

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



TABLE OF CONTENTS

1.0 APPLICATION ENTRY PAGES.....1

1.1 RETIREMENT/MEDICARE BENEFITS 1

1.2 DISABILITY BENEFITS 2

1.3 USERS COMING FROM THE RETIREMENT ESTIMATOR VERSION 3

1.4 RESTART PAGE (WILL BE SHOWN TO USERS ACCESSING THE RETIREMENT ESTIMATOR FROM THE WHEN TO START BENEFITS PAGE AND THEN RETURNING TO THE APPLICATION AND TO USERS WHO SELECT “CONTINUE APPLICATION” ON THE WELCOME PAGE) 4

2.0 IDENTIFICATION: PREPARER’S PAGE FOR 3RD PARTY.....5

3.0 IDENTIFICATION: INITIAL INFORMATION SECTION6

3.1 APPLICANT IDENTIFICATION - RETIREMENT/MEDICARE VERSION 6

3.2 APPLICANT IDENTIFICATION - DISABILITY VERSION 7

3.3 CONTACT INFORMATION..... 9

3.4 BIRTH AND CITIZENSHIP INFORMATION..... 11

3.5 MEDICARE ELECTION INFORMATION – AGE 64 AND OLDER 13

4.0 IDENTIFICATION: APPLICATION NUMBER.....14

4.1 RETIREMENT VERSION 14

4.2 DISABILITY VERSION 16

4.3 MEDICARE ONLY VERSION 18

5.0 IDENTIFICATION: PERSONAL INFO SECTION (RETIREMENT/DISABILITY ONLY).....20

5.1 OTHER NAMES AND SSNs..... 20

5.2 DISABILITY (RETIREMENT, STARTED FROM RETIREMENT ENTRY POINT) 22

5.3 DISABILITY (DISABILITY ALLEGED, STARTED FROM DISABILITY ENTRY POINT)..... 24

6.0 GENERAL: FAMILY SECTION (RETIREMENT/DISABILITY ONLY).....25

6.1 MARRIAGE INFORMATION..... 25

6.2 PRIOR MARRIAGES 27

6.3 CHILDREN 31

7.0 GENERAL: MILITARY SECTION (RETIREMENT/DISABILITY ONLY)36

7.1 FIRST PARTY 36

7.2 THIRD PARTY 37

8.0 GENERAL: EARNINGS SECTION (RETIREMENT/DISABILITY ONLY).....38

8.1 EMPLOYER DETAILS 38

8.2 SELF-EMPLOYMENT DETAILS 40

8.3 SUPPLEMENTAL INFORMATION 42

8.4 TOTAL EARNINGS 44

8.5 OTHER PENSIONS/ANNUITIES 49

9.0	GENERAL: WHEN TO START BENEFITS (RETIREMENT/DISABILITY ONLY)	51
9.1	REDUCED BENEFITS (RETIREMENT ONLY)	51
9.2	WHEN TO START BENEFITS (RETIREMENT ONLY)	53
9.3	DIRECT DEPOSIT	61
10.0	OTHER BENEFITS: BENEFIT INFO	63
10.1	RETIREMENT/DISABILITY VERSION.....	63
10.2	MEDICARE ONLY VERSION	66
11.0	OTHER BENEFITS: DISABILITY QUESTIONS (DISABILITY ONLY)	71
11.1	ABILITY TO WORK	71
11.2	DISABILITY PAYMENTS.....	73
11.3	DEPENDENTS	75
11.4	AUTHORIZATION	77
12.0	REMARKS.....	78
12.1	RETIREMENT/DISABILITY	78
12.2	MEDICARE ONLY	79
13.0	REVIEW: OVERALL SUMMARY	80
13.1	RETIREMENT VERSION	80
13.2	DISABILITY VERSION.....	87
13.3	MEDICARE ONLY VERSION	93
14.0	SUBMIT: SEND THIS APPLICATION.....	97
14.1	RETIREMENT VERSION	97
14.2	DISABILITY VERSION	98
14.3	MEDICARE ONLY VERSION	100
15.0	NEXT STEPS: RECEIPT SECTION.....	102
15.1	RETIREMENT ONLY, FIRST PARTY	102
15.2	RETIREMENT ONLY, THIRD PARTY	105
15.3	RETIREMENT ONLY, CURRENT MARRIAGE AND NO OTHER EVIDENCE REQUIRED, FIRST PARTY	106
15.4	RETIREMENT ONLY, CURRENT MARRIAGE AND NO OTHER EVIDENCE REQUIRED, THIRD PARTY.....	107
15.5	RETIREMENT ONLY, NO EVIDENCE REQUIRED, FIRST PARTY	108
15.6	RETIREMENT ONLY, NO EVIDENCE REQUIRED, THIRD PARTY	109
15.7	DISABILITY ALLEGED, FIRST PARTY	110
15.8	DISABILITY ALLEGED, THIRD PARTY	112
15.9	MEDICARE ONLY, FIRST PARTY (EVIDENCE REQUIRED).....	114
15.10	MEDICARE ONLY, THIRD PARTY (EVIDENCE REQUIRED).....	115
15.11	MEDICARE ONLY, NO EVIDENCE REQUIRED, FIRST PARTY	116
15.12	MEDICARE ONLY, NO EVIDENCE REQUIRED, THIRD PARTY	117
16.0	NEXT STEPS: WHAT'S NEXT SECTION	117
16.1	RETIREMENT ONLY (NO DISABILITY ALLEGED), FIRST PARTY	117
16.2	RETIREMENT ONLY (NO DISABILITY ALLEGED), THIRD PARTY.....	119

16.3	DISABILITY ALLEGED W/ LINK TO 3368 REQUIRED, FIRST PARTY	120
16.4	DISABILITY ALLEGED W/ LINK TO 3368 REQUIRED, THIRD PARTY	121
16.5	DISABILITY ALLEGED BUT NOT CONTINUING TO 3368, FIRST PARTY	122
16.6	DISABILITY ALLEGED BUT NOT CONTINUING TO 3368, THIRD PARTY	123
16.7	MEDICARE ONLY, FIRST PARTY.....	124
16.8	MEDICARE ONLY, THIRD PARTY	125
17.0	MESSAGE PAGES	126
MSG005	.....	126
MSG006	.....	126
MSG010	.....	127
MSG025	.....	128
MSG028	.....	128
MSG029	.....	129
MSG045	.....	129
MSG047	.....	130
MSG111	.....	130
MSG112	.....	131
MSG113	.....	132
MSG152	.....	133
MSG153	.....	134

1.0 APPLICATION ENTRY PAGES

1.1 RETIREMENT/MEDICARE BENEFITS



Welcome to the Social Security Benefit Application

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

Thank you for using our online Retirement/Medicare application.

Before you begin...

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

You may also want to review:

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

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

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

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

To Start The Application Process...

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

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

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

Please select one:

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

[Privacy Act Statement](#)

- I have read the Privacy Act Statement.

1.2 DISABILITY BENEFITS



Welcome to the Social Security Benefit Application

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

Thank you for using our online Disability application.

Before you begin...

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

You may also want to review:

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

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

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

To Start The Application Process...

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

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

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

Please select one:

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

[Privacy Act Statement](#)

- I have read the Privacy Act Statement.

1.3 USERS COMING FROM THE RETIREMENT ESTIMATOR VERSION



Welcome to the Social Security Benefit Application

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

Thank you for using our online Retirement/Medicare application.

Before you begin...

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

You may also want to review:

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

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

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

To Start The Application Process...

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

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

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

Please select one:

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

[Privacy Act Statement](#)

I have read the Privacy Act Statement

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

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



Restart

Applicant's Social Security Number

Application Number

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

<< [P]revious

Restart

2.0 IDENTIFICATION: PREPARER'S PAGE FOR 3RD PARTY

Social Security Online www.socialsecurity.gov		Benefit Application				
Identification	General	Other Benefits	Remarks	Review	Submit	Next Steps
Initial Information	Application Number	Additional Information				

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

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

Preparer's Name

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

Preparer's Relationship to Applicant

Relationship to Applicant	
Other	<input type="text"/>
If other, please specify	
<input type="text"/>	

Preparer's Contact Information

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

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

3.0 IDENTIFICATION: INITIAL INFORMATION SECTION

3.1 APPLICANT IDENTIFICATION - RETIREMENT/MEDICARE VERSION

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

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

Initial Information | Application Number | Additional Information

[N]ext >>

Initial Information Section (Page 1 of 4)
Applicant Identification

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

First Name Middle Name Last Name Suffix

Social Security Number
Example: 999-99-9999


Gender
 Male Female

Date of Birth
Month Day Year

[N]ext >>

3.2 APPLICANT IDENTIFICATION - DISABILITY VERSION

3.2.1 FIRST PARTY



Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Initial Information Application Number Additional Information

[N]ext >>

Initial Information Section (Page 1 of 4)
Applicant Identification

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

First Name Middle Name Last Name Suffix

Social Security Number
Example: 999-99-9999

Gender
 Male Female

Date of Birth
Month Day Year

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


Yes No

What date did you become unable to work?
Month Day Year

Are you blind?
 Yes No

[N]ext >>

3.2.2 THIRD PARTY

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Initial Information Application Number Additional Information

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

Initial Information Section (Page 2 of 5)
Applicant Identification

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

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

Social Security Number
Example: 999-99-9999

Gender

Male Female

Date of Birth

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

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

Yes No

What date did the applicant become unable to work?

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

Is the applicant blind?

Yes No

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


Prepared by: OSES/DBSD

Last Updated: August 12, 2010

Page 8

3.3 CONTACT INFORMATION

3.3.1 FIRST PARTY

Social Security Online
www.socialsecurity.govBenefit Application

IdentificationGeneralOther BenefitsRemarksReviewSubmitNext Steps

Initial InformationApplication NumberAdditional Information

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

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

U.S. Mailing Address

Street Address 1

Street Address 2

Street Address 3

Street Address 4

City State ZIP

Do you live at this address?

Yes No

U.S. Residence Address

Street Address 1

Street Address 2

Street Address 3

Street Address 4

City State ZIP

Daytime telephone number

Telephone Number Type

What is the best time to call?

9 a.m. to Noon Noon to 5 p.m. Anytime between 9 a.m. and 5 p.m.

Email Address

We will send an acknowledgement to this address

Please confirm your email address


Language Preferences

Language preferred for speaking

Language preferred for reading

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

3.3.2 THIRD PARTY

 Social Security Online
www.socialsecurity.gov

Benefit Application

Identification	General	Other Benefits	Remarks	Review	Submit	Next Steps
Initial Information	Application Number	Additional Information				

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

U.S. Mailing Address

Street Address 1

Street Address 2

Street Address 3

Street Address 4

City State ZIP

Does John Public live at this address?

Yes No

U.S. Residence Address

Street Address 1

Street Address 2

Street Address 3

Street Address 4

City State ZIP

Daytime telephone number

Telephone Number Type

What is the best time to call?

9 a.m. to Noon Noon to 5 p.m. Anytime between 9 a.m. and 5 p.m.

Email Address

We will send an acknowledgement to this address

Please confirm your email address

Language Preferences

Language preferred for speaking
English

Language preferred for reading
English

3.4 BIRTH AND CITIZENSHIP INFORMATION

3.4.1 FIRST PARTY

The screenshot shows the Social Security Online 'Benefit Application' interface. The top navigation bar includes 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'Initial Information' section is active, with sub-sections for 'Application Number' and 'Additional Information'. The main content area is titled 'Initial Information Section (Page 3 of 4) Birth and Citizenship Information for John Public'. It contains several form fields: a question about birth location in the US with 'Yes' and 'No' radio buttons; two 'Place of Birth' sections, each with 'City' and 'Country' dropdown menus; a question about U.S. citizenship with 'Yes' and 'No' radio buttons; a 'Type of citizenship' dropdown menu; a 'Date of Citizenship' section with 'Month', 'Day', and 'Year' dropdown menus; and a 'Country of citizenship' dropdown menu. Navigation buttons '<< [P]revious' and '[N]ext >>' are located at the top right and bottom right of the form area.

3.4.2 THIRD PARTY

Benefit Application
Social Security Online
www.socialsecurity.gov

Identification General Other Benefits Remarks Review Submit Next Steps

Initial Information Application Number Additional Information

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

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

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

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

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

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

Type of citizenship [More Info](#)

Date of Citizenship
Month Day Year

Country of citizenship

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

Prepared by: OSES/DBSD

Last Updated: August 12, 2010

Page 12

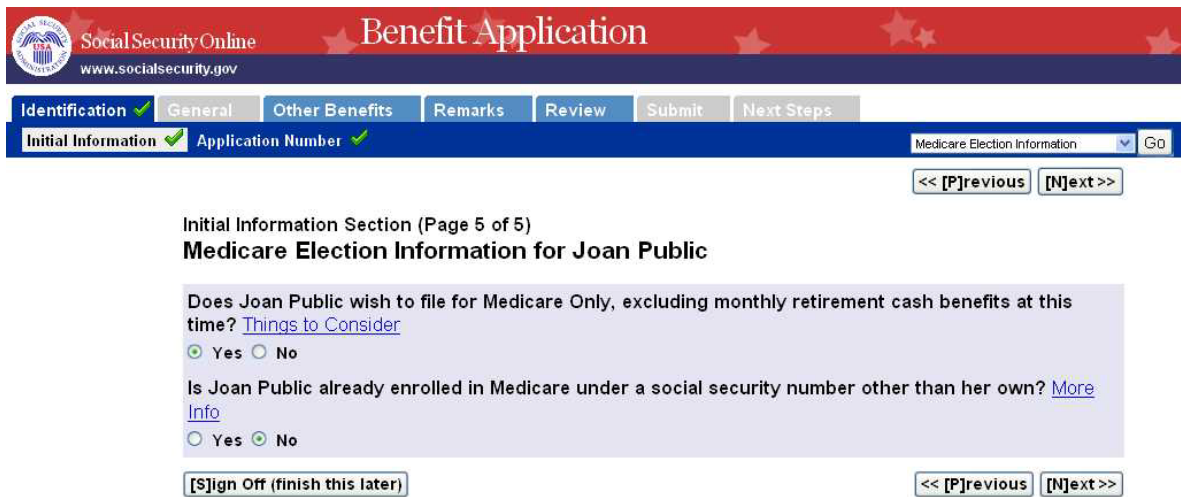
3.5 MEDICARE ELECTION INFORMATION – AGE 64 AND OLDER

3.5.1 FIRST PARTY



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

3.5.2 THIRD PARTY



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

4.0 IDENTIFICATION: APPLICATION NUMBER

4.1 RETIREMENT VERSION

4.1.1 FIRST PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

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

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

Application Number [v] Go

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

Application Number Section (Page 1 of 1)

Application Number for John Public

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

Your Application Number: 61394749

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

If you are unable to complete your online application for any reason, use the "Sign Off (finish this later)" option at the bottom left corner of each page. We will save all the information you provided prior to the page where you use the "Sign Off (finish this later)" option.

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

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

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

We may use 03/24/2010 as the official date of this application. In order to use 03/24/2010, we must receive the signed application by **09/25/2010 or you may lose Social Security benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day.

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

If you intend to file an SSI application you need to file your application with us by **05/23/2010 or you may lose SSI benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Call us at 1-800-772-1213 (TTY 1-800-325-0778) to arrange an appointment to file for SSI. You **cannot** apply for SSI over the Internet.

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

[S]ign Off (finish this later)

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

4.1.2 THIRD PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

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

Initial Information | Application Number | Additional Information | Application Number | Go

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

Application Number Section (Page 1 of 1)

Application Number for John Public

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

John Public's Application Number: 23429655

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

If you are unable to complete John Public's online application for any reason, use the "Sign Off (finish this later)" option at the bottom left corner of each page. We will save all the information you provided prior to the page where you use the "Sign Off (finish this later)" option.

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

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

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

We may use 03/24/2010 as the official date of this application. In order to use 03/24/2010, we must receive the completed application by **09/25/2010 or John Public may lose Social Security benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day.

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

If John Public intends to file an SSI application he will need to file his application with us by **05/23/2010 or he may lose SSI benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Call us at 1-800-772-1213 (TTY 1-800-325-0778) to arrange an appointment to file for SSI. John Public **cannot** apply for SSI over the Internet.

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

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

4.2 DISABILITY VERSION

4.2.1 FIRST PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Initial Information Application Number Additional Information Application Number Go

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

Application Number Section (Page 1 of 1)

Application Number for Joan Public

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

Your Application Number: 83667824

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

If you are unable to complete your online application for any reason, use the "Sign Off (finish this later)" option at the bottom left corner of each page. We will save all the information you provided prior to the page where you use the "Sign Off (finish this later)" option.

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

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

We may use 03/24/2010 as the official date of this application. In order to use 03/24/2010, we must receive the signed application by **09/25/2010 or you may lose Social Security benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day.

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

If you intend to file an SSI application you need to file your application with us by **05/23/2010 or you may lose SSI benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Call us at 1-800-772-1213 (TTY 1-800-325-0778) to arrange an appointment to file for SSI. You **cannot** apply for SSI over the Internet.

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

[S]ign Off (finish this later)

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

4.2.2 THIRD PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

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

Initial Information | Application Number | Additional Information

Application Number [v] Go

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

Application Number Section (Page 1 of 1)

Application Number for Joan Public

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

Joan Public's Application Number: 94525887

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

If you are unable to complete Joan Public's online application for any reason, use the "Sign Off (finish this later)" option at the bottom left corner of each page. We will save all the information you provided prior to the page where you use the "Sign Off (finish this later)" option.

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

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

We may use 03/24/2010 as the official date of this application. In order to use 03/24/2010, we must receive the completed application by **09/25/2010 or Joan Public may lose Social Security benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day.

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

If Joan Public intends to file an SSI application she will need to file her application with us by **05/23/2010 or she may lose SSI benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Call us at 1-800-772-1213 (TTY 1-800-325-0778) to arrange an appointment to file for SSI. Joan Public **cannot** apply for SSI over the Internet.

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

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

4.3 MEDICARE ONLY VERSION

4.3.1 FIRST PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Initial Information ✓ Application Number Application Number Go

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

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

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

Your Application Number: 46967186

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

If you are unable to complete your online application for any reason, use the "**Sign Off (finish this later)**" option at the bottom left corner of each page. We will save all the information you provided prior to the page where you use the "**Sign Off (finish this later)**" option.

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

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

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

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

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

4.3.2 THIRD PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Initial Information ✓ Application Number Application Number Go

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

Application Number Section (Page 1 of 1)

Application Number for John Public

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

John Public's Application Number: 96954218

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

If you are unable to complete John Public's online application for any reason, use the **"Sign Off (finish this later)"** option at the bottom left corner of each page. We will save all the information you provided prior to the page where you use the **"Sign Off (finish this later)"** option.

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

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

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

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

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

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

5.1 OTHER NAMES AND SSNS

5.1.1 FIRST PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

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

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

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

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

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

Yes No

Other Social Security Numbers

1.

2.

3.

4.

5.

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

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


Yes No

Other Names

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

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

5.1.2 THIRD PARTY

 Social Security Online
www.socialsecurity.gov

Benefit Application

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

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

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

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

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

Yes No

Other Social Security Numbers

1.

2.

3.

4.

5.

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

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

Yes No

Other Names

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

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

5.2 DISABILITY (RETIREMENT, STARTED FROM RETIREMENT ENTRY POINT)

5.2.1 FIRST PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

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

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

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

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

Disability Benefits

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

[More Info](#)

Yes No

What date did you become unable to work?

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

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

Yes No


Are you blind?

Yes No

[S]ign Off (finish this later)

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

5.2.2 THIRD PARTY

 Social Security Online
www.socialsecurity.gov

Benefit Application

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

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

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

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

Disability Benefits

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

Yes No

What date did the applicant become unable to work?

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

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

Yes No

Is John Public blind?

Yes No

[S]ign Off (finish this later)

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

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

5.3.1 FIRST PARTY

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

5.3.2 THIRD PARTY

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

6.0 GENERAL: FAMILY SECTION (RETIREMENT/DISABILITY ONLY)

6.1 MARRIAGE INFORMATION

6.1.1 FIRST PARTY

The screenshot shows the Social Security Online 'Benefit Application' interface. The top navigation bar includes 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. Below this, a secondary bar shows 'Family', 'Military', 'Earnings', and 'When to Start Benefits'. The current page is 'Marriage Information', with a 'Go' button. Navigation buttons '<< [P]revious' and '[N]ext >>' are visible. The main content area is titled 'Family Section (Page 1 of 3) Marriage Information for John Public'. It contains a question 'Are you currently married?' with radio buttons for 'Yes' and 'No'. Below this is the 'Marriage' section with fields for 'Spouse's Name' (First Name, Last Name), 'Spouse's Social Security Number' (with an 'Unknown' checkbox), 'Spouse's Date of Birth OR Age' (Month, Day, Year, or Spouse's Age), 'Marriage Date' (Month, Day, Year), 'Marriage Type', 'Married in United States or a U.S. Territory or Commonwealth?' (Yes/No), and 'Place of Marriage' (City, State/Territory/Commonwealth, and Country). At the bottom of the form are buttons for '[S]ign Off (finish this later)', '<< [P]revious', and '[N]ext >>'.

6.1.2 THIRD PARTY

 Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits Marriage Information

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

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

Marriage

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

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

 Unknown

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

Marriage Date
Month Day Year

Marriage Type [More Info](#)

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

Place of Marriage
City State, Territory, or Commonwealth

Place of Marriage
City Country

6.2 PRIOR MARRIAGES

6.2.1 FIRST PARTY

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

Identification General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits Prior Marriages

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

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

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

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

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

Prior Marriage 1

Provide information about the prior marriages you answered "Yes" for above. If you are not sure of the marriage date, please enter your best guess and explain in the **Remarks** page later on. Please list your most recent marriage first and work backwards.

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

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

 Unknown

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

Date Marriage Started
Estimate if not sure.
Month Day Year

Marriage Type [More Info](#)

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

Place of Marriage
City State, Territory, or Commonwealth

Place of Marriage
City Country

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

Place Marriage Ended
City State, Territory, or Commonwealth

Place Marriage Ended
City Country

Date Marriage Ended
Estimate if not sure.
Month Day Year

How did the marriage end?

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

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

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

6.2.2 THIRD PARTY

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

Identification General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits Prior Marriages Go

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

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

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

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

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

Prior Marriage 1 Remove Prior Marriage# 1 Data

Provide information about the prior marriages you answered "Yes" for above. If you are not sure of the marriage date, please enter your best guess and explain in the **Remarks** page later on. Please list your most recent marriage first and work backwards.

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

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

 Unknown

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

Date Marriage Started
Estimate if not sure.
Month Day Year

Marriage Type [More Info](#)

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

Place of Marriage
City State, Territory, or Commonwealth

Place of Marriage
City Country

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

Place Marriage Ended
City State, Territory, or Commonwealth

Place Marriage Ended
City Country

Date Marriage Ended
Estimate if not sure.
Month Day Year

How did the marriage end?

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

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

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

6.3 CHILDREN

6.3.1 NO DISABILITY ALLEGED, FIRST PARTY

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

Identification General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits Children Go

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

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

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

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

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

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

Names of children for which you answered "Yes" above

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


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

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

[S]ign Off (finish this later)

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

6.3.2 NO DISABILITY ALLEGED, THIRD PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification GeneralOther BenefitsRemarksReviewSubmitNext Steps

FamilyMilitaryEarningsWhen to Start BenefitsChildren Go

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

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

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

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

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

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

Names of children for which you answered "Yes" above


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

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

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

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

6.3.3 DISABILITY ALLEGED, FIRST PARTY

 Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Earnings When to Start Benefits Children Go

Family Section (Page 3 of 3)
Children for Joan Public

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

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

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

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


Names of children for which you answered "Yes" above

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

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

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

6.3.4 DISABILITY ALLEGED, THIRD PARTY

 Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits Children Go

Family Section (Page 3 of 3)
Children for Joan Public

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

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

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

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

Names of children for which you answered "Yes" above


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

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

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

7.0 GENERAL: MILITARY SECTION (RETIREMENT/DISABILITY ONLY)

7.1 FIRST PARTY



Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

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

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

Military Section (Page 1 of 1)
Military Details for John Public

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

Yes No

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

Yes No

What type of benefit?

Period 1

Type of Duty

Branch of Service

Start Date
Month Day Year


End Date
Month Day Year

Is there another period of military service prior to 1968?

Yes No

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

7.2 THIRD PARTY

Benefit Application

Social Security Online
www.socialsecurity.gov

Identification General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits Military Details

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

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

Yes No

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

Yes No

What type of benefit?

Period 1 Remove Period 1 Data

Type of Duty

Branch of Service

Start Date

Month Day Year

End Date

Month Day Year

Is there another period of military service prior to 1968?

Yes No

Prepared by: OSES/DBSD

Last Updated: August 12, 2010

Page 37

8.0 GENERAL: EARNINGS SECTION (RETIREMENT/DISABILITY ONLY)

8.1 EMPLOYER DETAILS

8.1.1 FIRST PARTY

The screenshot shows the 'Benefit Application' interface for 'John Public'. The top navigation bar includes 'Social Security Online' and 'www.socialsecurity.gov'. The main navigation tabs are 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'Earnings' section is active, with sub-tabs for 'Family', 'Military', and 'Earnings'. The 'When to Start Benefits' section is also visible. The 'Employer Details' dropdown menu is open, showing 'Employer Details' and a 'Go' button. Navigation buttons '<< [P]revious' and '[N]ext >>' are present.

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

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

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

Employer# 1 Remove Employer# 1 Data

Employer's Name

Employer's Address
Street Address 1

City *State* *ZIP*

Date employment began
Month *Year*


Date employment ended
Month *Year*

Not Ended

Another employer in 2009 or 2010?
 Yes No

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

8.1.2 THIRD PARTY

Benefit Application

Social Security Online
www.socialsecurity.gov

Identification General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits Employer Details Go

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

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

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

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

Employer# 1 Remove Employer# 1 Data

Employer's Name

Employer's Address

Street Address 1

City *State* *ZIP*

Date employment began

Month *Year*

Date employment ended

Month *Year*

Not Ended

Another employer in 2009 or 2010?

Yes No

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

Prepared by: OSES/DBSD

Last Updated: August 12, 2010

Page 39

8.2 SELF-EMPLOYMENT DETAILS

8.2.1 FIRST PARTY

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

8.2.2 THIRD PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification ✓ General Other Benefits Remarks Review Submit Next Steps

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

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

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

Was Joan Public self-employed in 2009?
 Yes No

Type of business

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

Was Joan Public self-employed in 2010?
 Yes No

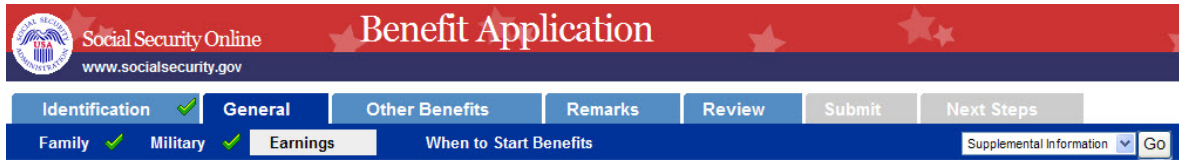
Type of business

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

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

8.3 SUPPLEMENTAL INFORMATION

8.3.1 FIRST PARTY



The navigation bar features the Social Security Administration logo and the text "Social Security Online" and "www.socialsecurity.gov". The main heading is "Benefit Application". Below this is a series of tabs: "Identification" (checked), "General" (selected), "Other Benefits", "Remarks", "Review", "Submit", and "Next Steps". Under the "General" tab, there are sub-tabs: "Family" (checked), "Military" (checked), "Earnings" (selected), and "When to Start Benefits". On the right side, there is a dropdown menu for "Supplemental Information" and a "Go" button.

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

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

Foreign Social Security

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

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

What country?

Have you already filed or intend to file under that country's Social Security system?
 Yes No

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

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

What country?

Social Security Statement

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

Corporate Officer

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

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

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


Authorization

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

[S]ign Off (finish this later)

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

8.3.2 THIRD PARTY

 Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits Supplemental Information Go

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

Foreign Social Security

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

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

What country?

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

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

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

What country?

Social Security Statement

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

Corporate Officer

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

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


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

Authorization

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

8.4 TOTAL EARNINGS

8.4.1 RETIREMENT VERSION, FIRST PARTY

 Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Earnings When to Start Benefits Total Earnings Go

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

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

Total earnings for 2009

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

Did you earn wages, tips and net earnings from self-employment over \$1180 a month or perform substantial services in self-employment in all months of 2009? [More Info](#)
 Yes No

If no, in which months of 2009 did you earn \$1180 or less? [More Info](#)
 All
 January February March April May June
 July August September October November December

Total earnings for 2010

Show the total of all wages and tips that will be earned in 2010.
Include net income from self-employment. Estimate if necessary.
\$.00

Will you earn wages, tips, and net earnings from self-employment over \$3140 a month or perform substantial services in self-employment in all months of 2010? [More Info](#)
 Yes No

If no, in which months of 2010 will you earn \$3140 or less? [More Info](#)
 All
 January February March April May June
 July August September October November December


Special Payments

Do any of the total earnings include special payments paid in one year but earned in another? [More Info](#)
 Yes No

[S]ign Off (finish this later)

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

8.4.2 RETIREMENT VERSION, THIRD PARTY

Benefit Application

Social Security Online
www.socialsecurity.gov

Identification General Other Benefits Remarks Review Submit Next Steps

Family **Earnings** When to Start Benefits Total Earnings

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

Total earnings for 2009

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

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

Yes No

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

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

Total earnings for 2010

Show the total of all wages and tips that will be earned in 2010.
Include net income from self-employment. Estimate if necessary.
\$.00

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

Yes No

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


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

Special Payments

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

Yes No

8.4.3 DISABILITY VERSION, FIRST PARTY

Benefit Application

Social Security Online
www.socialsecurity.gov

Identification General Other Benefits Remarks Review Submit Next Steps

Family Earnings When to Start Benefits Total Earnings Go

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

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

Total earnings for 2009

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

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

Yes No

Total earnings for 2010

Show the total of all wages and tips that will be earned in 2010.
Include net income from self-employment. Estimate if necessary.
\$.00

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

Yes No


Special Payments

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

Yes No

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

8.4.4 DISABILITY VERSION, THIRD PARTY

Benefit Application

Social Security Online
www.socialsecurity.gov

Identification General ▲ Other Benefits Remarks Review Submit Next Steps

Family **Earnings** When to Start Benefits Total Earnings

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

Total earnings for 2009

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

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

Yes No

Total earnings for 2010

Show the total of all wages and tips that will be earned in 2010.
Include net income from self-employment. Estimate if necessary.
\$.00

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

Yes No

Special Payments

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

Yes No

8.4.5 NO WORK OR SELF EMPLOYMENT ALLEGED VERSION, FIRST PARTY

The screenshot shows the Social Security Online interface for a Benefit Application. The header includes the Social Security logo and the text "Social Security Online" and "www.socialsecurity.gov". The main title is "Benefit Application". Below the header is a navigation bar with tabs: Identification (checked), General, Other Benefits, Remarks, Review, Submit, and Next Steps. A secondary bar shows "Family" (checked), "Earnings" (active), and "When to Start Benefits". On the right, there is a "Total Earnings" dropdown menu and a "Go" button. Navigation buttons for "<< [P]previous" and "[N]ext >>" are visible.

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

Last Year Worked

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

Never Worked

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

8.4.6 NO WORK OR SELF EMPLOYMENT ALLEGED VERSION , THIRD PARTY

This screenshot is similar to the previous one but for a Third Party application. The navigation bar shows "General" with a warning icon. The secondary bar shows "Earnings" with a warning icon. The "Total Earnings" dropdown and "Go" button are present. Navigation buttons for "<< [P]previous" and "[N]ext >>" are visible.

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

Last Year Worked


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

Never Worked

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

8.5 OTHER PENSIONS/ANNUITIES

8.5.1 FIRST PARTY

 Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

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

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

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

Work Not Covered By Social Security

Did you ever work in a job where Social Security taxes were not deducted or withheld? [More Info](#)
 Yes No

Are you receiving a pension or annuity based on this non-covered work? [More Info](#)
 Yes No

Do you expect to receive a pension or annuity in the future based on this non-covered work?
 Yes No

What date is the pension or annuity expected to begin?
Month Day Year

Is the pension or annuity based on government employment? [More Info](#)
 Yes No

Railroad Employment

Did you work for the Railroad 5 years or more? [More Info](#)
 Yes No


Did your spouse or prior spouse work for the Railroad 5 years or more?
 Yes No

Does your spouse or prior spouse receive or is she eligible to receive a Railroad pension or annuity?
 Yes No

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

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

8.5.2 THIRD PARTY

 Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

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

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

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

Work Not Covered By Social Security

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

Yes No

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

Yes No

Does Joan Public expect to receive a pension or annuity in the future based on this non-covered work?

Yes No

What date is the pension or annuity expected to begin?

Month Day Year

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

Yes No

Railroad Employment

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

9.1 REDUCED BENEFITS (RETIREMENT ONLY)

9.1.1 FIRST PARTY

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

9.1.2 THIRD PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification ✓ General Other Benefits Remarks Review Submit Next Steps

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

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

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

Reduced Benefits [More Info](#)

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

[S]ign Off (finish this later)

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

9.2 WHEN TO START BENEFITS (RETIREMENT ONLY)

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

The screenshot shows the Social Security Online 'Benefit Application' interface. The top navigation bar includes 'Social Security Online' and 'www.socialsecurity.gov'. Below this is a menu with tabs for 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'When to Start Benefits' section is active, with sub-tabs for 'Family', 'Earnings', and 'When to Start Benefits'. A 'Go' button is visible next to the 'When to Start Benefits' sub-tab. Navigation buttons '<< [P]previous' and '[N]ext >>' are present. The main content area is titled 'When to Start Benefits Section (Page 1 of 2) When to Start Benefits for Joan Public'. It contains text explaining the choice of when to start benefits, a link to 'More Info', and a 'Go to Estimator' button. A summary statement reads: 'Based on the information provided, benefits will begin on 07/2010.' Below this is a question: 'If you are eligible for both retirement benefits and spouse's benefit, do you want to delay receipt of retirement benefit?' with radio buttons for 'Yes' and 'No', and a 'More Info' link. At the bottom of the form area are buttons for '[S]ign Off (finish this later)', '<< [P]previous', and '[N]ext >>'.

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

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification ✓ General ⚠ Other Benefits Remarks Review Submit Next Steps

Family ✓ Earnings ✓ When to Start Benefits ⚠

When to Start Benefits > Go

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

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

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

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

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


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

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

Yes No

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

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

 Social Security Online
www.socialsecurity.gov

Benefit Application

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

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

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

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

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

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

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

[Go to Estimator](#)

We need to know when you want to start benefits.

Do you want benefits to start in 06/2010?
 Yes No (Your other available options are 10/2009 to 08/2010.)

What date should benefits start?

Please let us know if there is a specific reason for this date.
 Currently working and plan to retire on this date
 No longer working
 Another Reason

Please briefly describe the reason.

If you are eligible for both retirement benefits and spouse's benefit, do you want to delay receipt of retirement benefit? [More Info](#)
 Yes No

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

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

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification ✓ General Other Benefits Remarks Review Submit Next Steps

Family ✓ Earnings ✓ When to Start Benefits

When to Start Benefits Go

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

When to Start Benefits Section (Page 2 of 3)

When to Start Benefits for Jane Public

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

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

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

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

Yes No (Her other available options are 10/2009 to 08/2010.)

What date should benefits start?

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

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

Please briefly describe the reason.

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

Yes No

[S]ign Off (finish this later)

<< [P]revious

[N]ext >>

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

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Earnings When to Start Benefits When to Start Benefits Go

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

When to Start Benefits Section (Page 2 of 3)

When to Start Benefits for Jane Public

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

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

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

[Go to Estimator](#)

We need to know when you want to start benefits.

What date should benefits start?

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

Currently working and plan to retire on this date

No longer working

Another Reason

Please briefly describe the reason.

If you are eligible for both retirement benefits and spouse's benefit, do you want to delay receipt of retirement benefit? [More Info](#)

Yes No

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

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



Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Earnings When to Start Benefits When to Start Benefits

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

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

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

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

What date should benefits start?

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

Currently working and plan to retire on this date
 No longer working
 Another Reason

Please briefly describe the reason.

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

Yes No

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

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits

When to Start Benefits Go

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

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

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

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

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

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits

When to Start Benefits Go

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

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

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

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

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

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Earnings When to Start Benefits

When to Start Benefits Go

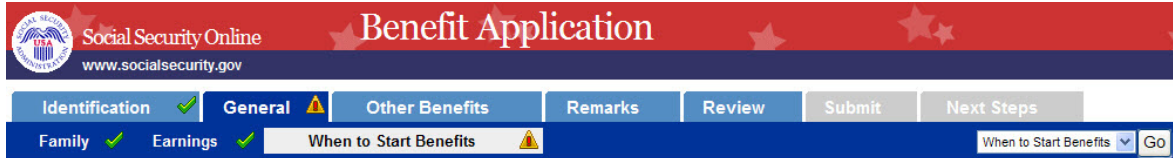
<< [P]revious [N]ext >>

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

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

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

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

 Social Security Online
www.socialsecurity.gov

Benefit Application

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

When to Start Benefits Section (Page 2 of 3)

When to Start Benefits for Joan Public

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

9.3 DIRECT DEPOSIT

9.3.1 FIRST PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Family Military Earnings When to Start Benefits Direct Deposit Details

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

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

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

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

Routing Number Check# Account Number
211554485 0012 1456874801

Routing Transit Number [More Info](#)
Enter the 9-digit routing number for your bank or other financial institution.
:

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

Account Type [More Info](#)
 Checking
 Savings
 I do not have an account at a bank or other financial institution.

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

9.3.2 THIRD PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification ✓ General Other Benefits Remarks Review Submit Next Steps

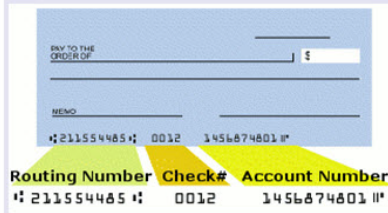
Family ✓ Military ✓ Earnings ✓ When to Start Benefits Direct Deposit Details Go

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

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

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

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



Routing Transit Number [More Info](#)

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

⌘ [] ⌘

Account Number

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

[] ⌘

Account Type [More Info](#)

- Checking
 Savings

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

[S]ign Off (finish this later)

<< [P]revious

[N]ext >>

10.0 OTHER BENEFITS: BENEFIT INFO

10.1 RETIREMENT/DISABILITY VERSION

10.1.1 BENEFIT INFORMATION (FIRST PARTY)

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other BenefitsRemarksReviewSubmitNext Steps

Benefit Information

Benefit Information Section (Page 1 of 2)
Benefit Information for John Public

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

Have you recently applied for Supplemental Security Income?

Yes No

Do you intend to apply for Supplemental Security Income?

Yes No

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

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

Yes No

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

Medicare benefits
 Social Security benefits
 Supplemental Security Income benefits

Did you previously file on your own Social Security number?

Yes No

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

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

10.1.2 BENEFIT INFORMATION (THIRD PARTY)

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other BenefitsRemarksReviewSubmitNext Steps

Benefit InformationBenefit Information Go

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

Benefit Information Section (Page 1 of 2)
Benefit Information for John Public

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

Has John Public recently applied for Supplemental Security Income?

Yes No

Does John Public intend to apply for Supplemental Security Income?

Yes No

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

Has John Public previously applied for Medicare, Social Security Benefits, or Supplemental Security Income (SSI) benefits?

Yes No

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

Medicare benefits

Social Security benefits

Supplemental Security Income benefits

Did John Public previously file on his own Social Security number?

Yes No

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

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

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

10.1.3 HEALTH INSURANCE (FIRST PARTY)

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification ✓ General ✓ Other Benefits Remarks Review Submit Next Steps

Benefit Information Health Insurance Go

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

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

Medicare Coverage

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

Yes No

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

Yes No

Other Health Insurance Coverage

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

Yes No

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

Yes No

[S]ign Off (finish this later)

<< [P]revious

[N]ext >>

10.1.4 HEALTH INSURANCE (THIRD PARTY)



Social Security Online
www.socialsecurity.gov

Benefit Application

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

Benefit Information Health Insurance Go

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

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

Medicare Coverage

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

Other Health Insurance Coverage

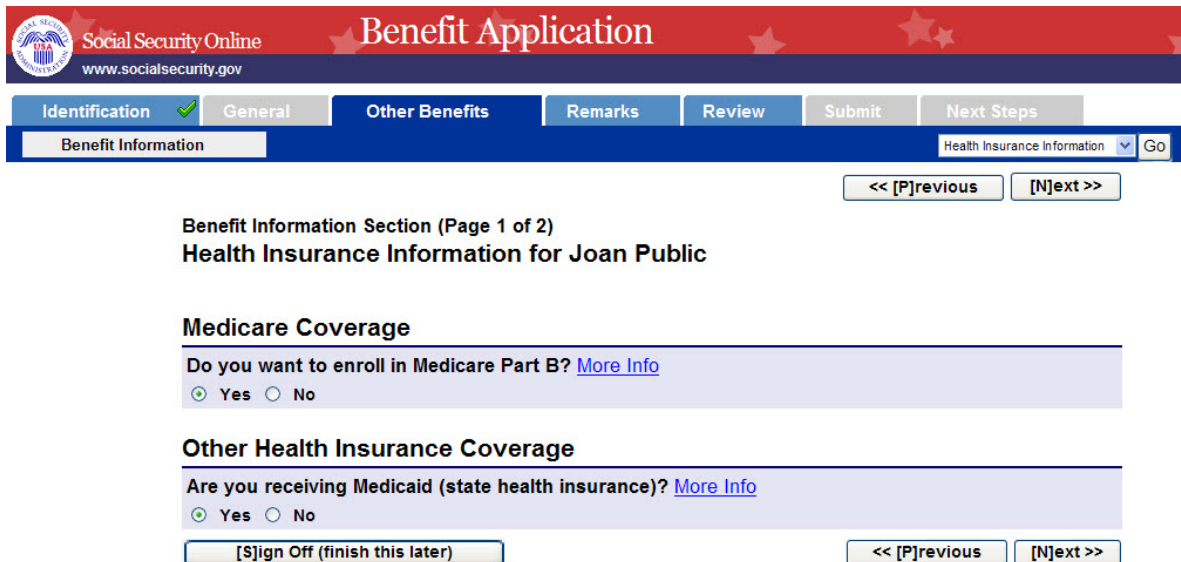
Is John Public receiving Medicaid (state health insurance)? [More Info](#)
 Yes No

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

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

10.2 MEDICARE ONLY VERSION

10.2.1 HEALTH INSURANCE INFORMATION (FIRST PARTY)



Social Security Online
www.socialsecurity.gov

Benefit Application

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

Benefit Information Health Insurance Information Go

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

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

Medicare Coverage

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

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

10.2.2 HEALTH INSURANCE INFORMATION (THIRD PARTY)

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Benefit Information Health Insurance Information Go

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

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

Medicare Coverage

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

Yes No

Other Health Insurance Coverage

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

Yes No

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

10.2.3 MEDICAID INFORMATION (FIRST PARTY)

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Benefit Information Medicaid Information Go

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

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

When did Medicaid (state health insurance) start?

Month Year

When did Medicaid (state health insurance) end?

Month Year

Not Ended


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

Unknown

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

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

10.2.4 MEDICAID INFORMATION (THIRD PARTY)

 Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Benefit Information Medicaid Information Go

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

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

When did Medicaid (state health insurance) start?

Month Year

When did Medicaid (state health insurance) end?

Month Year

Not Ended


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

Unknown

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

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

10.2.5 GROUP HEALTH PLAN INFORMATION (FIRST PARTY)

 Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Benefit Information Group Health Plan Information Go

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

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

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

Yes No

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

Yes No

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

Yes No

Employment Information

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

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

Month Day Year

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

Month Day Year

Not Ended

Health Insurance Coverage

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

Month Year


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

Month Year

Not Ended

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

10.2.6 GROUP HEALTH PLAN INFORMATION (THIRD PARTY)

 Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Benefit Information Group Health Plan Information Go

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

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

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

Yes No

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

Yes No

Is Joan Public covered under a Group Health Plan through another person's employment?

Yes No

Employment Information

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

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

Month Day Year

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

Month Day Year

Not Ended

Health Insurance Coverage

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

Month Year

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

Month Year

Not Ended

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

11.0 OTHER BENEFITS: DISABILITY QUESTIONS (DISABILITY ONLY)

11.1 ABILITY TO WORK

11.1.1 FIRST PARTY

The screenshot shows the 'Benefit Application' interface for 'Ability To Work'. The top navigation bar includes 'Social Security Online' and 'Benefit Application'. Below this is a progress bar with tabs for 'Identification', 'General', 'Other Benefits', 'Remarks', 'Review', 'Submit', and 'Next Steps'. The 'Disability Questions' tab is active, and a sub-tab 'Ability To Work' is selected. Navigation buttons include '<< [P]revious' and '[N]ext >>'. The main content area is titled 'Disability Questions Section (Page 1 of 4) Ability To Work for Joan Public'. It contains a text input field for listing illnesses, injuries, or conditions, followed by radio buttons for 'Are these illnesses, injuries or conditions related to work in any way?' (Yes/No) and 'Are you now able to work?' (Yes/No). Below this is a date selection for 'What is the date you became able to work?' with dropdowns for 'Month' and 'Year'. At the bottom of the form are buttons for '[S]ign Off (finish this later)', '<< [P]revious', and '[N]ext >>'. The Social Security Administration logo is visible in the top left corner of the interface.

11.1.2 THIRD PARTY

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

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

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

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

Is Joan Public now able to work?
 Yes No


What is the date Joan Public became able to work

Month: [dropdown] Year: [dropdown]

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

11.2 DISABILITY PAYMENTS

11.2.1 FIRST PARTY



Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Benefit Information Disability Questions Disability Payments

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

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

Workers' Compensation / Public Disability Benefits

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

Yes No

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

Money from Employer

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

Yes No

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

Select all that apply

Sick pay
 Vacation Pay
 Other

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

Yes No


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

Select all that apply

Sick pay
 Vacation Pay
 Other

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

11.2.2 THIRD PARTY

Benefit Application

Social Security Online
www.socialsecurity.gov

Identification General Other Benefits Remarks Review Submit Next Steps

Benefit Information Disability Questions Disability Payments Go

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

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

Workers' Compensation / Public Disability Benefits

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

Yes No

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

Money from Employer

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

Yes No

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

Select all that apply

Sick pay
 Vacation Pay
 Other

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

Yes No

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

Select all that apply

Sick pay
 Vacation Pay
 Other

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

11.3 DEPENDENTS

11.3.1 FIRST PARTY

 Social Security Online
www.socialsecurity.govBenefit Application

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

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

Parents

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

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

First Parent's Address
Street Address 1
City State ZIP

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

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

Same address as first parent?
 Yes No

Second Parent's Address
Street Address 1
City State ZIP

Child Care Years

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

Select number of years
Select One

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

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

11.3.2 THIRD PARTY

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

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

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

Parents

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

First Parent's Name
First Name Middle Name Last Name Suffix
[] [] [] []

First Parent's Address
Street Address 1
[]
City State ZIP
[] [] []

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

Second Parent's Name
First Name Middle Name Last Name Suffix
[] [] [] []

Same address as first parent?
 Yes No

Second Parent's Address
Street Address 1
[]
City State ZIP
[] [] []

Child Care Years

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

Select number of years
Select One []

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

1. []
2. []
3. []
4. []
5. []
6. []

11.4 AUTHORIZATION

11.4.1 FIRST PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification ✓ General ✓ Other Benefits Remarks Review Submit Next Steps

Benefit Information ✓ Disability Questions Authorization Go

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

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

Please read the following statements before answering the question below:

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

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

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

Yes No

[S]ign Off (finish this later)

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

11.4.2 THIRD PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification ✓ General ✓ Other Benefits Remarks Review Submit Next Steps

Benefit Information ✓ Disability Questions Authorization Go

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

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

Please read the following statements before answering the question below:

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

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

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

Yes No

[S]ign Off (finish this later)

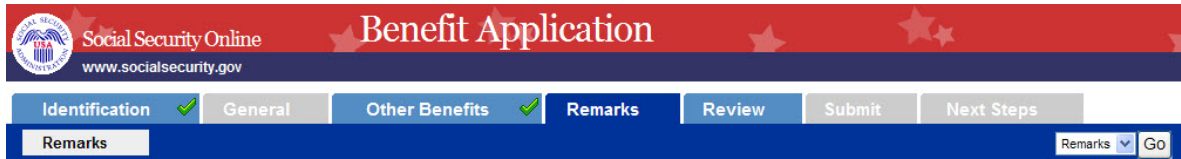
<< [P]revious [N]ext >>

12.0 REMARKS

12.1 RETIREMENT/DISABILITY

The screenshot displays the Social Security Online 'Benefit Application' interface. At the top, the Social Security Administration logo and the text 'Social Security Online www.socialsecurity.gov' are visible. The main heading is 'Benefit Application'. Below this is a navigation bar with tabs: 'Identification' (checked), 'General' (checked), 'Other Benefits' (checked), 'Remarks' (active), 'Review', 'Submit', and 'Next Steps'. A 'Remarks' dropdown menu is open, showing 'Remarks' and a 'Go' button. Navigation buttons '<< [P]revious' and '[N]ext >>' are present. The main content area is titled 'Remarks Section (Page 1 of 1) Remarks for Joan Public'. It contains a 'Remarks' section with instructions: 'Please provide any additional information or remarks you want to send with this application. If you estimated any dates, places, or amounts, please explain. For example, if you estimated a date of marriage, please explain. There is a limit of 750 characters (about 15 lines)'. Below the instructions is a large, empty text input area. At the bottom of the input area, it says 'Characters remaining: 750'. A button labeled '[S]ign Off (finish this later)' is located at the bottom left of the input area. Navigation buttons '<< [P]revious' and '[N]ext >>' are at the bottom right.

12.2 MEDICARE ONLY



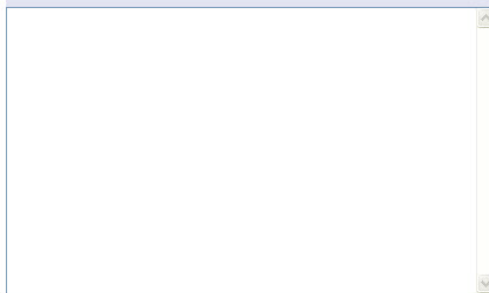
The navigation bar features the Social Security Online logo and website address on the left. The main title "Benefit Application" is centered. Below the title is a series of tabs: "Identification" (with a green checkmark), "General", "Other Benefits" (with a green checkmark), "Remarks" (highlighted in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

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

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

Remarks

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



A large, empty text area with a vertical scrollbar on the right side, intended for the user to enter their remarks.

Characters remaining: 750

[S]ign Off (finish this later)

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

13.0 REVIEW: OVERALL SUMMARY

13.1 RETIREMENT VERSION

13.1.1 FIRST PARTY

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

Identification General Other Benefits Remarks Review Submit Next Steps

Overall Summary

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

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

Identification Tab

Initial Information Section

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

Contact Information Page

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

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

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

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

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

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

Application Number Section

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

Personal Information Section

Other Social Security Numbers and Names Page

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

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

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

General Tab	
Family Section	
Edit	✓ Marriage Information Page Currently married: No
Edit	✓ Prior Marriages Page Had any prior marriages: No
Edit	✓ Children Page Have any children who became disabled prior to age 22: No Have any unmarried children under age 18: No Have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: No
Earnings Section	
Edit	✓ Employer Details Page Worked for an employer in 2009: Yes Worked or will work for an employer in 2010: Yes First Employer's name: Big Company First Employer's address: 1 Corp Rd, Burtonsville, MD, 20866 First Employer - Date employment began: April, 1986 First Employer - Date employment ended: November, 2007
Edit	✓ Self-Employment Details Page 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
Edit	✓ Supplemental Information Page 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	✓ Total Earnings Page 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 \$3140 or performed substantial services in self-employment in all months of 2010: Yes Total earnings include any special payments paid in one year but earned in another: No
Edit	✓ Other Pensions/Annuities Page Ever worked in a job where Social Security taxes were not deducted or withheld? No Worked for the Federal Government in January 1983: No
When to Start Benefits Section	
Edit	✓ Reduced Benefits Page Reduced Benefits: Earliest month possible without an age-related reduction
Edit	✓ When to Start Benefits Page Benefits to start in 07/2010: Yes
Edit	✓ Direct Deposit Details Page No account information entered for Direct Deposit.
Other Benefits Tab	
Benefit Information Section	
Edit	✓ Benefit Information Page 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	✓ Health Insurance Page Already enrolled in Medicare Part B: No Desire to enroll in Medicare Part B: No Receiving Medicaid: No Covered under a group health plan: No
Review Tab	
Review Section	
Edit	✓ Remarks Page Remarks:
[Sign Off (finish this later)] << [Previous] [Next] >>	

13.1.2 THIRD PARTY

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

Identification General Other Benefits Remarks Review Submit Next Steps

Overall Summary Overall Summary

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

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

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

Identification Tab

Initial Information Section

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

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

Contact Information Page

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

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

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

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

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

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

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

Application Number Section

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

Personal Information Section

Other Social Security Numbers and Names Page

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

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

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

General Tab	
Family Section	
Edit	<p>Marriage Information Page</p> <p>Currently married: Yes Spouse's Name: Sally Maiden Spouse's Social Security Number: 143990000 Spouse's age: 61 Marriage Date: June 24 1983 Marriage Type: Married by Clergy or Public Official Married in U.S. or a U.S. territory or commonwealth: Yes City, town or county: Columbia U.S. state, territory or commonwealth: MARYLAND</p>
Edit	<p>Prior Marriages Page</p> <p>Had any prior marriages: No</p>
Edit	<p>Children Page</p> <p>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:</p>
Military Section	
Edit	<p>Military Details Page</p> <p>Military service prior to 1968: No</p>
Earnings Section	
Edit	<p>Employer Details Page</p> <p>Worked for an employer in 2009: No Worked or will work for an employer in 2010: No</p>
Edit	<p>Self-Employment Details Page</p> <p>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</p>
Edit	<p>Supplemental Information Page</p> <p>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</p>
Edit	<p>Total Earnings Page</p> <p>Total of all wages and tips including net income from self-employment in 2009: \$450 Earned 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 net income from self-employment over \$3140 or performed substantial services in self-employment in all months of 2010: Yes Total earnings include any special payments paid in one year but earned in another: No</p>
Edit	<p>Other Pensions/Annuities Page</p> <p>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</p>
When to Start Benefits Section	
Edit	<p>Reduced Benefits Page</p> <p>Reduced Benefits: Will accept an age-related reduction</p>
Edit	<p>When to Start Benefits Page</p> <p>Benefits should start in: 02/2009 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</p>
Edit	<p>Direct Deposit Details Page</p> <p>No account information entered for Direct Deposit.</p>
Other Benefits Tab	
Benefit Information Section	
Edit	<p>Benefit Information Page</p> <p>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</p>
Edit	<p>Health Insurance Page</p> <p>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</p>
Review Tab	
Review Section	
Edit	<p>Remarks Page</p> <p>Remarks</p>
<p>Sign Off (finish this later) << P/previous N/next >></p>	

13.2 DISABILITY VERSION

13.2.1 FIRST PARTY

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

Identification General Other Benefits Remarks Review Submit Next Steps

Overall Summary Overall Summary

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

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

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

Identification Tab

Initial Information Section

Applicant Identification Page

Applicant Name: **Joan Q Public**
Social Security Number: **743990366**
Gender: **Female**
Date of Birth: **July 03, 1948**

During the last 14 months, unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death:
Yes
Unable to work as of: **February 24, 1995**
Blind: **No**

Contact Information Page

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

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

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

Birth and Citizenship Information Page

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

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

Application Number Section

Application Number Page

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

Personal Information Section

Other Social Security Numbers and Names Page

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

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

Disability Page

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

General Tab	
Family Section	
Edit ✓	Marriage Information Page Currently married: No
Edit ✓	Prior Marriages Page Had any prior marriages: No
Edit ✓	Children Page Have any children who became disabled prior to age 22: No Have any unmarried children under age 18: No Have any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: No
Earnings Section	
Edit ✓	Employer Details Page Worked for an employer in 2009: No Worked or will work for an employer in 2010: No
Edit ✓	Self-Employment Details Page Self-employed in 2009: No Self-employed in 2010: No
Edit ✓	Supplemental Information Page 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 ✓	Total Earnings Page Neither working nor self-employed in 2010, last year worked: 2006
Edit ✓	Other Pensions/Annuities Page Ever worked in a job where Social Security taxes were not deducted or withheld? No Worked for the Railroad 5 years or more: No Worked for the Federal Government in January 1963: No
When to Start Benefits Section	
Edit ✓	When to Start Benefits Page Based on the information provided, benefits will begin on 08/2010.
Edit ✓	Direct Deposit Details Page No account information entered for Direct Deposit.
Other Benefits Tab	
Benefit Information Section	
Edit ✓	Benefit Information Page 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
Disability Questions Section	
Edit ✓	Ability To Work Page Illnesses, injuries, conditions that limit ability to work: Narcolepsy Illnesses, injuries, conditions related to work: Yes Now able to work: No
Edit ✓	Disability Payments Page Filed or intend to file 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 ✓	Dependents Page Has one parent who receives one-half support: No
Edit ✓	Authorization Page Disclosure of medical information authorized: Yes
Review Tab	
Review Section	
Edit ✓	Remarks Page Remarks:
<div style="display: flex; justify-content: space-between;"> [Sign Off (finish this later)] << [P]previous [N]next >> </div>	

13.2.2 THIRD PARTY

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

Identification General Other Benefits Remarks Review Submit Next Steps

Overall Summary Overall Summary

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

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

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

Identification Tab

Initial Information Section

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

Applicant Identification Page
Applicant Name: **Joan Q Public**
Social Security Number: **743990362**
Gender: **Female**
Date of Birth: **May 03, 1945**

During the last 14 months, unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death:
Yes
Unable to work as of: **February 24, 1995**
Blind: **No**

Contact Information Page

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

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

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

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

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

Application Number Section

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

Personal Information Section

Other Social Security Numbers and Names Page

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

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

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

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

13.3 MEDICARE ONLY VERSION

13.3.1 FIRST PARTY

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

Identification General Other Benefits Remarks Review Submit Next Steps

Overall Summary Overall Summary

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

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

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

Identification Tab

Initial Information Section

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

Contact Information Page

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

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

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

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

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

Application Number Section

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

Other Benefits Tab

Benefit Information Section

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

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

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

Review Tab

Review Section

Remarks Page
Remarks:

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

13.3.2 THIRD PARTY

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

Identification General Other Benefits Remarks Review Submit Next Steps

Overall Summary Overall Summary

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

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

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

Identification Tab

Initial Information Section

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

Applicant Identification Page
Applicant Name: **Joan Q Public**
Social Security Number: **743980362**
Gender: **Female**
Date of Birth: **January 01, 1907**
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**

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

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

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

Application Number Section

Application Number Page
The Application Number is: **75649866**
(The Application Number cannot be edited.)

Other Benefits Tab

Benefit Information Section

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

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

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

Review Tab

Review Section

Remarks Page
Remarks:

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

14.0 SUBMIT: SEND THIS APPLICATION

14.1 RETIREMENT VERSION

14.1.1 FIRST PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

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

Send this application Send this application Go

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

Send this application Section (Page 1 of 1)

Send this application for John Public

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

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

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

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

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

[S]ign Off (finish this later)

<< [P]revious

Sign Now

14.1.2 THIRD PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

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

Send this application Send this application Go

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

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

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

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

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

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

14.2 DISABILITY VERSION

14.2.1 FIRST PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

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

Send this application Send this application Go

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

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

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

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

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

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

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

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

14.2.2 THIRD PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

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

Send this application Send this application Go

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

Send this application Section (Page 1 of 1)

Send this application for Joan Public

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

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

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

[S]ign Off (finish this later)

<< [P]revious Finish

14.3 MEDICARE ONLY VERSION

14.3.1 FIRST PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Send this application

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

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

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

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

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

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

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

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

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

14.3.2 THIRD PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

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

Send this application Send this application Go

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

Send this application Section (Page 1 of 1)

Send this application for Joan Public

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

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

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

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

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

[S]ign Off (finish this later)

<< [P]revious Finish

15.0 NEXT STEPS: RECEIPT SECTION

15.1 RETIREMENT ONLY, FIRST PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

Identification General Other Benefits Remarks Review Submit Next Steps

Receipt What's Next?

[N]ext >>

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

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

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

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

Documents You Need to Submit to Social Security.

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

- **Original Birth Certificate** or a **Certified Copy** of your birth certificate or other [proof of birth](#). We cannot accept a photocopy unless it is certified by the office that issued the document;
- [Citizenship/Naturalization](#) (if other than your U.S. birth certificate). We cannot accept a photocopy;
- [U.S. Military Service](#) (e.g., DD214 - Certificate of Release or Discharge from Active Duty). We can accept a photocopy of this document;
- [Wages from your employer](#) for last year (e.g., copy of your W-2 form). We can accept a photocopy of this document;
- [Self-employment income](#) for last year (e.g., IRS Schedules C and SE). We can accept a photocopy of these documents;
- If we determine that you qualify for benefits as a spouse, we may also need proof of your marriage. We will contact you if we need this document.

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

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

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

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

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

Identification

Initial Information

Applicant Identification Page

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

Prior Marriages Page

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

Children Page

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

Military

Military Details Page

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

Earnings

Employer Details Page

Worked for an employer in 2009: **Yes**
Worked or will work for an employer in 2010: **Yes**
First Employer's name: **Big Company**
First Employer's address: **1 Corp Rd, Burtonsville, MD, 20866**
First Employer - Date employment began: **April, 1996**
First Employer - Date employment ended: **November, 2007**

Self-Employment Details Page

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

Supplemental Information Page

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

Total Earnings Page

Total of all wages and tips in 2009: **\$45000**
Earned wages and tips over \$3140 in all months of 2009: **Yes**
Total of all wages and tips in 2010: **\$45000**
Earned wages and tips over \$3140 in all months of 2010: **Yes**
Total earnings include any special payments paid in one year but earned in another:
No

Other Pensions/Annuities Page

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

When to Start Benefits

When to Start Benefits Page

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

Direct Deposit Details Page

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

Other Benefits

Benefit Information

Benefit Information Page

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

Health Insurance Page

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

Review

Review

Remarks Page

Remarks:

[N]ext >>

15.2 RETIREMENT ONLY, THIRD PARTY

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

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

Receipt | **What's Next?**

[Next >>]

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

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

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

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

Documents John Public Needs to Submit to Social Security.

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

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

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

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

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

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

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


Identification

Initial Information

Preparer's Contact Information Page

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

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

 Social Security Online www.socialsecurity.gov							Benefit Application						
Identification		General		Other Benefits		Remarks		Review		Submit		Next Steps	
Receipt		What's Next?											

[N]ext >>

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


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

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

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

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

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

 Social Security Online
www.socialsecurity.gov

Benefit Application

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

Receipt | What's Next?

[N]ext >>

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

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

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

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

Identification

Initial Information

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

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


Contact Information Page

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

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

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

15.5 RETIREMENT ONLY, NO EVIDENCE REQUIRED, FIRST PARTY

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

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

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


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

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

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

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

15.6 RETIREMENT ONLY, NO EVIDENCE REQUIRED, THIRD PARTY

 Social Security Online www.socialsecurity.gov		Benefit Application				
Identification	General	Other Benefits	Remarks	Review	Submit	Next Steps
Receipt	What's Next?					

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

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


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

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

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


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

15.7 DISABILITY ALLEGED, FIRST PARTY

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

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

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

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

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

Documents You Need to Submit to Social Security.

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

- **Original Birth Certificate** or a **Certified Copy** of your birth certificate or other [proof of birth](#). We cannot accept a photocopy unless it is certified by the office that issued the document;
- [Citizenship/Naturalization](#) (if other than your U.S. birth certificate). We cannot accept a photocopy;
- [U.S. Military Service](#) (e.g., DD214 - Certificate of Release or Discharge from Active Duty). We can accept a photocopy of this document;
- [Wages from your employer](#) for last year (e.g., copy of your W-2 form). We can accept a photocopy of this document;
- [Self-employment income](#) for last year (e.g., IRS Schedules C and SE). We can accept a photocopy of these documents;
- If we determine that you qualify for benefits as a spouse, we may also need proof of your marriage. We will contact you if we need this document.

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

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

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

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


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

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

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


Identification
Initial Information
Applicant Identification Page
Applicant Name: Joan Q Public Social Security Number: 743991066 Gender: Female Date of Birth: August 03, 1948
During the last 14 months, unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death: Yes Unable to work as of: February 24, 1995 Blind: No
Contact Information Page
Mailing Address Mailing Address: 234 First St, Silver Spring, MD, 20901 Reside at this address: Yes
Phone and email Daytime telephone number: 301 555 7890 Type of phone: Home Best time to call: Noon to 5 p.m. Email address:
Language preferences Preferred language for speaking: English Preferred language for reading: English
Birth and Citizenship Information Page
Born in the United States or a U.S. territory or commonwealth: Yes City of Birth: Silver Spring State of Birth: MARYLAND US Citizen: Yes Type of Citizenship: US Citizen born inside US
Personal Information
Other Social Security Numbers and Names Page
Other Social Security Numbers Any other Social Security Numbers used: No
Other names Any other names used: No
Disability Page Want to receive reduced Retirement benefits while waiting for disability decision: Yes

15.8 DISABILITY ALLEGED, THIRD PARTY

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

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

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

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

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

Documents Joan Public Needs to Submit to Social Security.

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

- **Original Birth Certificate** or a **Certified Copy** of Joan Public's birth certificate or other [proof of birth](#). We cannot accept a photocopy unless it is certified by the office that issued the document;
- [Citizenship/Naturalization](#) (if other than Joan Public's U.S. birth certificate). We cannot accept a photocopy;
- [U.S. Military Service](#) (e.g., DD214 - Certificate of Release or Discharge from Active Duty). We can accept a photocopy of this document;
- [Wages from Joan Public's employer](#) for last year (e.g., copy Joan Public's W-2 form). We can accept a photocopy of this document;
- [Self-employment income](#) for last year (e.g., IRS Schedules C and SE). We can accept a photocopy of these documents;
- If we determine that Joan Public qualifies for benefits as a spouse, we may need proof of her marriage. We will contact her if we need this document.

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

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

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

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

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

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

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

Identification

Initial Information

Preparer's Contact Information Page

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

Applicant Identification Page

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

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

Yes

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

Blind: **No**

Contact Information Page

Mailing Address

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

Phone and email

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

Language preferences

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

Birth and Citizenship Information Page

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

Yes


City of Birth: **Silver Spring**

State of Birth: **MARYLAND**

US Citizen: **Yes**


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

15.9 MEDICARE ONLY, FIRST PARTY (EVIDENCE REQUIRED)



Social Security Online
www.socialsecurity.gov

Benefit Application



IdentificationGeneralOther BenefitsRemarksReviewSubmitNext Steps

ReceiptWhat's Next?

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

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

Your benefit application was received on May 13, 2010 at 2:46:48 pm.
We recommend that you [Print this page...](#) or save it for your records.
We cannot complete processing of your claim until we have received and verified all documents.

Documents You Need to Submit to Social Security.

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

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

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

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

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

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

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


Identification

Initial Information

Applicant Identification Page

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

15.10 MEDICARE ONLY, THIRD PARTY (EVIDENCE REQUIRED)

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

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

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

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

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

Documents Joan Public Needs to Submit to Social Security.

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

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

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

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

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

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

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


Identification

Initial Information

Preparer's Contact Information Page

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

15.11 MEDICARE ONLY, NO EVIDENCE REQUIRED, FIRST PARTY

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

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

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


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

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

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

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

15.12 MEDICARE ONLY, NO EVIDENCE REQUIRED, THIRD PARTY

 Social Security Online www.socialsecurity.gov		Benefit Application				
Identification	General	Other Benefits	Remarks	Review	Submit	Next Steps
Receipt	What's Next?					

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

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

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

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

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

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

16.0 NEXT STEPS: WHAT'S NEXT SECTION

16.1 RETIREMENT ONLY (NO DISABILITY ALLEGED), FIRST PARTY

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

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

Receipt **What's Next?**

<< [P]revious Finish

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

Thank you for using our benefit application for Retirement.

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

Check the Status of your Application

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

Please guard this number carefully. It's the key to your application information. Social Security employees will never ask for your Confirmation Number.

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

You indicated that you intend to file a Supplemental Security Income (SSI) application. You need to file your application with us by 07/12/2010 **or you may lose SSI benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Contact Social Security to arrange an appointment to file for SSI. You **cannot** apply for SSI over the Internet.

To contact Social Security

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact your local Social Security office at the address below or the office of your choice by using our [Office Locator](#):

SOCIAL SECURITY
10230 NEW HAMPSHIRE AV
SUITE 304
SILVER SPRING, MD 20903

Helpful Information

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

Medicare Information

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

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

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

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


Helpful Health Care Websites

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

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


<< [P]revious Finish

16.2 RETIREMENT ONLY (NO DISABILITY ALLEGED), THIRD PARTY



Social Security Online
www.socialsecurity.gov

Benefit Application

Identification	General	Other Benefits	Remarks	Review	Submit	Next Steps
Receipt 	What's Next?					

[<< \[P\]previous](#) [Finish](#)

What's Next? Section (Page 1 of 1) What's Next for John Public

Thank you for using our benefit application for Retirement.

John Public will receive a printed version of the electronic application you sent. If he discovers that something is incorrect, he should mark the corrections per the instructions that come with the application.

You indicated John Public intends to file a Supplemental Security Income (SSI) application. He needs to file an application with us by 07/12/2010 **or he may lose SSI benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Contact Social Security to arrange an appointment to file for SSI. He **cannot** apply for SSI over the Internet.

To contact Social Security

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact his local Social Security office at the address below or the office of his choice by using our [Office Locator](#):

SOCIAL SECURITY
10230 NEW HAMPSHIRE AV
SUITE 304
SILVER SPRING, MD 20903

Helpful Information

- [Reporting Responsibilities](#)
- [Frequently Asked Questions - Internet Benefit Claim](#)
- [Social Security Online: What You Can Do Online](#)
- [Voluntary Tax Withholding](#)

Medicare Information

Learn More About the Medicare Prescription Drug Program and/or File for Extra Help With Medicare Prescription Drug Plan Costs

If John Public wants to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, he may:

- visit our website at <http://www.socialsecurity.gov/prescriptionhelp>; or
- call Social Security at **1-800-772-1213 (TTY 1-800-325-0778)**.

For a list of names of Medicare prescription drug providers in his area, contact the Centers for Medicare & Medicaid Services toll-free at **1-800-MEDICARE (TTY 1-877-486-2048)** or visit <http://www.medicare.gov>.


Helpful Health Care Websites

- The U.S. Department of Health and Human Services provides information on many health topics at <http://www.healthfinder.gov> on the Internet. He may wish to visit that site to review that information, which may be helpful to him.
- He may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit <http://www.healthfinder.gov/rxdrug> on the Internet.

We hope you found our Internet Retirement application convenient to use and easy to understand.

[<< \[P\]previous](#) [Finish](#)


16.3 DISABILITY ALLEGED W/ LINK TO 3368 REQUIRED, FIRST PARTY



Social Security Online
www.socialsecurity.gov

Benefit Application

Identification	General	Other Benefits	Remarks	Review	Submit	Next Steps
----------------	---------	----------------	---------	--------	--------	-------------------


Receipt  **What's Next?**

[<< \[P\]previous](#) [Continue to Adult Disability Report >>](#)

What's Next? Section (Page 1 of 1)
What's Next for John Public

Thank you for completing one of the three steps in the Disability Application Process.

[Print this page...](#) It provides instructions on what you need to do now.

 **To finish the Disability Application Process, click "Continue to Adult Disability Report" to complete the following two steps:**

1. Complete the Adult Disability Report (SSA-3368), and
2. Sign and send the Medical Release Form, Authorization to Disclose Information to the Social Security Administration (SSA-827)

Check the Status of your Application

The Confirmation Number for this claim is: **99324656**

Please guard this number carefully. It's the key to your application information. Social Security employees will never ask for your Confirmation Number.

Please wait at least 5 business days from today before you check your application status. Just go to the Social Security Claims page at www.socialsecurity.gov, select "**Check the Status of Your Application**" and enter your Confirmation Number.

You indicated that you intend to file a Supplemental Security Income (SSI) application. You need to file your application with us by 07/12/2010 **or you may lose SSI benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Contact Social Security to arrange an appointment to file for SSI. You **cannot** apply for SSI over the Internet.

To contact Social Security

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact your local Social Security office at the address below or the office of your choice by using our [Office Locator](#):

SOCIAL SECURITY
10230 NEW HAMPSHIRE AV
SUITE 304
SILVER SPRING, MD 20903

Helpful Information

- [Reporting Responsibilities](#)
- [Frequently Asked Questions - Internet Benefit Claim](#)
- [Social Security Online: What You Can Do Online](#)

Medicare Information

Learn More About the Medicare Prescription Drug Program and/or File for Extra Help With Medicare Prescription Drug Plan Costs

If you want to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, you may:

- visit our website at <http://www.socialsecurity.gov/prescriptionhelp>; or
- call Social Security at **1-800-772-1213 (TTY 1-800-325-0778)**.

For a list of names of Medicare prescription drug providers in your area, contact the Centers for Medicare & Medicaid Services toll-free at **1-800-MEDICARE (TTY 1-877-486-2048)** or visit <http://www.medicare.gov>.

Helpful Health Care Websites

- The U.S. Department of Health and Human Services provides information on many health topics at <http://www.healthfinder.gov> on the Internet. You may wish to visit that site to review that information, which may be helpful to you.
- You may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit <http://www.healthfinder.gov/rxdrug> on the Internet.

We hope you found our Internet Disability application convenient to use and easy to understand.

[<< \[P\]previous](#) [Continue to Adult Disability Report >>](#)

16.4 DISABILITY ALLEGED W/ LINK TO 3368 REQUIRED, THIRD PARTY

Social Security Online www.socialsecurity.gov		Benefit Application				
Identification	General	Other Benefits	Remarks	Review	Submit	Next Steps
Receipt	What's Next?					

<< [P]previous Continue to Adult Disability Report >>

What's Next? Section (Page 1 of 1) What's Next for John Public

Thank you for completing one of the three steps in the Disability Application Process.

John Public will receive a printed version of the electronic application you sent. If he discovers that something is incorrect, he should mark the corrections per the instructions that come with the application.

[Print this page...](#) It provides instructions on what you need to do now to help John Public.



To finish the Disability Application Process for John Public, click "Continue to Adult Disability Report" to complete the following two steps:

1. Complete the Adult Disability Report (SSA-3368), and
2. Have John Public sign and send the Medical Release Form, Authorization to Disclose Information to the Social Security Administration (SSA-827)

You indicated John Public intends to file a Supplemental Security Income (SSI) application. He needs to file an application with us by 07/12/2010 **or he may lose SSI benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Contact Social Security to arrange an appointment to file for SSI. He **cannot** apply for SSI over the Internet.

To contact Social Security

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact his local Social Security office at the address below or the office of his choice by using our [Office Locator](#).

SOCIAL SECURITY
10230 NEW HAMPSHIRE AV
SUITE 304
SILVER SPRING, MD 20903

Helpful Information

- [Reporting Responsibilities](#)
- [Frequently Asked Questions - Internet Benefit Claim](#)
- [Social Security Online: What You Can Do Online](#)

Medicare Information

Learn More About the Medicare Prescription Drug Program and/or File for Extra Help With Medicare Prescription Drug Plan Costs

If John Public wants to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, he may:

- visit our website at <http://www.socialsecurity.gov/prescriptionhelp>; or
- call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

For a list of names of Medicare prescription drug providers in his area, contact the Centers for Medicare & Medicaid Services toll-free at 1-800-MEDICARE (TTY 1-877-486-2048) or visit <http://www.medicare.gov>.

Helpful Health Care Websites

- The U.S. Department of Health and Human Services provides information on many health topics at <http://www.healthfinder.gov> on the Internet. He may wish to visit that site to review that information, which may be helpful to him.
- He may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit <http://www.healthfinder.gov/rxdrug> on the Internet.

We hope you found our Internet Disability application convenient to use and easy to understand.

<< [P]previous Continue to Adult Disability Report >>

16.5 DISABILITY ALLEGED BUT NOT CONTINUING TO 3368, FIRST PARTY



Social Security Online
www.socialsecurity.gov

Benefit Application


IdentificationGeneralOther BenefitsRemarksReviewSubmitNext Steps

Receipt What's Next?

[<< \[P\]revious](#) [Finish](#)

What's Next? Section (Page 1 of 1) What's Next for John Public

Thank you for completing one of the three steps in the Disability Application Process.

 [Print this page...](#) It provides instructions on what you need to do now.

Check the Status of your Application

The Confirmation Number for this claim is: **99324656**

Please guard this number carefully. It's the key to your application information. Social Security employees will never ask for your Confirmation Number.

Please wait at least 5 business days from today before you check your application status. Just go to the Social Security Claims page at www.socialsecurity.gov, select "**Check the Status of Your Application**" and enter your Confirmation Number.

You indicated that you intend to file a Supplemental Security Income (SSI) application. You need to file your application with us by 07/12/2010 **or you may lose SSI benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Contact Social Security to arrange an appointment to file for SSI. You **cannot** apply for SSI over the Internet.

To contact Social Security

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact your local Social Security office at the address below or the office of your choice by using our [Office Locator](#):

SOCIAL SECURITY
10230 NEW HAMPSHIRE AV
SUITE 304
SILVER SPRING, MD 20903

Helpful Information

- [Reporting Responsibilities](#)
- [Frequently Asked Questions - Internet Benefit Claim](#)
- [Social Security Online: What You Can Do Online](#)

Medicare Information

Learn More About the Medicare Prescription Drug Program and/or File for Extra Help With Medicare Prescription Drug Plan Costs

If you want to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, you may:

- visit our website at <http://www.socialsecurity.gov/prescriptionhelp>; or
- call Social Security at **1-800-772-1213 (TTY 1-800-325-0778)**.

For a list of names of Medicare prescription drug providers in your area, contact the Centers for Medicare & Medicaid Services toll-free at **1-800-MEDICARE (TTY 1-877-486-2048)** or visit <http://www.medicare.gov>.


Helpful Health Care Websites

- The U.S. Department of Health and Human Services provides information on many health topics at <http://www.healthfinder.gov> on the Internet. You may wish to visit that site to review that information, which may be helpful to you.
- You may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit <http://www.healthfinder.gov/rxdrug> on the Internet.

We hope you found our Internet Disability application convenient to use and easy to understand.

[<< \[P\]revious](#) [Finish](#)

16.6 DISABILITY ALLEGED BUT NOT CONTINUING TO 3368, THIRD PARTY

Social Security Online
www.socialsecurity.gov

Benefit Application

IdentificationGeneralOther BenefitsRemarksReviewSubmitNext Steps

Receipt ✔What's Next?

What's Next? Section (Page 1 of 1) What's Next for John Public

Thank you for completing one of the three steps in the Disability Application Process.

John Public will receive a printed version of the electronic application you sent. If he discovers that something is incorrect, he should mark the corrections per the instructions that come with the application.

[Print this page...](#) It provides instructions on what you need to do now to help John Public.

You indicated John Public intends to file a Supplemental Security Income (SSI) application. He needs to file an application with us by 07/12/2010 or **he may lose SSI benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Contact Social Security to arrange an appointment to file for SSI. He **cannot** apply for SSI over the Internet.

To contact Social Security

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact his local Social Security office at the address below or the office of his choice by using our [Office Locator](#).

SOCIAL SECURITY
10230 NEW HAMPSHIRE AV
SUITE 304
SILVER SPRING, MD 20903

Helpful Information

- [Reporting Responsibilities](#)
- [Frequently Asked Questions - Internet Benefit Claim](#)
- [Social Security Online: What You Can Do Online](#)

Medicare Information

Learn More About the Medicare Prescription Drug Program and/or File for Extra Help With Medicare Prescription Drug Plan Costs

If John Public wants to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, he may:

- visit our website at <http://www.socialsecurity.gov/prescriptionhelp>; or
- call Social Security at **1-800-772-1213 (TTY 1-800-325-0778)**.


For a list of names of Medicare prescription drug providers in his area, contact the Centers for Medicare & Medicaid Services toll-free at **1-800-MEDICARE (TTY 1-877-486-2048)** or visit <http://www.medicare.gov>.

Helpful Health Care Websites

- The U.S. Department of Health and Human Services provides information on many health topics at <http://www.healthfinder.gov> on the Internet. He may wish to visit that site to review that information, which may be helpful to him.
- He may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit <http://www.healthfinder.gov/rxdrug> on the Internet.

We hope you found our Internet Disability application convenient to use and easy to understand.

16.7 MEDICARE ONLY, FIRST PARTY



Social Security Online
www.socialsecurity.gov

Benefit Application

IdentificationGeneralOther BenefitsRemarksReviewSubmitNext Steps

Receipt ✔What's Next?

<< [P]previous Finish

What's Next? Section (Page 1 of 1)
What's Next for John Public

Thank you for using our benefit application for Medicare.

We recommend that you [Print this page...](#) or write down your confirmation number and the Social Security office information.

Check the Status of your Application

The Confirmation Number for this claim is: **99324656**

Please guard this number carefully. It's the key to your application information. Social Security employees will never ask for your Confirmation Number.

Please wait at least 5 business days from today before you check your application status. Just go to the Social Security Claims page at www.socialsecurity.gov, select "**Check the Status of Your Application**" and enter your Confirmation Number.

To contact Social Security

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact your local Social Security office at the address below or the office of your choice by using our [Office Locator](#).

SOCIAL SECURITY
10230 NEW HAMPSHIRE AV
SUITE 304
SILVER SPRING, MD 20903

Helpful Information

- [Reporting Responsibilities](#)
- [Frequently Asked Questions - Internet Benefit Claim](#)
- [Social Security Online: What You Can Do Online](#)

Medicare Information

Learn More About the Medicare Prescription Drug Program and/or File for Extra Help With Medicare Prescription Drug Plan Costs

If you want to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, you may:

- visit our website at <http://www.socialsecurity.gov/prescriptionhelp>; or
- call Social Security at **1-800-772-1213 (TTY 1-800-325-0778)**.

For a list of names of Medicare prescription drug providers in your area, contact the Centers for Medicare & Medicaid Services toll-free at **1-800-MEDICARE (TTY 1-877-486-2048)** or visit <http://www.medicare.gov>.



Helpful Health Care Websites

- The U.S. Department of Health and Human Services provides information on many health topics at <http://www.healthfinder.gov> on the Internet. You may wish to visit that site to review that information, which may be helpful to you.
- You may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit <http://www.healthfinder.gov/rxdrug> on the Internet.

We hope you found our Internet Medicare application convenient to use and easy to understand.

<< [P]previous Finish

16.8 MEDICARE ONLY, THIRD PARTY

 Social Security Online www.socialsecurity.gov							Benefit Application	
Identification	General	Other Benefits	Remarks	Review	Submit	Next Steps		
Receipt 	What's Next?						<< [P]previous Finish	

What's Next? Section (Page 1 of 1) What's Next for John Public

Thank you for using our benefit application for Medicare.

John Public will receive a printed version of the electronic application you sent. If he discovers that something is incorrect, he should mark the corrections per the instructions that come with the application.

To contact Social Security

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing call our toll-free "TTY" number, 1-800-325-0778. Representatives are available at this number Monday through Friday from 7 a.m. to 7 p.m.
- Contact his local Social Security office at the address below or the office of his choice by using our [Office Locator](#).

SOCIAL SECURITY
10230 NEW HAMPSHIRE AV
SUITE 304
SILVER SPRING, MD 20903

Helpful Information

- [Reporting Responsibilities](#)
- [Frequently Asked Questions - Internet Benefit Claim](#)
- [Social Security Online: What You Can Do Online](#)

Medicare Information

Learn More About the Medicare Prescription Drug Program and/or File for Extra Help With Medicare Prescription Drug Plan Costs

If John Public wants to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, he may:

- visit our website at <http://www.socialsecurity.gov/prescriptionhelp>; or
- call Social Security at **1-800-772-1213 (TTY 1-800-325-0778)**.

For a list of names of Medicare prescription drug providers in his area, contact the Centers for Medicare & Medicaid Services toll-free at **1-800-MEDICARE (TTY 1-877-486-2048)** or visit <http://www.medicare.gov>.

Helpful Health Care Websites

- The U.S. Department of Health and Human Services provides information on many health topics at <http://www.healthfinder.gov> on the Internet. He may wish to visit that site to review that information, which may be helpful to him.
- He may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit <http://www.healthfinder.gov/rxdrug> on the Internet.

We hope you found our Internet Medicare application convenient to use and easy to understand.

[<< \[P\]previous](#) [Finish](#)

17.0 MESSAGE PAGES

MSG005



Go to Estimator

When you go to the Retirement Estimator, you will be logged off from the benefit application.

To Come Back to This Application Later:

1. Go to this web site: "http://www.socialsecurity.gov/retireonline"
2. Select "Continue Application".
3. Type in your Social Security Number and your Application Number .

You will be taken back to where you left off in the application. The information on the pages you completed will be saved.

[Previous](#)

[Continue](#)

MSG006



You cannot use the Internet to apply for Medicare Only

You do not meet one or more qualifications to apply for Medicare Only benefits on the Internet. You should contact Social Security and tell us you received this message.

Please call us at **1-800-772-1213(TTY 1-800-325-0778)** for more information. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.

[Exit](#)

MSG010



Check the Information You Entered

Please make sure all the information you entered is correct.

- If you typed the wrong information, you will need to correct it before continuing. To return to your application, select the "Next" button below.
- If you prefer, you can contact Social Security to make other arrangements to complete a Social Security Application. Be sure to tell the representative that you tried the Internet Social Security Benefit Application and received this message.

To contact Social Security:

- Please call us at **1-800-772-1213 (TTY 1-800-325-0778)** for more information. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.
- Visit your [local Social Security office](#)

Next

MSG025



Your Time Has Expired

We are sorry for the inconvenience but your time has expired. This happens if your computer has been inactive for 30 minutes.

If you would like to continue completing the Social Security Benefit Application, you may sign in again by selecting the button below. You will be brought back to the starting point of this application, where you can select the applicable restart link.

Some browsers may give a warning that you are directed to an "unsecure" site. You will be returned to the secure application for benefits once you select the applicable link on the start page.

[Restart Application](#)

MSG028



This Service Is Not Available At This Time

This service is available during the following hours (Eastern Time):

Monday through Friday: 5:00 AM - 1:00 AM

Saturday: 5:00 AM - 11:00 PM

Sunday: 8:00 AM - 10:00 PM

Holidays: 5:00 AM - 11:00 PM

[Exit](#)

MSG029



Limit on the Number of Restarts on a Partial Application

In order to protect your information we limit the number of attempts to access an application. You have reached that limit. Information you provided in this application is no longer available. You can start a new Social Security Retirement Application or call us to help you complete this application.

If you start a new Social Security Retirement Application you will have to reenter any information that may have been entered on a prior one.

To contact Social Security to help file this claim:

- Please call us at **1-800-772-1213 (TTY 1-800-325-0778)** for more information. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.
- Visit your [local Social Security office](#)

[Exit](#)

MSG045



Hours of Operation

This Internet Social Security Retirement Benefit Application is scheduled to shut down for the day within one hour.

The Social Security Retirement Benefit Application is available during the following hours (Eastern Time):

Monday through Friday: 5:00 AM - 1:00 AM
Saturday: 5:00 AM - 11:00 PM
Sunday: 8:00 AM - 10:00 PM
Holidays: 5:00 AM - 11:00 PM

If you start the application now and the system shuts down before you finish it, you will lose only the information on the page you are working on at the time of the shutdown.

We estimate that it will take between 10 and 30 minutes to read the instructions, gather the facts, and answer the questions, but this will depend upon the number of questions you need to answer.

[Continue](#)

[Exit](#)

MSG047



Change Your Answer

You previously stated that you wanted to apply for monthly cash benefits. If you now wish to apply for Medicare Only (excluding cash benefits), you will not be able to apply for cash benefits at the same time.

If you verify the Medicare Only selection by clicking "**Confirm**" below, some information you have provided will be lost, and you will be required to provide additional information.

To resume filing for cash benefits (which includes the option to apply for Medicare), please click "**Cancel**" below.

Either selection will return you to the previous page to continue your application.



Change Your Answer

You previously stated that you wanted to apply for Medicare Only (excluding cash benefits). If you now wish to apply for monthly cash benefits, any information you have provided related to Medicare Only will be lost, and you will be required to provide additional information.

To verify the monthly cash benefits selection, click "**Confirm**" below.

To resume filing for Medicare Only benefits, please click "**Cancel**" below.

Either selection will return you to the previous page to continue your application.

MSG111



We Cannot Process Your Request at This Time

We are sorry for the inconvenience, but we cannot match the information you have provided with our records. If the information that you have provided is correct, then it may be necessary to correct your Social Security record. Please call us at **1-800-772-1213 (TTY 1-800-325-0778)** for more information.

MSG112



We Cannot Process Your Request at This Time

Several attempts to match your information with our records have been unsuccessful. If the information that you have provided is correct, then it may be necessary to correct your Social Security record. Please call us at **1-800-772-1213 (TTY 1-800-325-0778)** for more information.

[Exit](#)

MSG113



You Have Reached the Limit on the Number of Requests

We cannot continue because we cannot match the information you provided with our records. If the information that you have provided is correct, then it may be necessary to correct your Social Security record. Please call us at **1-800-772-1213 (TTY 1-800-325-0778)** for more information.

[Exit](#)

MSG152



Sign Off

To Come Back to This Application Later:

1. Go to this web site: "<http://www.socialsecurity.gov/retireonline>"
2. Select "Continue Application".
3. Type in your Social Security Number and the Application Number shown below.
4. You will be taken back to where you left off in the application.

Completing this Application at a later date may affect the month your benefits will start as well as other information on the application.

DO NOT Forget Your Application Number:

Your Application Number is **12345678**.

Do not give this number to anyone else. If you lose or forget your Application Number, you will have to begin this application over again and you will lose all the information you already entered. To ensure your privacy, no one else can have access to your Application Number. Social Security can help you start the process over again, but we cannot access your Application Number. To have a record of your Application Number, print this page and keep it in a safe place.

We may use 02/03/2010 as the official date of this application. In order to use 02/03/2010, we must receive the signed application by **or you may lose Social Security benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day.

Supplemental Security Income or SSI is a federal program that provides monthly payments to people who have limited income and assets and who are age 65 or older, or blind or have a disability. For more information about the SSI program, please read the pamphlet, [Supplemental Security Income](#).

If you intend to file an SSI application you need to file your application with us by **or you may lose SSI benefits**. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day. Call us at 1-800-772-1213 (TTY 1-800-325-0778) to arrange an appointment to file for SSI. You **cannot** apply for SSI over the Internet.

Unable To Come Back?

If, for some reason, you are unable to come back to this application later, you can use any of the following ways to complete a Social Security Retirement/Medicare Application:

- Call our number, **1-800-772-1213 (TTY 1-800-325-0778)**. Explain that you don't want to use the online application process but do want to file a claim. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.
- Contact your [local Social Security office](#) and tell the representative that you want to file an application.
- If you live outside the United States, see [Service Around the World](#).

[Return to Application](#)

[Sign Off \(finish this later\)](#)

MSG153



We Cannot Process Your Request

We Cannot Process Your Request.

If you want to know about other options for completing this benefit application, please call us at **1-800-772-1213 (TTY 1-800-325-0778)** for more information or contact your [local Social Security Office](#). Representatives are available Monday through Friday from 7 a.m. to 7 p.m.

Select the "Exit" button to leave this application. You will be taken to the Social Security home page.

[Exit](#)