER SSA IN THE FUTURE (Y/N): X

[19-C]

IF YES, SHOW FUTURE ENTITLEMENT DATE (MMYY): 9999

[20-C]

FILING FOR MEDICARE ONLY, RESTRICTING MONTHLY BENEFITS (Y/N): X

[21-C]

WILL MEDICARE APPLY: 9 1. YES 2. NO 3. ALREADY ENROLLED ON ANOTHER SSN

[22-M]

IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT
FILING FOR BENEFITS ON OWN RECORD (Y/N): X

MCS TRANSFER TO: XXXX INFORMATION ABOUT THE DECEASED DECD
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M] [2-M] [3-C]

DATE OF DEATH: 99999999 PROOF (P/N): X TYPE OF PROOF (P/O): X

[4-M]

DOMICILE AT DEATH: XXXXXXXXXXXXXXXX

[5-M]

PLACE OF DEATH (CITY/STATE): XXXXXXXXXXXXXXXX

[6-M]

[7-C]

DISABLED AT TIME OF DEATH (Y/N): X DISABILITY BEGAN: 999999

[8-C]

WAS CLAIMANT ELIGIBLE AS WIDOW(ER) PRIOR TO 1985 ON ANY SSN (Y/N): X

[9-C]

SURVIVING SPOUSE (Y/N): X

[10-C]

NAME: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

[11-C]

ADDRESS: XX
XXX

[12-C]

SPOUSE LIVING WITH DECEASED AT TIME OF DEATH (Y/N): X

[13-C]

[14-C]

AWAY FROM HOME: 9 1. DECEASED DATE LAST HOME: 999999
2. SPOUSE

[15-C]

REASON FOR SEPARATION AT DEATH:
XXX

[16-C]

IF DUE TO ILLNESS, NATURE OF ILLNESS:
XXX

[17-C]

REASON ABSENCE BEGAN:
XXX

[18-C]

IS SPOUSE: 9 1. LIVING IN SAME HOUSEHOLD 2. ELIGIBLE OR ENTITLED TO BENS
3. NOT ENTITLED TO LSDP

MCS 2.7 TRANSFER TO: XXXX NH ADDITIONAL BENEFITS
NHAB

NH SSSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939
(Y/N): X

[2-M]

WORKED IN RR FOR 7 YEARS OR MORE (Y/N): X

[3-M]

RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): X

[4-M]

[5-C]

[6-C]

COVERED UNDER FOREIGN SSA (Y/N): X COUNTRY: XXXXXXXXXXXX IF
COVERED,

[7-C]

FILING FOR FOREIGN SSA (Y/N): X REQUIRES FOREIGN QC'S FOR US FILING
(Y/N): X

[8-M]

CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): X

[9-M]

[10-M]

JAPANESE INTERNEE (Y/N): X

VOW OF POVERTY (Y/N): X

MCS 3.2 TRANSFER TO: XXXX CL DEPENDENT PARENT CPAR
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS
SSSSSSSSSS

DEPENDENT PARENTS:

NAME: SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSSSSSS

[1-M]

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[2-M]

PARENT TYPE: 9 1. NATURAL 2. STEPPARENT 3. ADOPTIVE

[3-C]

IF STEPPARENT, DATE OF STEP-RELATIONSHIP: 999999

[4-C]

IF ADOPTIVE PARENT, DATE OF ADOPTION: 999999

IF PARENT IS ALSO THE CLAIMANT ANSWER THE FOLLOWING

[5-M]

DID THE CLAIMANT RECEIVE 1/2 SUPPORT FROM THE DECEASED (Y/N): X

[6-C]

PROOF OF SUPPORT PREVIOUSLY FILED (Y/N): X

[7-C]

IF NO, PROOF FURNISHED NOW (Y/N): X

[8C]

PROOF OF PARENT RELATIONSHIP (Y/N): X

[9-C]

HAS CLAIMANT REMARRIED SINCE NUMBER HOLDER DIED (Y/N): X

COMM CITIZENSHIP (U.S. AND/OR FOREIGN) CLCZ

[1-D] [2-D] [3-D]
NH: SSSSSSSSS SSSSS SSSSSSSSSS BN: SSSSSSSSS SSSSS
SSSSSSSSSS PIC: SSS

[4-M]
*COUNTRY/TERRITORY OF CITIZENSHIP: xx

[5-C]
SELECT U.S. TYPE IF CITIZENSHIP COUNTRY IS U.S.: 9
1= BIRTH IN U.S. 2= U.S. CITIZEN BORN OUTSIDE U.S. 3=
NATURALIZATION

[6-C]
SELECT U.S. PROOF IF CITIZENSHIP COUNTRY IS U.S.: 9
1= ENUMERATION 4=DEVELOPMENT PENDING
2= TITLE 2/18 5=NO PROOF
3= TITLE 16 6=PRESUMED - SYSTEMS GENERATED ONLY

[7-M]
*CITIZENSHIP START DATE (MMDDCCYY): 999999999

[8-O]
CITIZENSHIP STOP DATE (MMDDCCYY): 999999999

[9-O]
IS LAWFUL PRESENCE DATA NEEDED (Y/N): X

[10-O]
DELETE THIS OCCURRENCE OF DATA (Y/N): X

[11-O] [12-O]
ADD NEW OCCURRENCE (Y/N): X REVIEW PRIOR
OCCURRENCES (Y/N): X

[13-D] [14-O]
PFI HELP AVAILABLE TRANSFER TO: XXXX

Current CADR Screen:

Ln	No	1	2	3	4	5	6	7	8
0	1	234567890123456789012345678901234567890123456789012345678901234567890							
1	C	MCS			CLAIMANT MAILING ADDRESS				CADR SC90
2	O	NH: SSSSSSSSSS	SSSSS	SSSSSSSSSSSS		CL: SSSSSSSSSS	SSSSS	SSSSSSSSSSSS	
3	L								
4	U								
5	M								
6	N	*ADDRESS 1: P	P	P	P	P	P	P	P
7	*	ADDRESS 3: P	P	P	P	P	P	P	P
8	O	*CITY: P	P	P	P	P	P	P	P
9	N	STATE & COUNTY CODE: P	P	P	P	P	P	P	P
10	E								
11		COUNTRY: P	P	P	P	P	P	P	P
12	R	FOREIGN POSTAL ZONE: P	P	P	P	P	P	P	P
13	E								
14	S								
15	E								
16	R	DIRECT DEPOSIT ROUTING TRANSIT NUMBER: 9999999999							
17	V	DEPOSITOR ACCOUNT NUMBER: 9999999999999999							
18	E								
19	D								
20		DOMESTIC PHONE: P	P	P	P	P	P	P	P
21									
22									
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****							
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****							

TRANSFER TO: XXXX

ACCOUNT TYPE (C/S): A

CONSULAR CODE: PPP

ADDRESS 2: P

ADDRESS 4: P

STATE: PP

ZIP: PPPP

COUNTY: XXXXXXXXXXXXXXXX

Proposed CADR screen showing changes for UDD - Direct Express.

Ln No	1	2	3	4	5	6	7	8	
0	1	2	3	4	5	6	7	8	
1	C	MCS	CLAIMANT MAILING ADDRESS	CL:	SSSSSSSSSS	SSSSS	SSSSSSSSSSSS	CADR SC90	
2	0	NH:	SSSSSSSSSS	SSSSS	SSSSSSSSSSSS	SSSSS	SSSSSSSSSSSS		
3	L								
4	U								
5	M								
6	N	*	ADDRESS 1:	PPPPPPPPPPPPPPPPPPPP	ADDRESS 2:	PPPPPPPPPPPPPPPPPPPP			
7	*		ADDRESS 3:	PPPPPPPPPPPPPPPPPPPP	ADDRESS 4:	PPPPPPPPPPPPPPPPPPPP			
8	O		*CITY:	PPPPPPPPPPPPPPPPPP	STATE:	PP	ZIP:	PPPP	
9	N		STATE & COUNTY CODE:	PPPPPP	COUNTY:	XXXXXXXXXXXXXXXXXX			
10	E								
11			COUNTRY:	PPPPPPPPPPPPPPPPPP	CONSULAR CODE:	PPP			
12	R		FOREIGN POSTAL ZONE:	PPPPPPPPPPPPPPPP					
13	E								
14	S		BANK ACCOUNT (Y/N):	X	DIRECT EXPRESS (Y/N):	X			
15	E								
16	R		DIRECT DEPOSIT ROUTING TRANSIT NUMBER:	9999999999	ACCOUNT TYPE (C/S):	A			
17	V		DEPOSITOR ACCOUNT NUMBER:	9999999999999999					
18	E								
19	D								
20			DOMESTIC PHONE:	PPPPPPPPPP	FOREIGN PHONE:	PPPPPPPPPPPPPP			
21									
22									
23			***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****						
24			***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****						

TRANSFER TO: XXXX

BMAR-BENEFICIARY MARRIAGE

COMM BENEFICIARY MARRIAGE BMAR

[1-D] [2-D] [3-D]

NH: SSSSSSSSS SSSSS SSSSSSSSSSS BN: SSSSSSSSS SSSSS SSSSSSSSSSS PIC: SSS

[4-M] [5-M] [6-M]

*SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXXXXXXX MIDDLE: X *LAST: XXXXXXXXXXXXXXXXXXXX

[7-O]

SPOUSE'S SSN: XXXXXXXXXXXX

[8-O] [9-O]

SPOUSE'S BIRTHDATE (MMDDCCYY): 99999999 IF BIRTHDATE UNKNOWN, AGE: 999

[10-M] [11-M]

*MARRIAGE DATE (MMDDCCYY): 99999999 *PROOF (Y/N): x

[12-O] [13-O]

MARRIAGE CITY: XXXXXXXXXXXXXXXXXXXX MARRIAGE STATE/FOREIGN COUNTRY: XX

[14-M]

*SELECT MARRIAGE TYPE: 9 1=CLERGY/PUBLIC OFFICIAL 3=OTHER CEREMONIAL

2=COMMON LAW 4=DEEMED.

[15-O]

SELECT SPECIAL RELATIONSHIP: 9 1=216B1 2=216F1 3=202C2 4=216K 5=216C2/G2.

[16-O]

PROTECTED MARRIAGE (Y/N): x

[17-O] [18-C]

MARRIAGE END DATE (MMDDCCYY): 99999999 PROOF (Y/N): x

[19-C]

SELECT MARRIAGE END REASON: 9

1=DEATH 2=DIVORCE 3=ANNULMENT OF VOIDABLE 4=PUTATIVE 5=VOID/VOIDED.

BMAR

[20-01] [21-C] MARRIAGE ENDED CITY: XXXXXXXXXXXXXXXXXXXX MARRIAGE ENDED STATE/FOREIGN COUNTRY: XX

[22-01] IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999

[23-M] *OTHER MARRIAGES (Y/N): x

[24-01] DELETE THIS OCCURRENCE OF DATA (Y/N): x

[25-01] [26-01] ADD NEW OCCURRENCE (Y/N): x REVIEW PRIOR OCCURRENCES (Y/N): x

[27-D1] [28-01] PF1 HELP AVAILABLE TRANSFER TO: XXXX

MCS TRANSFER TO: XXXX REMARKS SCREEN RMKS
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-C]

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[2-C]

[3-C]

MORE (Y/N): X GO TO RPS (Y/N): X
PAGE S