


# OMB 0960-0618 Screen Package

## Modified Screen #1

 Social Security Online Benefit Application  
www.socialsecurity.gov

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

Initial Information | Application Number

<< [P]revious   [N]ext >>

**Initial Information Section (Page 2 of 4)**  
**Contact Information for**

Country Changed title to "Country" instead of "U.S Mailing Address"

United States of America Added a drop down box to provide additional countries

Street Address 1

Street Address 2

Street Address 3

Street Address 4

City      State      ZIP

Select

**Do you live at this address?**

Yes    No

**Daytime telephone number**

Telephone Number      Type

Home

**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 >>

## Modified Screen #2

Prior Marriages - Windows Internet Explorer  
http://eis.ba.ssa.gov/appages/Claim\_May\_2010/Fam002-1.html

Social Security Online  
www.socialsecurity.gov

Benefit Application

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

Family  Military  Earnings  When to Start Benefits

<< [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 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**

### Modified language

Please provide information about the prior marriages **for which** you answered "Yes" above. List your most recent marriage first (**regardless of how long it lasted**) and work backwards. If you are not sure of the marriage date, enter your best guess and explain in the Remarks page **near the end of the application**.

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

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

**Date Marriage Ended**  
Estimate if not sure.  
Month  Day  Year

**How did the marriage end?**


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

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

### Modified language

Did you have any **other** prior marriage that lasted at least 10 years, or any **other** prior marriages that ended due to your spouse's death?

## Modified Screen #3

 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.

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


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

#### Modified language

The header will read: When to Start **Retirement** Benefits for Jane Public.

The first sentence will read: It's your choice when to start **retirement** benefits.

**Retirement and Disability Path  
Existing Screen (Medicare-Only) #1**

 Social Security Online  
www.socialsecurity.gov

# Benefit Application

Identification  General Other Benefits Remarks Review Submit Next Steps

Benefit Information

Benefit Information Section (Page 1 of 3)  
**Health Insurance Information for Joe 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

## Retirement and Disability Path Existing Screen (Medicare-Only) #2

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

Identification  General Other Benefits Remarks Review Submit Next Steps

Benefit Information Medicaid Information

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### Benefit Information Section (Page 2 of 3) Medicaid Information for John 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](#)

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

New to the Retirement and Disability Path  
Existing Screen (Medicare-Only) #3

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

Identification  General  Other Benefits  Remarks  Review  Submit  Next Steps

**Benefit Information**

Benefit Information Section (Page 3 of 3) << [P]revious [N]ext >>

**Group Health Plan Information for Joe 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: January Day: -- Year: --

What date did employment end? [More Info](#)  
Month: January Day: -- Year: --  
 Not Ended


**Health Insurance Coverage**

What date did health insurance start? [More Info](#)  
Month: January Year: --

What date did health insurance end? [More Info](#)  
Month: January Year: --  
 Not Ended

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

# iClaim New Screen #1

Social Security Online Benefit Application  
[www.socialsecurity.gov](http://www.socialsecurity.gov)

Identification General Other Benefits Remarks Review Submit Next Steps

Remarks

DRAFT

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**Remarks Section (Page 2 of 2)**  
**Appointment Cancellation**

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

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

Yes    No

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

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