

MCS TRANSFER TO: XXXX RSDHI CLAIMS APPLICATION APPL

[1-M]

NH NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

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

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

[6-M]
SELECT CLAIM TYPE(S): 9 9 9 1. RETIREMENT 4. AUXILIARY 7. AGE 72
2. DISABILITY 5. UNINS MED ONLY 8. ESRD
3. SURVIVOR 6. LUMP SUM

[7-C]

ABBREVIATED APPLICATION: X

CLAIMANT (IF DIFFERENT)

[8-C]

NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

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

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

[14-C] [15-C]
RELATIONSHIP TO NH: 9 1. SPOUSE (SUBSEQUENT CLAIM: 9) 1. RIB
2. SPOUSE WITH CHILD IN CARE 2. DIB
3. CHILD
4. DEPENDENT PARENT

APPLICANT (IF DIFFERENT)

[16-C]

NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

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

MCS CLAIM CONTACT METHOD DATA CCMD
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

SELECT CONTACT METHOD FOR ESTABLISHING APPLICATION:

[1-M]

CLAIM TYPE: SSSSSS

CLAIM TYPE: SSSSSS

CLAIM TYPE: SSSSSS

[2-C]

CONTACT METHOD: 99

CONTACT METHOD: 99

CONTACT METHOD: 99

- 1=TELEPHONE -CLAIM INITIATED OVER THE PHONE, USUALLY BY APPOINTMENT
- 2=VISIT -CLAIM INITIATED IN PERSON WITH THE CLAIMANT
- 3=MAIL -RECEIVED PAPER APPLICATION IN THE MAIL AND LOADED IN MCS
- 4=INTERNET -CLAIM STARTED AND COMPLETED ON THE INTERNET
- 5=ICT -CLAIM ORIGINATED THROUGH 800 NUMBER AND REFERRED TO ICT UNIT
- 6=OTHER -NO OTHER CM VALUE IS APPROPRIATE CURRENTLY.

[3-C]

DO YOU WANT TO CHECK YOUR CLAIM STATUS USING THE INTERNET/PHONE? (Y/N) X

[4-C]

SELECT MAILING METHOD (BLIND NOTICE INFORMATON) TYPE: X

1=CERTIFIED MAIL 2=TELEPHONE CONTACT 3=REGULAR MAIL.

PF1 HELP AVAILABLE

MCS IDENTIFICATION 1 IDEN
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): X

[2-M]

[3-C]

[4-C]

BIRTH CITY: XXXXXXXXXXXXXXXX BIRTH STATE: XX BIRTH COUNTRY: XX

[5-M]

[6-M]

RECORD OF BIRTH BEFORE AGE 5: PUBLIC (Y/N): X RELIGIOUS (Y/N): X

[7-C]

OTHER NAMES USED: XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXX
XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXX
XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXX
XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXX
XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXX

[8-M]

[9-M]

[10-M]

EVER MARRIED (Y/N): X CURRENTLY MARRIED (Y/N): X CHILD UNDER 18, STUDENT 18 TO 19,
18 OR OLDER AND DISABLED BEFORE 22 (Y/N): X

[11-M]

WORK OR EARNINGS IN 20SS 20SS 20SS 20SS (Y/N): X

[12-M]

[13-C]

DISABLED IN LAST 14 MONTHS (Y/N): X ONSET DATE: 99999999

[14-C]

IF YES, APPLYING FOR DISABILITY ON THIS ACCOUNT (Y/N): X

[15-M]

SELECT FILED OR INTEND TO FILE FOR SSI: 9

1. YES
2. NOT DISABLED, BLIND, OR WITHIN 2 MONTHS OF AGE 65 OR OLDER
3. DOES NOT WISH TO FILE

TRANSFER TO: XXXX

MCS IDENTIFICATION 2 IDN2
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS
[1-M] [2-M] [3-M]
PRIOR APPLICATION FOR RSDI (Y/N): X FOR SSI (Y/N): X FOR MEDICARE (Y/N): X
[4-C] [5-C]
CROSS REFERENCE SSN: 999999999 STAT: XX SSN: 999999999 STAT: XX

[6-C]
NH NAME IN PRIOR APPLICATION [7-C]
FIRST NAME MI LAST NAME SSN
XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX 999999999
XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX 999999999

[8-C]
MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

TRANSFER TO: XXXX

MCS TRANSFER TO: XXXX NH IDENTIFICATION NHID
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M]

EVER MARRIED (Y/N): X

[2-M]

CHILD UNDER 18, STUDENT 18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22 (Y/N): X

[3-M]

NH DEP PARENTS (Y/N): X

[4-M]

WORK LAST YEAR OR THIS YEAR (Y/N): X

[5-M]

[6-M]

[7-M]

PRIOR APPLICATION FOR RSDI (Y/N): X FOR SSI (Y/N): X FOR MEDICARE (Y/N): X

[8-C]

[9-C]

CROSS REFERENCE SSN: 999999999 STAT: XX SSN: 999999999 STAT: XX

[10-C]

[11-C]

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX SSN: 999999999

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX SSN: 999999999

[12-C]

MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

[13-C]

OTHER NAMES: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
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 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

MCS 2.7 TRANSFER TO: XXXX NH ADDITIONAL BENEFITS NHAB
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

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

[2-M]

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

[3-M]

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

[4-M]

[5-C]

[6-C]

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

[7-C]

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

[8-M]

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

[9-M]

[10-M]

JAPANESE INTERNEE (Y/N): X

VOW OF POVERTY (Y/N): X

MCS CLAIMANT MAILING ADDRESS CADR
NH: SSSSSSSSS SSSSS SSSSSSSSSS CL: SSSSSSSSS SSSSS SSSSSSSSSS
[1-M] ADDRESS 1: PFFFFFFFFFFFFFFFFFFFFFFF ADDRESS 2: PFFFFFFFFFFFFFFFFFFFFFFF
ADDRESS 3: PFFFFFFFFFFFFFFFFFFFFFFF ADDRESS 4: PFFFFFFFFFFFFFFFFFFFFFFF
[2-M] [3-C] [4-C]
*CITY: PFFFFFFFFFFFFFFFFFFFFFFF STATE: PP ZIP: PFFFF
[5-C] [6-C]
STATE & COUNTY CODE: PFFFF COUNTY: XXXXXXXXXXXXXXXX
[7-C] [8-C]
COUNTRY: PFFFFFFFFFFFFFFFFFFFFFFF CONSULAR CODE: PPP
[9-C]
FOREIGN POSTAL ZONE: PFFFFFFFFFFFFFFFFFFFFFFF
[10-M] [11-M]
*BANK ACCOUNT (Y/N): X *DIRECT EXPRESS (Y/N): X
[12-C] [13-C]
DIRECT DEPOSIT ROUTING TRANSIT NUMBER: 999999999 ACCOUNT TYPE (C/S): A
[14-C]
DEPOSITOR ACCOUNT NUMBER: 999999999999999999
[15-C] [16-C]
DOMESTIC PHONE: PFFFFFFFFFFFF FOREIGN PHONE: PFFFFFFFFFFFFFFFFFFFFFFF
[17-C]
ENTER PHONE CODE: X 1= HOME 2= WORK 3=NONE 4=UNKNOWN 5=OTHER 6=ATTORNEY 7=MOBILE

COMM BENEFICIARY MARRIAGE BMAR
[1-D] [2-D] [3-D]
 NH: SSSSSSSSS SSSSS SSSSSSSSSSS BN: SSSSSSSSS SSSSS SSSSSSSSSSS PIC: SSS
[4-M] [5-M] [6-M]
 *SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXXX MIDDLE: X *LAST: XXXXXXXXXXXXXXXXXXXXXXXX
[7-O]
 SPOUSE'S SSN: XXXXXXXXXX
[8-O] [9-O]
 SPOUSE'S BIRTHDATE (MMDDCCYY): 99999999 IF BIRTHDATE UNKNOWN, AGE: 999
[10-M] [11-M]
 *MARRIAGE DATE (MMDDCCYY): 99999999 *PROOF (Y/N): X
[12-O] [13-O]
 MARRIAGE CITY: XXXXXXXXXXXXXXXX MARRIAGE STATE/FOREIGN COUNTRY: XX
[14-M]
 *SELECT MARRIAGE TYPE: 9 1=CLERGY/PUBLIC OFFICIAL 3=OTHER CEREMONIAL
 2=COMMON LAW 4=DEEMED.
[15-O]
 SELECT SPECIAL RELATIONSHIP: 9 1=216B1 2=216F1 3=202C2 4=216K 5=216C2/G2.
[16-O]
 PROTECTED MARRIAGE (Y/N): X
[17-O] [18-C]
 MARRIAGE END DATE (MMDDCCYY): 99999999 PROOF (Y/N): X
[19-C]
 SELECT MARRIAGE END REASON: 9
 1=DEATH 2=DIVORCE 3=ANNULMENT OF VOIDABLE 4=PUTATIVE 5=VOID/VOIDED.
[20-O] [21-C]
 MARRIAGE ENDED CITY: XXXXXXXXXXXXXXXX MARRIAGE ENDED STATE/FOREIGN COUNTRY: XX
[22-O]
 IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999
[23-M]
 *OTHER MARRIAGES (Y/N): X
[24-O]
 DELETE THIS OCCURRENCE OF DATA (Y/N): X
[25-O] [26-O]
 ADD NEW OCCURRENCE (Y/N): X REVIEW PRIOR OCCURRENCES (Y/N): X
[27-D] [28-O]
 PF1 HELP AVAILABLE TRANSFER TO: XXXX

