APPL - RSDHI CLAIMS APPLICATION

MCS   TRANSFER TO: XXXX   RSDHI CLAIMS APPLICATION   APPL

[1-M]

NH NAME: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

       [2-M]   [3-M]

SSN: SSSSSSSSS   SEX: X   NH BIRTHDATE: 99999999

[4-M]   [5-C]

PROOF (A/B/C/F/Q): X   PROOF TYPE (P/H/N/O): X

[6-M]

SELECT CLAIM TYPE(S): 9 9 9   1. RETIREMENT   4. AUXILIARY   7. AGE 72

              2. DISABILITY   5. UNINS MED ONLY   8. ESRD

[7-C]   3. SURVIVOR   6. LUMP SUM

ABBREVIATED APPLICATION: X

CLAIMANT (IF DIFFERENT)

[8-C]

NAME: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX 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

APPLICANT (IF DIFFERENT)   4. DEPENDENT PARENT

[16-C]

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[17-C]   [18-C]   [19-C]

SSN: 999999999   EIN: 999999999   WILL APPLICANT BE ENTERED IN RPS (Y/N): X

C.   HOW YOU GOT HERE

You selected 3 (NEW CLAIM) on MCS System Menu (MENU).

ADDR - APPLICANT MAILING ADDRESS

MCS   TRANSFER TO: XXXX   APPLICANT MAILING ADDRESS   ADDR
   NH SSSSSSSSS   SSSSS SSSSSSSSSS   CL SSSSSSSSS   SSSSS SSSSSSSSSSS
APPLICANT NAME: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
[1-M]
ADDRESS: PPPPPPPPPPPPPPPPPPPPP   PPPPPPPPPPPPPPPPPPPPPPPP
        PPPPPPPPPPPPPPPPPPPPPPPP   PPPPPPPPPPPPPPPPPPPPPPPP
[2-M]   [3-C]   [4-C]
CITY: PPPPPPPPPPPPPPPPPPPPPP   STATE: PP   ZIP: PPPPP
[5-C]   [6-C]
STATE & COUNTY CODE: PPPPPP   COUNTY: XXXXXXXXXXXXXXX
[7-C]   [8-C]
COUNTRY: PPPPPPPPPPPPPPPPPPPPPPPPP   CONSUL CODE: PPP
[9-C]
foreign POSTAL ZONE: PPPPPPPPPPPPPPPP
[10-C]
address explanation:
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
[11-C]   [12-C]
Domestic Phone: XXXXXXXXX   foreigh phone: xxxxxxxxxxxxxx
[13-C]
enter phone code: x   1= home 2=work 3=none 4=unk 5=other 6=attorney 7=mobile
                    transfer to: PPPP

CHD1 - CHILD IDENTIFICATION 1

MCS 3.7   CHILD'S IDENTIFICATION 1   CHD1

NH SSSSSSSSS SSSSS SSSSSSSSSS   CL SSSSSSSSS   SSSSS SSSSSSSSSS

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

BIRTH CITY: XXXXXXXXXXXXXX   BIRTH STATE: XX   BIRTH COUNTRY: XX

[4-M]

HAS ANYONE EVER FILED ON CHILD'S BEHALF FOR BENEFITS (Y/N) X

[5-C]

IF YES, NH FIRST NAME: XXXXXXXXXXXXXX MI: X LAST: XXXXXXXXXXXXXXXXXXXXX

[6-C]   [7-C]

NH SSN: XXXXXXXX   STAT: XX

[8-C]

IF AGE 16 OR OLDER, LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): P

[9-C]

IF OVER 16 IS CHILD DISABLED (Y/N): X

[10-C]

FILING AS DISABLED CHILD ON THIS ACCOUNT (Y/N): X

[11-C]

IF YES, ONSET DATE: 99999999

[12-C]

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

[13-C]

IF ALREADY ENROLLED, SSN: 999999999

[14-M]

SELECT FILED OR INTEND TO FILE FOR SSI: 9

   1. YES

   2. NOT DISABIED, BLIND, OR WITHIN 2 MONTHS OF AGE 65 OR OLDER

   3. DOES NOT WISH TO FILE

[15-C]

IF AGE 17 AND 6 MONTHS, IS CHILD A STUDENT (Y/N) X

[16-M]

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

[17-M]

EVER MARRIED (Y/N): X

TRANSFER TO: XXXX

D.   HOW YOU GOT HERE

Child's Identification 1 (CHD1) is a mandatory screen when you file a surviving or auxiliary child claim.

CHD2 - CHILD IDENTIFICATION 2

MCS 3.3   CHILD'S IDENTIFICATION 2   CHD2
 NH SSSSSSSSS SSSSS SSSSSSSSSS   CL SSSSSSSSS SSSSS SSSSSSSSSS
[1-M]
IF NOT LIVING WITH NH ANY OF LAST 13 MTHS OR AT TIME OF DEATH SHOW MTHS
 YR: ALL 01 02 03 04 05 06 07 08 09 10 11 12
 99   X   X   X   X   X   X   X   X   X   X   X   X
 99   X   X   X   X   X   X   X   X   X   X   X   X
[2-C]
IF NOT LIVING WITH NH (AS SHOWN ABOVE),
    WAS CHILD LIVING WITH APPLICANT? (Y/N): A
    [3-C]
    IF No, CHILD LIVED WITH:
 NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   REL: AAAAAAAAAA
 [4-C]
 ADDRESS 1: XXXXXXXXXXXXXXXXXXXXX   ADDRESS 2: XXXXXXXXXXXXXXXXXXXXX
 ADDRESS 3: XXXXXXXXXXXXXXXXXXXXX   ADDRESS 4: XXXXXXXXXXXXXXXXXXXXX
[5-C]
IF ADOPTED, NAME OF PERSON ADOPTING IF OTHER THAN NH
FIRST: XXXXXXXXXX MI: X LAST: XXXXXXXXXXXXXXXXXXX

                                        TRANSFER TO: XXXX

C.   HOW YOU GOT HERE
Child's Identification 2 (CHD2) is a mandatory screen when you file a surviving or auxiliary child claim.

CHPE-CHILD POTENTIAL ENTITLEMENT

MCS 3.7   CHILD'S POTENTIAL ENTITLEMENT   CHPE
   NH SSSSSSSSS SSSSS SSSSSSSSSS   CL SSSSSSSSS SSSS SSSSSSSSSS
[1-M]
CHILD POTENTIALLY ENTITLED ON ADOPTIVE, STEP OR OTHER PARENT RECORD (Y/N): X
[2-M]
CHILD POTENTIALLY ENTITLED ON A GRAND OR STEP GRANDPARENT RECORD (Y/N): X
LIST THE NAME AND SSN CHILD POTENTIALLY ENTITLED
   [3-C]   [4-C]
   FIRST NAME   MI LAST NAME   SSN
   XXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XXXXXXXXX
   XXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XXXXXXXXX
   XXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XXXXXXXXX
   XXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XXXXXXXXX
   XXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XXXXXXXXX
                         TRANFER TO: XXXX
D.   HOW YOU GOT HERE
Child's Potential Entitlement is a mandatory screen when you file a surviving or auxiliary child claim.

CUST - CUSTODIAN OF BENEFICIARY

MCS   TRANSFER TO: XXXX CUSTODIAN OF BENEFICIARY   CUST
   NH SSSSSSSSS   SSSSS SSSSSSSSSS   CL SSSSSSSSS SSSSS SSSSSSSSSSS
[1-M]

CUSTODIAN NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     [2-M]
     ADDRESS: XXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXX
     [3-M]   [4-M]   [5-M]
     CITY: XXXXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: XXXXX

C.   HOW YOU GOT HERE

You entered "N" in BENE LIVING WITH APPLICANT on Representative Payee 1 (REP1).

DECD - INFORMATION ABOUT THE DECEASED

MCS   TRANSFER TO: XXXX INFORMATION ABOUT THE DECEASED   DECD
    NH SSSSSSSSS   SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS
[1-M]   [2-M]   [3-C]
DATE OF DEATH: 99999999 PROOF (P/N): X   TYPE OF PROOF (P/O): X
[4-M]
DOMICILE AT DEATH: XXXXXXXXXXXXXX
[5-M]
PLACE OF DEATH (CITY/STATE): XXXXXXXXXXXXXX
[6-M]   [7-C]
DISABLED AT TIME OF DEATH (Y/N): X   DISABILITY BEGAN: 999999
[8-C]
WAS CLAIMANT ELIGIBLE AS WIDOW(ER) PRIOR TO 1985 ON ANY SSN (Y/N): X
[9-C]
SURVIVING SPOUSE (Y/N): X
  [10-C]
  NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX
  [11-C]
  ADDRESS: XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX
        XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX
[12-C]
SPOUSE LIVING WITH DECEASED AT TIME OF DEATH (Y/N): X
  [13-C]   [14-C]
  AWAY FROM HOME: 9   1. DECEASED   DATE LAST HOME: 999999
              2. SPOUSE
  [15-C]
  REASON FOR SEPARATION AT DEATH: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    [16-C]
    IF DUE TO ILLNESS, NATURE OF ILLNESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
  [17-C]
    REASON ABSENCE BEGAN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
[18-C]
IS SPOUSE: 9 1. LIVING IN SAME HOUSEHOLD 2. ELIGIBLE OR ENTITLED TO BENS
        3. NOT ENTITLED TO LSDP

DEME - WORK DEDUCTIONS/ELECTION OPTION

MCS 3.6 TRANSFER TO: XXXX   WORK DEDUCTIONS/ELECTION OPTION   DEME
   NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS
LIST TYPES, AMOUNTS, PRFS, AND NON-SERVICE MONTHS FOR SSSS SSSS SSSS
   TYPES ARE: 1=WAGES 2=SEI 3=WAGES AND SEI PRF: P=PERM
NON-SERVICE MONTHS PLACE AN X UNDER ALL, NONE, OR EACH MONTH THAT APPLIES
   [1-C] [2-C] [3-C]   [4-C] [5-C]
YEAR TYPE AMOUNT ALL NONE 01 02 03 04 05 06 07 08 09 10 11 12 PRF FY ENDS
SS S SSSSSSSSS X   X X X X X X X X X X X X X X X 99
SS S SSSSSSSSS X   X X X X X X X X X X X X X X X 99
SS S SSSSSSSSS X   X X X X X X X X X X X X X X X 99
[6-M]
IF OVER MAX OR NONCOVERED EARNINGS INVOLVED, CORRECT ABOVE AMOUNTS
[7-M]
SPECIAL PAYMENTS INVOLVED (Y/N): X IF YES, CORRECT ABOVE
                [9-C]
      [8-C]   FOREIGN WORK SERVICE MONTHS
      (YY) ALL   01 02 03 04 05 06 07 08 09 10 11 12
      99   X   X X X X X X X X X X X X
      99   X   X X X X X X X X X X X X
      99   X   X X X X X X X X X X X X
[10-M]   [11-C]
ELECTION/ENTITLEMENT OPTION: X DATE(MMYY): 9999
   A. MOST ADVANTAGEOUS MONTH   B. EARLIEST MONTH WITHOUT REDUCTION
   C. CLAIMANT'S CHOSEN MONTH   D. UNREDUCED CLAIMANT
   E. NOT APPLICABLE (DIB AUX SPOUSE WHO MEETS CRITERIA)
   F. OTHER: SPECIAL REASON SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
E.   HOW YOU GOT HERE
MCS displays Work Deductions/Election Option (DEME) based on:

•   the applicant's answers to the work and earnings questions on
Identification (IDEN), or
Child's Identification 1 (CHD1).

DEPC - DEPENDENT CHILDREN OF NH
MCS 2.5 TRANSFER TO: XXXX   DEPENDENT CHILDREN OF NH   DEPC
NH SSSSSSSSS   SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS
LIST ALL CHILDREN OF NH: UNDER 18
                    18-19 AND ATTENDING SECONDARY SCHOOL
[1-M]   DISABLED/HANDICAPPED PRIOR TO 22
NAME:

```
XXXXXXXXX X XXXXXXXXXXXXXXXXXXX
XXXXXXXXX X XXXXXXXXXXXXXXXXXX
XXXXXXXXX X XXXXXXXXXXXXXXXXXX
XXXXXXXXX X XXXXXXXXXXXXXXXXXX
XXXXXXXXX X XXXXXXXXXXXXXXXXXX
XXXXXXXXX X XXXXXXXXXXXXXXXXXX
XXXXXXXXX X XXXXXXXXXXXXXXXXXX
XXXXXXXXX X XXXXXXXXXXXXXXXXXX
XXXXXXXXX X XXXXXXXXXXXXXXXXXX
XXXXXXXXX X XXXXXXXXXXXXXXXXXX
```

EARN - EARNINGS

MCS   EARNINGS   EARN
NH SSSSSSSSS SSSSS SSSSSSSSSS   CL SSSSSSSSS SSSSS SSSSSSSSSS
LIST ALL EARNINGS AND TYPES FOR SSSS SSSS SSSS
EARNINGS TYPES ARE:1=FICA WAGES 2=SEI 3=EMPLOYEE REPORTED TIPS 4=RR LAG.
PROOF CODES ARE: P=PROVEN R=READILY AVAILABLE N=NOT AVAILABLE D=DELETED LAG.
            [1-C] [2-C] [3-C]   [4-C]

[EARNINGS	YEAR	TYPE	AMOUNT	PROOF
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X

[5-C]
COMPUTE BENEFITS AND COMPLETE CLAIM WITHOUT LAG EARNINGS (Y/N): X
                    TRANSFER TO :XXXX

G.   HOW YOU GOT HERE
You entered "Y" to the question "WORK AND EARNINGS" on the IDEN or NHID screen.

NHAB - NH ADDITIONAL BENEFITS

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: XXXXXXXXXX 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

NHID - NH IDENTIFICATION

MCS   TRANSFER TO: XXXX NH IDENTIFICATION   NHID

  NH SSSSSSSSS SSSSS SSSSSSSSSS   CL SSSSSSSSS SSSSS SSSSSSSSSS

[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: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX SSN: 999999999
NH NAME IN PRIOR APPLICATION: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX SSN: 999999999

[12-C]

MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

[13-C]

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

NHMR - NH MILITARY RETIREMENT/FEDERAL BENEFIT

MCS 2.5 TRANSFER TO: XXXX   NH MILITARY RETIREMENT/FEDERAL BENEFIT   NHMR

NH SSSSSSSSS SSSSS SSSSSSSSS   CL SSSSSSSSS SSSSS SSSSSSSSSS
[1-C]

IF RETIRED FROM MILITARY, BASIS OF RETIREMENT: 9

1. LENGTH OF SERVICE   3. RESERVE SERVICE PAYABLE AT AGE 60
2. DISABILITY   4. OTHER
   [2-C]

IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXX
[3-C]

IF RETIRED AND SERVICE AFTER DEC 31, 1956, INDICATE BRANCH OF SERVICE PAYING
BENEFIT: 9   1. ARMY   5. COAST GUARD
                   2. NAVY   6. PUBLIC HEALTH SERVICE
                   3. AIR FORCE   7. COASTAL/GEODETIC SURVEY
                   4. MARINE CORPS   8. OTHER
   [4-C]

IF OPTION 8 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXX
[5-C]

WAIVED ALL/PART OF RETIREMENT TO GET VA OR OTHER FED CREDIT (Y/N): X
[6-C]

IF ELIGIBLE FOR CIVILIAN FEDERAL AGENCY BENEFITS, INDICATE BENEFIT TYPE: 9
1. SERVICE 2. SURVIVOR 3. DISABILITY 4. OTHER
   [7-C]

IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXX
[8-C]

NAME OF FED AGENCY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
[9-C]   [10-C]   [11-C]
YEARS EMPLOYED: 99   DATE CLAIM FILED: 999999   CLAIM NO.: XXX999999999
[12-C]

MOST RECENT AGENCY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
[13-C]   [14-C]   [15-C]
CITY: XXXXXXXXXXXXX STATE: XX LAST WORKED: 999999

D.   HOW YOU GOT HERE

You entered:

- "2" (MILITARY) in RECEIVE OR ELIGIBLE FOR MILITARY OR CIVILIAN FEDERAL AGENCY BENEFIT on the NH screen <u>and</u> at least one period of military service is earlier than 1/1/57,

                    <u>or</u>

- "1" (CIVILIAN) or "3" (BOTH) in RECEIVE OR ELIGIBLE FOR MILITARY OR CIVILIAN FEDERAL AGENCY BENEFIT on the NH screen

NHMS - NH MILITARY SERVICE

MCS   NH MILITARY SERVICE   NHMS

NH: SSSSSSSSS SSSSS SSSSSSSSS   CL: SSSSSSSSS SSSSS SSSSSSSSS

FIRST NAME USED IN SERVICE: XXXXXXXXX MI: X LAST NAME: XXXXXXXXXXXXXXXXXX

SERVICE NO: XXXXXXXX

*RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT (SELECT ONE): 9

        1=CIVILIAN 2=MILITARY 3=BOTH 4=NONE

[A/R	BRANCH OF SERVICE	START	END	N/E	RANK	PROOF
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX

IS DEVELOPMENT OF VA SURVIVOR PENSION REQUIRED (Y/N): X

[JAPANESE INTERNEE	START	END		PROOF	HOURLY WAGE
|	999999	999999	X	99999999	
|	999999	999999	X	99999999	

PF1 FOR HELP   MORE (Y/N): X   PAGE: 1   TRANSFER TO: XXXX

E.   FACSIMILE: NHMS - NH MILITARY SERVICE PAGE 2

MCS   NH MILITARY SERVICE   NHMS

NH: SSSSSSSSS SSSSS SSSSSSSSS   CL: SSSSSSSSS SSSSS SSSSSSSSS

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

FIRST NAME USED IN SERVICE: XXXXXXXXX MI: X LAST NAME: XXXXXXXXXXXXXXXXXX

[4-C]

SERVICE NO: XXXXXXXX

[5-M]

*RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT (SELECT ONE): 9

        1=CIVILIAN 2=MILITARY 3=BOTH 4=NONE

[6-C] [7-C]   [8-C] [9-C] [10-C] [11-C]   [12-C]

[A/R	BRANCH OF SERVICE	START	END	N/E	RANK	PROOF
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX
| X	XXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXX	XXX

PF1 FOR HELP   PAGE: 2   TRANSFER TO: XXXX

F.   HOW YOU GOT HERE

You entered on ADDB either:

- Y in IN ACTIVE MILITARY SERVICE AFTER SEP 7, 1939 on ADDB screen. MCS displays [1-C] NAME USED IN SERVICE through [12-C] PRF, or
- Y in JAPANESE INTERNEE. MCS displays fields [13-C] START through [17-C] PROOF.

NHRR - NH RAILROAD EMPLOYMENT

MCS 2.5 TRANSFER TO: XXXX   NH RAILROAD EMPLOYMENT   NHRR
  NH SSSSSSSSS   SSSSS SSSSSSSSSS   CL SSSSSSSSS   SSSSS SSSSSSSSSS
RR EMPLOYEE: SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSS SSN: SSSSSSSSS

[1-C]   [2-C]   [3-M]
  MONTHS WORKED IN RR AFTER 1936: 999   BEFORE 1937: 999 LAST 18 MOS (Y/N): X

[4-M]   [5-C]
  EVER FILE FOR RRB RET/DISAB (Y/N): X   IF YES, CLAIM NO: XXXXXXXXXX

[6-C]
  IF EMPLOYEE LIVING, RECD RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N): X

[7-C]
  IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N): X

[8-C]
  EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N): X
IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS:

[9-C]
  RR EMPLOYER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[10-C]
  WORK LOCATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[11-C]
  DEPT + OCCUPATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
IF CLAIMANT EVER RECEIVED RRB BENEFITS:

[12-C]
  RR APPLICANT: SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSS CLAIM NO: XXXXXXXXXX

[13-C]   [14-C]
  RR EMPLOYEE NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX SSN: 999999999

[15-C]
  RELATIONSHIP: XXXXXXXXXX

[16-C]
  BENEFIT TYPE: 9   SELECT 1. MONTHLY   2. LUMP-SUM   3. RESIDUAL

[17-C]
  HAS RRB NOTIFIED APPLICANT THAT RRB MAY BE AFFECTED BY ENTITLEMENT TO
  SOCIAL SECURITY BENEFITS (Y/N): X
E.   HOW YOU GOT HERE

You entered "Y" in WORKED IN RR FOR 5 YEARS OR MORE on NHAB screen, or you entered "Y" in
RECEIVING RR RETIREMENT PENSION/ANNUITY on ADDB screen.

NMAR - NH MARRIAGE

MCS 3.4   NH MARRIAGE   NMAR
  NH SSSSSSSSS SSSSS SSSSSSSSSS   CL SSSSSSSSS   SSSSS SSSSSSSSSS
[1-M]   [2-C]   [3-M]
 SPOUSE"S FIRST NAME: XXXXXXXXXXXXXXX MI: X   LAST NAME:
XXXXXXXXXXXXXXXXXXXXX
[4-C]
SPOUSE"S SSN: 999999999
[5-C]   [6-C]
SPOUSE 'S BIRTHDATE (MMDDYYYY): 99999999   IF BIRTHDATE UNKNOWN, AGE: 999
[7-M]   [8-M]
MARRIAGE DATE (MMDDCCYY): 99999999   PROOF (Y/N): X
[9-M]   [10-M]
MARRIAGE CITY: XXXXXXXXXXXXXX   MARRIAGE STATE/FOREIGN COUNTRY: XX

[11-C]
SELECT MARRIAGE TYPE: 9   1=CLERGY/PUBLIC OFFICIAL
                2=COMMON LAW
                3=OTHER CEREMONIAL
                4= DEEMED
[12-M]   [13-C]   [14-C]
MARRIAGE ENDED (Y/N): X   MARRIAGE END DATE(MMDDCCYY): 99999999   PROOF (Y/N):
X
[15-C]   [16-C]
Marriage ENDED CITY XXXXXXXXXXXXXX   MARRIAGE ENDED STATE OR FOREIGN
COUNTRY: XX
 [17-C]
 SELECT REASON: 9   1=DEATH
                2=DIVORCE
                3=ANNULMENT OR VOIDABLE
                4=PUTATIVE
                5=VOID/VOIDED
[18-C]
IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999
[19-M]   [20-C]
OTHER MARRIAGES (Y/N): X   DELETE SCREEN (Y/N): X
[21-D]   [22-C]
PAGE: s   TRANSFER TO: XXXX
E.   HOW YOU GOT HERE
You entered "Y" to EVER MARRIED on NH Identification Screen (NHID), the Identification Screen
(IDEN), the Child Identification 1 Screen (CHD1), or the Abbreviated Disability Screen (ABBD) screen.

NPAR - NH DEPENDENT PARENT

MCS 2.5 TRANSFER TO: XXXX   NH DEPENDENT PARENT   NPAR
  NH SSSSSSSSS   SSSSS SSSSSSSSSS   CL SSSSSSSSS   SSSSS SSSSSSSSSSS
DEPENDENT PARENTS:

[1-M]
NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX

[2-M]
ADDRESS: XXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXX

[3-M]
PARENT TYPE: 9   1. NATURAL   2. STEPPARENT   3. ADOPTIVE
  [4-C]
  IF STEPPARENT, DATE OF STEP-RELATIONSHIP: 999999
  [5-C]
  IF ADOPTIVE PARENT, DATE OF ADOPTION: 999999

[6-C]
NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXX

[7-M]
ADDRESS: XXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXX

[8-M]
PARENT TYPE: 9   1. NATURAL   2. STEPPARENT   3. ADOPTIVE
  [9-C]
  IF STEPPARENT, DATE OF STEP-RELATIONSHIP: 999999
  [10-C]
  IF ADOPTIVE PARENT, DATE OF ADOPTION: 999999

D.   HOW YOU GOT HERE

You entered "Y" in [3-M] NH DEP PARENTS on the NHID screen for the following claim types:

- surviving spouse
- surviving spouse child in care
- lump sum
- surviving child

RMKS - REMARKS

MCS　　TRANSFER TO: XXXX　REMARKS SCREEN　　　　　　　RMKS
　NH SSSSSSSSS　SSSSS SSSSSSSSSS　CL SSSSSSSSS　SSSSS SSSSSSSSSS
[1-C]
TYPE OF REMARKS

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[2-C]　　　　　　　[3-C]
MORE (Y/N): X　　　　GO TO RPS (Y/N): X
　　　　　　　　　　PAGE S

WORK - WORK HISTORY

MCS 3.4 TRANSFER TO: XXXX   WORK HISTORY   WORK
   NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSSSSSSSSSSSSSS

[1-M]
EMPLOYED IN 20SS 20SS 20SS 20SS (Y/N): X   [3-C]   [4-C]
[2-C]   MMYY   MMYY   [5-C]
EMPLOYER NAME ADDRESS   START DATE END DATE   N/E
1. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 9999   9999   X
2. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 9999   9999   X
3. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 9999   9999   X
   [6-C]
   AUTHORIZATION TO CONTACT EMPLOYERS (Y/N): X

[7-M]
SELF-EMPLOYED IN 20SS 20SS 20SS 20SS (Y/N): X
[8-C]   [9-C]   [10-C]
IF YES, SHOW: YEARS   TYPE OF BUSINESS   NET OVER $400 (Y/N)
           99   XXXXXXXXXXXXXXXXXXXXXXXXX   X
           99   XXXXXXXXXXXXXXXXXXXXXXXXX   X
           99   XXXXXXXXXXXXXXXXXXXXXXXXX   X
           99   XXXXXXXXXXXXXXXXXXXXXXXXX   X
[11-C]   [12-C]
   MORE (Y/N): X   DELETE THIS PAGE (Y/N): X   PAGE: S
E.   HOW YOU GOT HERE
MCS sends Work History (WORK) when you have answered Yes to the Work or Earnings in YYYY
question on IDEN.

CADR - CLAIMANT MAILING ADDRESS

MCS   CLAIMANT MAILING ADDRESS   CADR

NH: SSSSSSSSS SSSSS SSSSSSSSS   CL: SSSSSSSSS SSSSS SSSSSSSSS
[1-M]

*ADDRESS 1: PPPPPPPPPPPPPPPPPPPP   ADDRESS 2: PPPPPPPPPPPPPPPPPPPP

ADDRESS 3: PPPPPPPPPPPPPPPPPPPPPP   ADDRESS 4: PPPPPPPPPPPPPPPPPPPPPP
[2-M]   [3-C]   [4-C]

*CITY: PPPPPPPPPPPPPPPPPPPPPP   STATE: PP   ZIP: PPPPP
[5-C]   [6-C]

STATE & COUNTY CODE: PPPPP   COUNTY: XXXXXXXXXXXXXX
[7-C]   [8-C]

COUNTRY: PPPPPPPPPPPPPPPPPPPPP   CONSULAR CODE: PPP
[9-C]

FOREIGN POSTAL ZONE: PPPPPPPPPPPPPPP
[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: 99999999999999999
[15-C]   [16-C]

DOMESTIC PHONE: PPPPPPPPP   FOREIGN PHONE: PPPPPPPPPPPPPPP
[17-c]

enter phone code: x 1= home 2= work 3=none 4=unknown 5=other 6=attorney 7=mobile