MCS

RSDHI CLAIMS APPLICATION

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS      TRANSFER TO: XXXX      RSDHI CLAIMS APPLICATION
 2 0
 3 L NH NAME: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 4 U   SSN: SSSSSSSSS           SEX: X       BIRTHDATE: 99999999
 5 M   PROOF (A/B/C/F/Q): X                  PROOF TYPE (P/H/N/O): X
 6 N   SELECT CLAIM TYPE(S): 9 9 9     1. RETIREMENT   4. AUXILIARY      7.
 7 *                                    2. DISABILITY   5. UNINS MED ONLY 8
 8 O ABBREVIATED APPLICATION: X        3. SURVIVOR     6. LUMP SUM
 9 N       FILING FOR SELF ONLY
10 E CLAIMANT (IF DIFFERENT)
11     NAME: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
12 R   SSN: 999999999          SEX: X       BIRTHDATE: 99999999
13 E   PROOF (A/B/C/F/Q): X                  PROOF TYPE (P/H/N/O): X
14 S   RELATIONSHIP TO NH: 9    1. SPOUSE           (SUBSEQUENT CLAIM: X)
15 E                            2. SPOUSE WITH CHILD IN CARE
16 R                            3. CHILD
17 V APPLICANT (IF DIFFERENT)   4. DEPENDENT PARENT
18 E   NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
19 D   SSN: 999999999   EIN: 999999999   WILL APPLICANT BE ENTERED IN RPS (
20     SELECT TYPE OF CHANGE: 9   1. NH NAME            4. CLAIM TYPE
21                                2. CL NAME            5. RELATIONSHIP TYPE
22                                3. APPLICANT NAME     6. SUBSEQUENT CLAIM I
23     **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24     **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOM

MCS

CLAIM CONTACT METHOD DATA

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS                            CLAIM CONTACT METHOD DATA
 2 0 NH: SSSSSSSSS SSSSS SSSSSSSSSS           CL: SSSSSSSSS SSSSS SSSSSSSSS
 3 L SELECT CONTACT METHOD FOR ESTABLISHING APPLICATION
 4 U      *CLAIM TYPE: SSSSSS CONTACT METHOD 1: 99
 5 M       CLAIM TYPE: SSSSSS CONTACT METHOD 2: 99
 6 N       CLAIM TYPE: SSSSSS CONTACT METHOD 3: 99
 7 *  1=TELEPHONE –CLAIM INITIATED OVER THE PHONE, USUALLY BY APPOINTMENT
 8 O  2=VISIT -CLAIM INITIATED IN PERSON WITH THE CLAIMANT
 9 N  3=MAIL -RECEIVED PAPER APPLICATION IN THE MAIL AND LOADED IN MCS
10 E  4=INTERNET -CLAIM STARTED AND COMPLETED ON THE INTERNET
11    5=ICT -CLAIM ORIGINATED THROUGH 800 NUMBER CALL AND REFERRED TO ICT U
12 R  6=OTHER -NO OTHER CM VALUE IS CURRENTLY APPROPRIATE.
13 E
14 S
15 E UNSATISFIED FELONY WARRANTS FOR YOUR ARREST? (Y/N) A
16 R UNSATISFIED FEDERAL/STATE WARRANTS FOR VIOLATION OF PROBATION/PAROLE?
17 V DO YOU WANT TO CHECK THE STATUS OF YOUR CLAIM USING THE INTERNET? (Y/N
18 E IF AWARDED, DO YOU WANT A PASSWORD TO USE SSA INTERNET/PHONE SERVICE?
19 D
20   SELECT MAILING METHOD (BLIND NOTICE INFORMATION) TYPE: 9
21   1=CERTIFIED MAIL   2=TELEPHONE CONTACT    3=REGUALR MAIL.
22   PF1 FOR HELP                                            TRANSFER T
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOM

MCS

IDENTIFICATION

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS                              IDENTIFICATION
 2 0    NH SSSSSSSSS   SSSSS SSSSSSSSSS            CL SSSSSSSSS   SSSSS SSS
 3 L LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): X
 4 U BIRTH CITY: XXXXXXXXXXXXXXX        BIRTH STATE: XX        BIRTH COUNTR
 5 M RECORD OF BIRTH BEFORE AGE 5           PUBLIC (Y/N): X     RELIGIOUS (
 6 N OTHER NAMES USED: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
 7 *                   XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
 8 O                   XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
 9 N                   XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
10 E                   XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
11   EVER MARRIED (Y/N): P   CURRENTLY MARRIED (Y/N): X
```

```
12 R *CHILD UNDER 18, STUDENT 18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22
13 E  WORK OR EARNINGS IN SSSS  SSSS  SSSS  SSSS    (Y/N): X
14 S
15 E DISABLED IN LAST 14 MONTHS (Y/N): X     ONSET DATE: 99999999
16 R     IF YES, APPLYING FOR DISABILITY ON THIS ACCOUNT (Y/N): X
17 V *SELECT FILED OR INTEND TO FILE FOR SSI: 9
18 E   1=YES
19 D   2=NOT DISABLED, BLIND OR WITHIN W MONTHS OF AGE 65 OR OLDER
20     3=DOES NOT WISH TO FILE.
21
22                                                          TRANSFER TO:
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)****
```

SCREEN FR
MSOM

MCS

IDENTIFICATION SCREEN 2

```
Ln 0          1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS                            IDENTIFICATION
 2 0 NH SSSSSSSSS   SSSSS SSSSSSSSSS            CL SSSSSSSSS   SSSSS SSSSSS
 3 L
 4 U PRIOR APPLICATION FOR RSDI (Y/N): X    FOR SSI (Y/N): X FOR MEDICARE (
 5 M CROSS REFERENCE SSN: 9999999999    STAT: XX   SSN: 999999999   STAT: X
 6 N [~NH NAME IN PRIOR APPLICATION
 7 * [    FIRST NAME  MI LAST NAME            SSN
 8 O |    XXXXXXXXXX  X  XXXXXXXXXXXXXXXXXXX  XXXXXXXXX
 9 N |    XXXXXXXXXX  X  XXXXXXXXXXXXXXXXXXX  XXXXXXXXX
10 E MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999
11
12 R
13 E
14 S
15 E
16 R
17 V
18 E
19 D
20
21
22                                                     TRANSFER TO: XXXX
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)****
```

SCREEN FR
MSOM

MCS

ADDITIONAL BENEFITS

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS     TRANSFER TO:            ADDITIONAL BENEFITS
 2 0     NH SSSSSSSSS    SSSSS    SSSSSSSS      CL SSSSSSSSS    SSSSS   SSS
 3 L ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939 (Y/N
 4 U WORKED IN RR FOR 5 YEARS OR MORE (Y/N): N         SPOUSE (Y/N): N
 5 M RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): N  SPOUSE (Y/N): N
 6 N COVERED UNDER FOREIGN SSA (Y/N): N   COUNTRY:                IF COVERED
 7 * FILING FOR FOREIGN SSA (Y/N):    REQ FOREIGN QC'S FOR U.S. FILING (Y/N
 8 O   SPOUSE COVERED UNDER SSA OF OTHER COUNTRY (Y/N):       COUNTRY:
 9 N CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): N     SPOUSE (Y/N
10 E JAPANESE INTERNEE (Y/N): N   VOW OF POVERTY (Y/N): N
11
12 R QUALITY FOR US FED/STATE/LOCAL GOVT PENSION BASED ON OWN WORK (Y/N): X
13 E
14 S CURRENTLY ENTITLED TO A PENSION NOT COVERED UNDER SSA (Y/N): X
15 E IF NO, DO YOU EXPECT TO BE ENTITLED TO A PENSION NOT COVERED UNDER SSA
16 R IN THE FUTURE (Y/N): X  IF YES, SHOW FUTURE ENTITLEMENT DATE (MMYY): 9
17 V
18 E FILING FOR MEDICARE ONLY, RESTRICTING MONTHLY BENEFITS (Y/N): N
19 D WILL MEDICARE APPLY: 2   1. YES  2. NO  3. ALREADY ENROLLED ON ANOTHER
20
21   IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT
22      FILING FOR BENEFITS ON OWN RECORD (Y/N):
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOM

MCS

NH IDENTIFICATION

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS                                  NH IDENTIFICATION
 2 0    NH SSSSSSSSS   SSSSS SSSSSSSSSS            CL SSSSSSSSS   SSSSS SSS
 3 L
 4 U EVER MARRIED (Y/N): X
 5 M CHILD UNDER 18, STUDENT 18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22 (
 6 N NH DEP PARENTS (Y/N): X
 7 *
 8 O WORK LAST YEAR OR THIS YEAR (Y/N): X
 9 N PRIOR APPLICATION FOR RSDI (Y/N): X  FOR SSI (Y/N): X FOR MEDICARE (Y/
10 E CROSS REFERENCE    SSN: 999999999    STAT: XX    SSN: 999999999    STA
11   NH NAME IN PRIOR APPLICATION: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX SSN: 99
12 R NH NAME IN PRIOR APPLICATION: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX SSN: 99
```

```
13 E
14 S MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999
15 E OTHER NAMES: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
16 R              XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
17 V              XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
18 E              XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
19 D              XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
20
21
22                                                              TRANSFER TO:
23 **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24 **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)****
```

SCREEN FR
MSOM

MCS

INFORMATION ABOUT THE DECEASED

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS     TRANSFER TO: XXXX   INFORMATION ABOUT THE DECEASED           D
 2 0       NH SSSSSSSSS    SSSSS SSSSSSSSSS   CL SSSSSSSSS    SSSSS   SSSS
 3 L
 4 U  DATE OF DEATH: 999999999    PROOF (P/N): X      TYPE OF PROOF (P/O):
 5 M  DOMICILE AT DEATH: XXXXXXXXXXXXXXX
 6 N  PLACE OF DEATH (CITY/STATE): XXXXXXXXXXXXXXX
 7 *
 8 O  DISABLED AT TIME OF DEATH (Y/N): X          DISABILITY BEGAN: 999999
 9 N  WAS CLAIMANT ELIGIBLE AS WIDOW(ER) PRIOR TO 1985 ON ANY SSN (Y/N): X
10 E  SURVIVING SPOUSE (Y/N): X
11       NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX
12 R     ADDRESS: XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX
13 E              XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX
14 S  SPOUSE LIVING WITH DECEASED AT TIME OF DEATH (Y/N): X
15 E     AWAY FROM HOME: 9       1. DECESED        DATE LAST HOME: 999999
16 R                             2. SPOUSE
17 V     REASON FOR SEPARATION AT DEATH: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
18 E        IF DUE TO ILLNESS, NATURE OF ILLNESS: XXXXXXXXXXXXXXXXXXXXXXXXX
19 D     REASON ABSENCE BEGAN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
20    IS SPOUSE: 9    1. LIVING IN SAME HOUSEHOLD    2. ELIGIBLE OR ENTITLE
21                    3. NOT ENTITLED TO LSDP
22
23 **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24 **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)****
```

SCREEN FR
MSOM

MCS

NH ADDITIONAL BENEFITS

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS     TRANSFER TO: XXXX        NH ADDITIONAL BENEFITS
 2 0     NH SSSSSSSSS    SSSSS SSSSSSSSSS       CL SSSSSSSSS    SSSSS SSSS
 3 L
 4 U   ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939 (Y
 5 M   WORKED IN RR FOR 5 YEARS OR MORE (Y/N): X
 6 N   RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): X
 7 *   COVERED UNDER FOREIGN SSA (Y/N): X    COUNTRY: XXXXXXXXXX  IF COVERE
 8 O   FILING FOR FOREIGN SSA (Y/N): X  REQUIRES FOREIGN QC'S FOR US FILING
 9 N   CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): X
10 E   JAPANESE INTERNEE: (Y/N): X                    VOW OF POVERTY (Y/N):
11
12 R
13 E
14 S
15 E
16 R
17 V
18 E
19 D
20
21
22
23     **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24     **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOM

MCS

NH MARRIAGE

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS                                   NH MARRIAGE
 2 0 NH: SSSSSSSSS  SSSSS SSSSSSSSSS  CL: SSSSSSSSS  SSSSS SSSSSSSSSS
 3 L *SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXX  MI: X  *LAST NAME: XXXXXXXXXXX
 4 U SPOUSE'S SSN: 9999999999
 5 M SPOUSE'S BIRTHDATE (MMDDCCYY): 99999999      IF BIRTHDATE UNKNOWN, AGE
 6 N *MARRIAGE DATE (MMDDCCYY): 99999999    *PROOF (Y/N): A
 7 *  MARRIAGE CITY: XXXXXXXXXXXXXXX         MARRIAGE STATE/FOREIGN COUNTRY
 8 O SELECT MARRIAGE TYPE: 9  1=CLERGY/PUBLIC OFFICIAL
 9 N                          2=COMMON LAW
10 E                          3=OTHER CEREMONIAL
11                            4=DEEMED.
12 R *MARRIAGE ENDED(Y/N): X MARRIAGE END DATE (MMDDCCYY): 99999999  PROOF
13 E MARRIAGE ENDED CITY: XXXXXXXXXXXXXXX  MARRIAGE ENDED STATE/FOREIGN COU
14 S SELECT REASON: 9  1=DEATH
15 E                   2=DIVORCE
16 R                   3=ANNULMENT OF VOIDABLE
17 V                   4=PUTATIVE
18 E                   5=VOID/VOIDED.
19 D
20   IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999
21   *OTHER MARRIAGES: (Y/N): A                           DELETE SCREEN: (Y
22   PAGE: 9                                               TRANSFER TO: XXX
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOM

MCS

WORK HISTORY

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS     TRANSFER TO: XXX          WORK HISTORY
 2 0     NH SSSSSSSSS   SSSSS SSSSSSSSSS    CL SSSSSSSSS    SSSSS SSSSSSSSS
 3 L
 4 U EMPLOYED IN  SSSS SSSS SSSS SSSS (Y/N): X             MMYY         MMY
 5 M     EMPLOYER NAME & ADDRESS                        START DATE    END D
 6 N  1. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 7 *     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    9999          999
 8 O  2. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9 N     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    9999          999
10 E  3. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
11       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    9999          999
12 R   AUTHORIZATION TO CONTACT EMPLOYERS (Y/N): X
13 E   CORPORATE OFFICER (Y/N): X   RELATED TO CORPORATE OFFICER (Y/N): X
14 S        CLOSE/FAMILY CORPORATION (Y/N): X
15 E  SELF-EMPLOYED IN  SSSS SSSS SSSS SSSS (Y/N): X
16 R  IF YES, SHOW: YEARS       TYPE OF BUSINESS                 NET OVER S
17 V                 99      XXXXXXXXXXXXXXXXXXXXXXXXXXX                  X
18 E                 99      XXXXXXXXXXXXXXXXXXXXXXXXXXX                  X
19 D                 99      XXXXXXXXXXXXXXXXXXXXXXXXXXX                  X
20                   99      XXXXXXXXXXXXXXXXXXXXXXXXXXX                  X
21
22   MORE (Y/N): X              DELETE THIS PAGE (Y/N): X          PAGE: S
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOMMCS

EARNINGS

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS     TRANSFER TO:                 EARNINGS
 2 0     NH  SSSSSSSSS    SSSSS SSSSSSSSSS      CL  SSSSSSSSS    SSSSS SSSS
 3 L
 4 U LIST ALL EARNINGS AND TYPES FOR 2001 2002 2003
 5 M TYPES ARE: 1=FICA WAGES  2=SEI  3=EMPLOYEE REPORTIED TIPS  4=RR LAG
 6 N PROOF CODES ARE: P=PROVEN R=READILY AVAILABLE N=NOT AVAILABLE D=DELETE
 7 *                         YEAR TYPE   AMOUNT  PRF
 8 O                          99   9    99999.99  A
 9 N                          99   9    99999.99  A
10 E                          99   9    99999.99  A
11                            99   9    99999.99  A
12 R                          99   9    99999.99  A
13 E                          99   9    99999.99  A
```

```
14 S                              99   9    99999.99  A
15 E                              99   9    99999.99  A
16 R                              99   9    99999.99  A
17 V                              99   9    99999.99  A
18 E                              99   9    99999.99  A
19 D                              99   9    99999.99  A
20   DO YOU WISH US TO COMPUTE YOUR BENEFITS AND COMPLETE YOUR CLAIM WITHOU
21   UNPOSTED RECENT EARNINGS (Y/N):
22
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)****
```

SCREEN FR
MSOM

MCS

NH MILITARY SERVICE

```
Ln 0          1         2         3         4         5         6         7
No 1 2345678901234567890123456789012345678901234567890123456789012345678901
 1 C MCS                              NH MILITARY SERVICE
 2 0 NH: SSSSSSSSS SSSSS SSSSSSSSSS           CL: SSSSSSSSS SSSSS SSSSSSSSS
 3 L FIRST NAME USED IN SERVICE: XXXXXXXXXX  MI: X LAST NAME: SSSSSSSSSSSSS
 4 U SERVICE NO: XXXXXXXXX
 5 M *RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT (SELECT ONE
 6 N                      1=CIVILIAN  2=MILITARY  3=BOTH  4=NONE.
 7 * [ A/R  BRANCH OF SERVICE  START   END     N/E  RANK            PROOF
 8 O | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
 9 N | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
10 E | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
11   | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
12 R | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
13 E | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
14 S | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
15 E | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
16 R | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
17 V | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
18 E IS DEVELOPMENT OF VA SURVIVOR PENSION REQUIRED (Y/N): X
19 D [JAPANESE INTERNEE  START   END          PROOF     HOURLY WAGE
20   |                   999999  999999       X         99999999
21   |                   999999  999999       X         99999999
22   PF1 FOR HELP    MORE (Y/N): X             PAGE: 1            TRANSFER
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)****
```

SCREEN FR
MSOM

MCS

NH MILITARY RETIREMENT/FEDERAL BENEFIT

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS     TRANSFER TO: XXXX     NH MILITARY RETIREMENT/FEDERAL BENEFIT
 2 0     NH SSSSSSSSS   SSSSS   SSSSSSSSSS    CL SSSSSSSSS   SSSSS   SSSSS
 3 L
 4 U   IF RETIRED FROM MILITARY, BASIS OF RETIREMENT: 9
 5 M    1. LENGTH OF SERVICE             3. RESERVE SERVICE PAYABLE AT AGE
 6 N    2. DISABILITY                    4. OTHER
 7 *       IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXX
 8 O IF RETIRED AND SERVICE AFTER DEC 31, 1956, INDICATE BRANCH OF SERVICE
 9 N BENEFIT: 9   1. ARMY                  5. COAST GUARD
10 E              2. NAVY                  6. PUBLIC HEALTH SERVICE
11                3. AIR FORCE             7. COASTAL/GEODETIC SURVEY
12 R              4. MARINE CORPS          8. OTHER
13 E      IF OPTION 8 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXX
14 S    WAIVED ALL/PART OF RETIREMENT TO GET VA OR OTHER FED CREDIT (Y/N):
15 E
16 R  IF ELIGIBLE FOR CIVILIAN FEDERAL AGENCY BENEFITS, INDICATE BENEFIT TY
17 V      1. SERVICE  2. SURVIVOR  3. DISABILITY  4. OTHER
18 E      IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXX
19 D    NAME OF FED AGENCY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
20      YEARS EMPLOYED: 99    DATE CLAIM FILED: 999999   CLAIM NO.: XXXXXX
21      MOST RECENT AGENCY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
22       CITY: XXXXXXXXXXXX    STATE: XX    LAST WORKED: 999999
23 **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24 **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOM

MCS

WORK DEDUCTIONS/ELECTION OPTION

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS       TRANSFER TO: XXXX  WORK DEDUCTIONS/ELECTION OPTION
 2 0     NH SSSSSSSSS    SSSSS SSSSSSSSSS   CL  SSSSSSSSS   SSSSS SSSSSSSS
 3 L
 4 U   LIST TYPES, AMOUNTS, PRFS, AND NON-SERVICE MONTHS FOR SSSS SSSS SSSS
 5 M      TYPES ARE: 1=WAGES  2=SEI  3=WAGES AND SEI    PRF: P-PERM
 6 N   NON-SERVICE MONTHS PLACE AN X UNDER ALL, NONE, OR EACH MONTH THAT AP
 7 *  YEAR TYPE  AMOUNT   ALL NONE  01 02 03 04 05 06 07 08 09 10 11 12  PR
 8 O   SS   X   XXXXXXXXX  X    X    X  X  X  X  X  X  X  X  X  X  X  X   X
 9 N   SS   X   XXXXXXXXX  X    X    X  X  X  X  X  X  X  X  X  X  X  X   X
10 E   SS   X   XXXXXXXXX  X    X    X  X  X  X  X  X  X  X  X  X  X  X   X
11     IF OVER THE MAX OR NONCOVERED EARNINGS INVOLVED, CORRECT THE ABOVE AM
12 R   SPECIAL PAYMENTS INVOLVED (Y/N): X    IF YES, CORRECT ABOVE
13 E                        FOREIGN WORK SERVICE MONTHS
14 S              (YY)    ALL  01 02 03 04 05 06 07 08 09 10 11 12
15 E               99      X    X  X  X  X  X  X  X  X  X  X  X  X
16 R               99      X    X  X  X  X  X  X  X  X  X  X  X  X
```

```
17 V                99      X    X  X  X  X  X  X  X  X  X  X  X  X
18 E  ELECTION/ENTITLEMENT OPTION: X    DATE(MMYY): 9999
19 D      A. MOST ADVANTAGEOUS MONTH         B. EARLIEST MONTH WITHOUT REDU
20        C. CLAIMANT'S CHOSEN MONTH         D. UNREDUCED CLAIMANT
21        E. NOT APPLICABLE (DIB AUX SPOUSE WHO MEETS CRITERIA)
22        F. OTHER: SPECIAL REASON SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOM

MCS

CLAIMANT MAILING ADDRESS

```
Ln 0          1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS                          CLAIMANT MAILING ADDRESS
 2 0 NH: SSSSSSSSS SSSSS SSSSSSSSSS           CL: SSSSSSSSS SSSSS SSSSSSSSS
 3 L
 4 U
 5 M
 6 N *ADDRESS 1: PPPPPPPPPPPPPPPPPPPPPP          ADDRESS 2: PPPPPPPPPPPPPP
 7 *  ADDRESS 3: PPPPPPPPPPPPPPPPPPPPPP          ADDRESS 4: PPPPPPPPPPPPPP
 8 O *CITY: PPPPPPPPPPPPPPPPPPPPPP                   STATE: PP          ZI
 9 N STATE & COUNTY CODE: PPPPPP                     COUNTY: XXXXXXXXXXXXX
10 E
11   COUNTRY: PPPPPPPPPPPPPPPPPPPPPP                      CONSULAR CODE: P
12 R FOREIGN POSTAL ZONE: PPPPPPPPPPPPPP
13 E
14 S BANK ACCOUNT (Y/N): X                       DIRECT EXPRESS (Y/N): X
15 E
16 R DIRECT DEPOSIT ROUTING TRANSIT NUMBER: 999999999        ACCOUNT TYPE
17 V DEPOSITOR ACCOUNT NUMBER: 99999999999999999
18 E
19 D
20   DOMESTIC PHONE: PPPPPPPPPP                  FOREIGN PHONE: PPPPPPPPPP
21
22                                                                TRANSFER
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOM

MCS

MAILING ADDRESS

```
Ln 0          1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS                          APPLICANT MAILING ADDRESS
 2 0 NH: SSSSSSSSS SSSSS SSSSSSSSSS           CL: SSSSSSSSS SSSSS SSSSSSSSS
 3 L
 4 U APPLICANT NAME:
 5 M
 6 N *ADDRESS 1: PPPPPPPPPPPPPPPPPPPPPP          ADDRESS 2: PPPPPPPPPPPPPP
 7 *  ADDRESS 3: PPPPPPPPPPPPPPPPPPPPPP          ADDRESS 4: PPPPPPPPPPPPPP
 8 O *CITY: PPPPPPPPPPPPPPPPPPPPPP                   STATE: PP          ZI
 9 N STATE & COUNTY CODE: PPPPPP                     COUNTY: XXXXXXXXXXXXX
10 E
11   COUNTRY: PPPPPPPPPPPPPPPPPPPPPP                      CONSULAR CODE: P
```

```
12 R FOREIGN POSTAL ZONE: PPPPPPPPPPPPPP
13 E
14 S ADDRESS EXPLANATION:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15 E XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
16 R XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX__
17 V
18 E
19 D
20    DOMESTIC PHONE: PPPPPPPPPP                  FOREIGN PHONE: PPPPPPPPPP
21
22                                                                TRANSFER T
23    **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24    **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)****
```

SCREEN FR
MSOM

MCS

MISCELLANEOUS MEDICARE

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS     TRANSFER TO: XXXX       MISCELLANEOUS MEDICARE
 2 0    NH SSSSSSSSSS   SSSSS  SSSSSSSSSS     CL SSSSSSSSS   SSSSS  SSSSSS
 3 L
 4 U  SPOUSE RECEIVING PENSION/ANNUITY FROM CIVIL SERVICE/OPM (Y/N): X
 5 M       IF YES, ENTER ANNUITY NUMBER: XXXXXXXXXX
 6 N       IF YES, SPOUSE ENROLLED IN SMI WITH SSA (Y/N): X
 7 *
 8 O  COMPLETE THE FOLLOWING QUESTIONS ONLY IF CLAIMANT OR SPOUSE EMPLOYED
 9 N   FEDERAL GOVERNMENT AFTER JUNE 1960:
10 E       COVERED UNDER A MEDICAL PLAN PROVIDED BY FEHBA OF 1959 (Y/N): X
11         IF NO, COMPLETE THE FOLLOWING:
12 R              WERE CLAIMANT AND SPOUSE BARRED FROM COVERAGE BECAUSE
13 E              EMPLOYMENT NOT LONG ENOUGH (Y/N): X
14 S       IF BARRED FROM COVERAGE, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15 E       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
16 R       IF NOT BARRED FROM COVERAGE, CLAIMANT OR SPOUSE EMPLOYED BY
17 V       FEDERAL GOVERNMENT AFTER FEBRUARY 15, 1965 (Y/N): X
18 E
19 D
20
21
22
23    **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24    **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)****
```

SCREEN FR
MSOM

MCS

CL MILITARY SERVICE

```
Ln 0          1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS                            CL MILITARY SERVICE
 2 0 NH: SSSSSSSSS SSSSS SSSSSSSSSS           CL: SSSSSSSSS SSSSS SSSSSSSSS
 3 L FIRST NAME USED IN SERVICE: XXXXXXXXXX  MI: X LAST NAME: XXXXXXXXXXXX
 4 U SERVICE NO: XXXXXXXXX
 5 M *RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT (SELECT ONE
 6 N                     1=CIVILIAN  2=MILITARY  3=BOTH  4=NONE
 7 * [ A/R  BRANCH OF SERVICE  START   END     N/E  RANK            PROOF
 8 O | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
 9 N | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
10 E | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
11   | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
12 R | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
13 E | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
14 S | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
15 E | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
16 R | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
17 V | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXXX  XXX
18 E
19 D [JAPANESE INTERNEE  START   END          PROOF     HOURLY WAGE
20   |                  999999  999999       X         99999999
21   |                  999999  999999       X         99999999
22   PF1 FOR HELP    MORE (Y/N): X             PAGE: 1           TRANSFER T
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOM

MCS

CL MILITARY RETIREMENT/FEDERAL BENEFIT

```
Ln 0          1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
```

```
 1 C MCS    TRANSFER TO: XXXX    CL MILITARY RETIREMENT/FEDERAL BENEFIT
 2 0     NH SSSSSSSSS   SSSSS   SSSSSSSSSS     CL SSSSSSSSS   SSSSS   SSSS
 3 L
 4 U  IF RETIRED FROM MILITARY, BASIS OF RETIREMENT: 9
 5 M   1. LENGTH OF SERVICE             3. RESERVE SERVICE PAYABLE AT AGE 6
 6 N   2. DISABILITY                    4. OTHER
 7 *      IF OPTION 4 CHOSEN, ESPLAIN: XXXXXXXXXXXXXXXXXXXXXXXX
 8 O IF RETIRED AND SERVICE AFTER DEC 31, 1956, INDICATE BRANCH OF SERVICE
 9 N BENEFIT: 9   1. ARMY                  5. COAST GUARD
10 E              2. NAVY                  6. PUBLIC HEALTH SERVICE
11                3. AIR FORCE             7. COASTAL/GEODETIC SURVEY
12 R              4. MARINE CORPS          8. OTHER
13 E      IF OPTION 8 CHOSEN, ESPLAIN: XXXXXXXXXXXXXXXXXXXXXXXX
14 S    WAIVED ALL/PART OF RETIREMENT TO GET VA OR OTHER FED CREDIT (Y/N):
15 E
16 R  IF ELIGIBLE FOR CIVILIAN FEDERAL AGENCY BENEFITS, INDICATE BENEFIT TY
17 V      1. SERVICE  2. SURVIVOR  3. DISABILITY  4. OTHER
18 E      IF OPTION 4 CHOSEN, ESPLAIN: XXXXXXXXXXXXXXXXXXXXXXXX
19 D    NAME OF FED AGENCY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
20      YEARS EMPLOYED: 99    DATE CLAIM FILED: 999999   CLAIM NO.: XXXXXX
21      MOST RECENT AGENCY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
22       CITY: XXXXXXXXXXXXX    STATE: XX    LAST WORKED: 999999
23 **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24 **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOM

MCS

RECORD OF CHANGE

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS     TRANSFER TO:            RECORD OF CHANGE
 2 0    NH 999999999   SSSSS SSSSSSSSSS       CL 999999999   SSSSS SSSSSSS
 3 L
 4 U        ELEMENT CHANGED      OLD DATA                          DATE
 5 M
 6 N SSSSSSSSSSSSSSSSSSSSSSSSS   SSSSSSSSSSSSSSSSSSSSSSSSSSSSS  SSSSSS  SS
 7 * WHY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 8 O
 9 N SSSSSSSSSSSSSSSSSSSSSSSSS   SSSSSSSSSSSSSSSSSSSSSSSSSSSSS  SSSSSS  SS
10 E WHY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
11
12 R SSSSSSSSSSSSSSSSSSSSSSSSS   SSSSSSSSSSSSSSSSSSSSSSSSSSSSS  SSSSSS  SS
13 E WHY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
14 S
15 E SSSSSSSSSSSSSSSSSSSSSSSSS   SSSSSSSSSSSSSSSSSSSSSSSSSSSSS  SSSSSS  SS
16 R WHY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
17 V
```

```
18 E SSSSSSSSSSSSSSSSSSSSSSSSS   SSSSSSSSSSSSSSSSSSSSSSSSSSSSS  SSSSSS  SS
19 D WHY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
20
21   MORE (Y//N): Y                                                PAGE 01
22
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOM

MCS

REMARKS SCREEN

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS        TRANSFER TO: XXXX        REMARKS SCREEN
 2 0    NH SSSSSSSSS    SSSSS SSSSSSSSSS   CL SSSSSSSSS    SSSSS SSSSSSSSS
 3 L
 4 U XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 5 M XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 6 N XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 7 * XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 8 O XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9 N XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
10 E XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
11   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
12 R XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
13 E XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
14 S XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15 E XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
16 R XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
17 V XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
18 E XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
19 D XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
20   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
21   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
22    MORE (Y/N): S            GO TO RPS (Y/N): N
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOM

MCS

CASE RECORD OF CHANGE

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS     TRANSFER TO: XXXX     CASE RECORD OF CHANGE
 2 0     NH SSSSSSSSS    SSSSS SSSSSSSSSS     CL SSSSSSSSS    SSSSS SSSSSS
 3 L
 4 U         ELEMENT CHANGED      OLD DATA                        DATE     N
 5 M
 6 N SSSSSS SSSSSSSSSSSSSSSSSSS  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SSSSSS  SSS
 7 * APPLICANT WHO ALLEGED DATA: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
 8 O
 9 N SSSSSS SSSSSSSSSSSSSSSSSSS  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SSSSSS  SSS
10 E APPLICANT WHO ALLEGED DATA: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
11
12 R SSSSSS SSSSSSSSSSSSSSSSSSS  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SSSSSS  SSS
13 E APPLICANT WHO ALLEGED DATA: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
14 S
15 E SSSSSS SSSSSSSSSSSSSSSSSSS  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SSSSSS  SSS
16 R APPLICANT WHO ALLEGED DATA: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
17 V
18 E SSSSSS SSSSSSSSSSSSSSSSSSS  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SSSSSS  SSS
19 D APPLICANT WHO ALLEGED DATA: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
20
21
22   MORE (Y/N): S
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOM

MCS

NUMIDENT/DEATH ALERT

```
Ln 0         1         2         3         4         5         6         7
No 1 234567890123456789012345678901234567890123456789012345678901234567890
 1 C MCS                            NUMIDENT/DEATH ALERT
 2 0  NH SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS   CL SSSSSSSSSS S SSSSSSSSSSSSSSS
 3 L
 4 U DATA ENTERED FOR NH                      NUMIDENT DATA
 5 M SSN: SSSSSSSSS
 6 N NAME: SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS  NAME: SSSSSSSSSS S SSSSSSSSSSS
 7 * DATE OF BIRTH: SSSSSS                    DATE OF BIRTH: SSSSSS
 8 O SEX: S                                   SEX: S
 9 N                                          DATE OF DEATH: SSSSSS
10 E
11
12 R DATA ENTERED FOR CL                      NUMIDENT DATA
13 E SSN: SSSSSSSSS
14 S NAME: SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS  NAME: SSSSSSSSSS S SSSSSSSSSSS
15 E DATE OF BIRTH: SSSSSS                    DATE OF BIRTH: SSSSSS
16 R SEX: S                                   SEX: S
17 V                                          DATE OF DEATH: SSSSSS
18 E
19 D
20
21
22
23   **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)********
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***
```

SCREEN FR
MSOM