SOCIAL SECURITY ADMINISTRATION ☐ TEL TOE 120/145/155

Form Approved
OMB No 0960-0618

(Do not write in this space)

APPLICATION FOR WIFE'S OR HUSBAND'S INSURANCE BENEFITS

I apply for all insurance benefits for which I am eligible under Title II (Federal Old-Age, Survivors, and Disability Insurance) and Part A of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act, as presently amended.

☐ Supplement. If you have already completed an application entitled "APPLICA- TION FOR RETIREMENT INSURANCE BENEFITS", you need complete only the circled items. All other claimants must complete the entire form.

1.	(a) PRINT Name of Wage Earner or Self-Employed Person (Herein referred to as the "Worker")	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(b) Enter Worker's Social Security Number	- -
2.	Check (X) whether you are	☐ Male ☐ Female
3.	(a) PRINT your name	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(b) Enter your Social Security Number	- -
4.	If this claim is awarded, do you want a password to use SSA's Internet/phone service?	☐ Yes ☐ No

Answer question 5 if English is not your preferred language. Otherwise go to item 6.

5.	Enter the language you prefer to: Speak _____	Write _____
6.	(a) Enter your date of birth	MONTH, DAY, YEAR
	(b) Enter name of city, State or foreign country where you were born	
	(c) Was a public record of your birth made before you were age 5?	☐ Yes ☐ No ☐ Unknown
	(d) Was a religious record of your birth made before you were age 5?	☐ Yes ☐ No ☐ Unknown
7.	(a) Are you a U.S. citizen?	☐ Yes *(If "Yes," go to item 8.)* ☐ No *(If "No," answer (b).)*
	(b) Are you an alien lawfully present in U.S.?	☐ Yes (Go to item (c)) ☐ No (Go to item 8)
	(c) When were you lawfully admitted to the U.S.?	
8.	(a) Enter your full name at birth if different from item 3(a)	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(b) Have you used any other name(s)?	☐ Yes (If "Yes," answer (c).) ☐ No (If "No," go to Item 9.)
	(c) Other name(s) used.	
9.	(a) Have you used any other Social Security Number(s) If "Yes," what number(s) did you use?	☐ Yes ☐ No

DO NOT ANSWER QUESTION 10 IF YOU ARE ONE YEAR PAST FULL RETIREMENT AGE OR OLDER. GO ON TO QUESTION 11.

10.	(a) Are you, or during the past 14 months have you been, unable to work because of illnesses, injuries or conditions? →	☐ Yes *(If "Yes," answer(b).)* ☐ No *(If "No," go to item 11.)*
	(b) If "Yes", enter the date you became unable to work. →	MONTH, DAY, YEAR
11.	(a) Have you (or has someone on your behalf) ever filed an application for Social Security benefits, a period of disability under Social Security, Supplemental Security Income, or hospital or medical insurance under Medicare? →	☐ Yes *(If "Yes," answer (b) and (c).)* ☐ No *(If "No," go to item 12.)*
	(b) Enter name of person(s) on whose Social Security record you filed other application. →	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(c) Enter Social Security Number(s) of person named in (b). (If unknown, so indicate) →	
12.	(a) Were you in the active military or naval service (including Reserve or National Guard *active* duty or active duty for training) after September 7, 1939 and before 1968? →	☐ Yes *(If "Yes," answer (b) and (c).)* ☐ No *(If "No," go to item 13.)*
	(b) Enter date(s) of service →	(MONTH, YEAR) From: (MONTH, YEAR) To:
	(c) Have you ever been (or will you be eligible for monthly benefit from a military or civilian Federal agency?) (including Veterans Administration benefits only if you waived Military retirement pay) →	☐ Yes ☐ No
13.	Did you, or your spouse, (or prior spouse) work in the railroad industry for 5 years or more? →	☐ Yes ☐ No
14.	(a) Do you have Social Security credits (for example, based on work or residence) under another country's Social Security system? →	☐ Yes *(If "Yes," answer (b).)* ☐ No *(If "No," go to item 15.)*
	(b) List the other country (ies). →	
15.	(a) Are you entitled to, or do you expect to be entitled to a pension or annuity (or a lump sum in place of a pension or annuity) based on your own employment and earnings from the Federal government of the United States, or one of its States or local subdivisions? *(Social Security benefits are not government pensions.)*	☐ Yes *(If "Yes," check which of the items in item (b) applies to you.)* ☐ No *(If "No," go on to item 16.)*
	(b) Check one box and provide the date in (c) ☐ I receive a government pension or annuity. ☐ I received a lump sum in place of a government pension or annuity. ☐ I applied for and am awaiting a decision on my pension or lump sum. ☐ I have not applied for but I expect to begin receiving my pension or annuity.	(c) MONTH YEAR (If the date is not known, enter "Unknown".)

I agree to promptly notify the Social Security Administration if I become entitled to a pension or annuity based on my employment not covered by Social Security, or if such pension or annuity stops.

16. (a) Enter information about your marriage to the worker. If you married the worker more than once, use the 'Remarks' space to endter the additional marriage information. Go to item 16(b) if you are filing as a divorced spouse; otherwise, go to item 16(c)

Spouse's name (including maiden name)	When (Month, day, year	Where (Name of City and State)
How marriage ended *(*If still in effect, write "Not Ended.*")*	When (Month, day, year	Where (Name of City and State)
Marriage performed by: ☐ Clergyman or public official ☐ Other (Explain in "Remarks")	Spouse's date of birth (or age)	If spouse deceased, give date of death
Spouse's Social Security Number (If none or unknown, so indicate)		

(b) If you remarried after the divorce from the worker, enter the marriage information. If you did not remarry, write "None"
Go on to item 16(c) if you had other marriages.

Spouse's name (including maiden name)	When (Month, day, year)	Where (Name of City and State)
How marriage ended	When (Month, day, year	Where (Name of City and State)
Marriage performed by: ☐ Clergyman or public official ☐ Other (Explain in "Remarks")	Spouse's date of birth (or age)	If spouse deceased, give date of death
Spouse's Social Security Number (*If none or unknown, so indicate*)		

(c) Enter information about any marriage if you:
•Had a marriage that lasted at least 10 years; or
•Had a marriage that ended due to the death of your spouse, regardless of duration; or
•Were divorced, remarried the same individual within the year immediately following the year of the divorce, and the combined period of marriage totaled 10 years or more Use the "Remarks" space to ender the additional marriage information. Do no repeat any marriages listed in item 16(a) or 16(b). If none, write "None". _____

To whom married	When (Month, day, year	Where (Name of City and State)
How marriage ended	When (Month, day, year	Where (Name of City and State)
Marriage performed by: ☐ Clergyman or public official ☐ Other (Explain in "Remarks")	Spouse's date of birth (or age)	If spouse deceased, give date of death
Spouse's Social Security number (*If none or unknown, so indicate*)		

(Use "Remarks" space on page 5 for information about any other marriages.)

If you are now under full retirement age or less than one year past full retirement age, answer question 17. If you are more than one year past full retirement age, go to question 18.

17.	Has an unmarried child of the worker (including adopted child, or stepchild) or a dependent grandchild of the worker (including stepgrandchild) who is under 16 or disabled lived with you during any of the last 13 months (counting the present month)? (If "Yes, "enter the information requested below)	☐ Yes ☐ No

Name of child	Months child lived with you (if all, write "All")

18. (a) Enter below the names and addresses of all the persons, companies, or government agencies for whom you have worked this year, last year, and the year before last. **IF NONE, WRITE "NONE" BELOW AND GO ON TO THE INSTRUCTIONS FOR ITEM 22.**

NAME AND ADDRESS OF EMPLOYER (If you had more than one employer, please list them in order beginning with your last (most recent) employer).	Work Began		Work Ended (If still working, Show "Not Ended")	
	Month	Year	Month	Year

(If you need more space, use "Remarks")

(b) Are you an officer of a corporation, or are you related to an officer of a corporation? ☐ Yes ☐ No

19. (a) How much were your total earnings last year? $ _____

(b) Place an "X" in each block for EACH MONTH of last year in which you did not earn more than *$ _____ in wages, and did not perform substantial services in self-employment. These months are exempt months. If no months were exempt months, place an "X" in "NONE". If all months were exempt months, place an "X" in "ALL".

*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits".

NONE		ALL	
Jan.	Feb.	Mar.	Apr.
May	Jun.	Jul.	Aug.
Sept.	Oct.	Nov.	Dec.

20. (a) How much do you expect your total earnings to be this year? $ _____

(b) Place an "X" in each block for EACH MONTH of this year in which you did not or will not earn more than *$ _____ in wages, and did not or will not perform substantial services in self-employment. These months are exempt months. If no months are or will be exempt months, place an "X" in "NONE". If all months are or will be exempt months, place an "X" in "ALL".

*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits".

NONE		ALL	
Jan.	Feb.	Mar.	Apr.
May	Jun.	Jul.	Aug.
Sept.	Oct.	Nov.	Dec.

Answer this item ONLY if you are now in the last 4 months of your taxable year (Sept., Oct., Nov., and Dec., if your taxable year is a calendar year).

21. (a) How much do you expect to earn next year? $ _____

(b) Place an "X" in each block for EACH MONTH of next year in which you do not expect to earn more than *$ _____ in wages, and do not expect to perform substantial services in self-employment. These months will be exempt months. If no months are expected to be exempt months, place an "X" in "NONE". If all months are expected to be exempt months, place an "X" in "ALL".

*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits".

NONE		ALL	
Jan.	Feb.	Mar.	Apr.
May	Jun.	Jul.	Aug.
Sept.	Oct.	Nov.	Dec.

If you use a fiscal year, that is, a taxable year that does not end December 31 (with income tax return due April 15), enter here the month your fiscal year ends. _____
Month

If you are now under full retirement age and do not have an entitled child in your care, answer item 22. If you are full retirement age or older or you have an entitled child in your care, go to item 23.

PLEASE READ CAREFULLY THE INFORMATION ON THE BOTTOM OF PAGE 8 AND ANSWER ONE OF THE FOLLOWING ITEMS.

22. (a) I want benefits beginning with the earliest possible month and will accept an age related reduction. → ☐

(b) I am full retirement age (or will be within 12 months) and want benefits beginning with the earliest possible month providing there is no permanent reduction in my ongoing monthly benefits. → ☐

(c) I want benefits beginning with _____ . → ☐

MEDICARE INFORMATION

If this claim is approved and you are stilll entitled to benefits at age 65, you will automatically receive Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage at age 65. If you are not eligible for automatic enrollment in Medicare Part B, this application may be used for voluntary enrollment.

COMPLETE ITEM 23 ONLY IF YOU ARE WITHIN 3 MONTHS OF AGE 65 OR OLDER

Medicare Part B (Medical Insurance) helps cover doctor's services and outpatient care. It also covers some other services that Medicare Part A doesn't cover, such as some of the services of physical and occupational therapists and some home health care. If you enroll in Medicare Part B, you will have to pay a monthly premium. The amount of your premium will be determined when your coverage begins. In some cases, your premium may be higher based on information about your income we receive from the Internal Revenue Service. Your premiums will be deducted from any monthly Social Security, Railroad Retirement, or Office of Personnel Management benefits you receive. If you do not receive any of these benefits, you will get a letter explaining how to pay your premiums. You will also get a letter if there is any change in the amount of your premium.

You can also enroll in a Medicare prescription drug plan (Part D). To learn more about Medicare prescription drug plans and when you can enroll visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048). Medicare can also tell you about agencies in your area that can help you choose your prescription drug coverage.

If you have limited income and resources, we encourage you to apply for the Extra Help that is available to assist you with Medicare prescription drug costs. The Extra Help can pay the monthly premiums, annual deductibles, and prescription co-payments. To learn more or apply, please visit www.socialsecurity.gov, call 1-800-772-1213 (TTY 1-800-325-0078) or visit the nearest Social Security office.

23. Do you want to enroll in Medicare Part B (Medical Insurance)? → ☐ Yes ☐ No

24. If you are within 2 months of age 65 or older, blind or disabled, do you want to file for Supplemental Security Income? → ☐ Yes ☐ No

REMARKS ***(You may use this space for any explanations. If you need more space, attach a separate sheet.)***

REMARKS ***(con't.)***

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

SIGNATURE OF APPLICANT	Date (Month, day, year)
SIGNATURE *(First Name, Middle Initial , Last Name) (Write in ink)* **SIGN HERE** ▶	Telephone number(s) at which you may be contacted during the day

FOR OFFICIAL USE ONLY	Direct Deposit Payment Address *(Financial Institution)*			
	Routing Transit Number	C/S	Depositor Account Number	☐ No Account ☐ Direct Deposit Refused

Applicant's Mailing Address *(Number and street, Apt No., P.O. Box, or Rural Route) (Enter Residence Address in "Remarks," if different.)*

City and State	ZIP Code -	County (if any) in which you now live

Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses. Also, print the applicant's name in the Signature block.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State and ZIP Code)	Address (Number and Street, City, State and ZIP Code)

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY WIFE'S OR HUSBAND'S INSURANCE BENEFITS

TELEPHONE NUMBER(S) TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT	**BEFORE** YOU RECEIVE A NOTICE OF AWARD ( ) -	SSA OFFICE	DATE CLAIM RECEIVED
	AFTER YOU RECEIVE A NOTICE OF AWARD ( ) -		

Your application for Social Security benefits has been received and will be processed as quickly as possible.

You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.

In the meantime, if you have a change of address, or if there is some other change that may affect your claim, you—or someone for you—should report the change to the telephone number shown above. The changes to be reported are listed on page 8. Always give us your claim number when writing or telephoning about your claim.

If you have any questions about your claim, we will be glad to help you.

CLAIMANT	**WORKER'S SURNAME IF DIFFERENT FROM CLAIMANT'S**	**SOCIAL SECURITY NUMBER**

Collection and Use of Information From Your Application—Privacy Act Notice/Paperwork Reduction Act Notice

Sections 202, 205, and 223 of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine if you or a dependent are eligible for insurance coverage and/or monthly benefits.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision concerning your or a dependent's entitlement to benefit payments.

We rarely use the information you supply for any purpose other than determining the identity of a spouse. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing right to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, investigative, and audit activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available online at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 11 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

CHANGES TO BE REPORTED AND HOW TO REPORT

FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAID, AND IN POSSIBLE MONETARY PENALTIES

- You change your mailing address for checks or residence. (*To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office*.)
- Your citizenship or immigration status changes.
- Any beneficiary goes outside the U.S.A. for 30 consecutive days or longer.
- Any beneficiary dies or becomes unable to handle benefits
- Work Changes -- On your application you told us you expect total earnings for _____ (*Year*) to be $ _____ .

  You ☐ (are) ☐ (are not) earning wages of more than $ _____ a month

  You ☐ (are) ☐ (are not) self-employed rendering substantial services in your trade or business.

  (Report AT ONCE if this work pattern changes)
- Change of Marital Status — Marriage, divorce, and annulment of marriage. You must report marriage even if you believe that an exception applies.
- You are confined to jail, prison, penal institution or correctional facility for conviction of a crime or you are confined to a public institution by court order in connection with a crime.
- You have an unsatisfied warrant for your arrest for a crime or attempted crime that is a felony (or, in jurisdictions that do not define crimes as felonies, a crime that is punishable by death or imprisonment for a term exceeding 1 year.)
- You have an unsatisfied warrant for a violation of probation or parole under Federal or State law.
- You become entitled to a pension or annuity based on your employment not covered by Social Security, or if such pension or annuity changes or stops.
- Custody Change or Disability Improves — Report if a person for whom you are filing, or who is in your care dies, leaves your care or custody, changes address, or if disabled, the condition improves.
- If you become the parent of a child (including an adopted child) after you have filed your claim, let us know about the child so we can decide if the child is eligible for benefits. Failure to report the existence of these children may result in the loss of possible benefits to the child(ren).

HOW TO REPORT

You can make your reports by telephone, mail, or in person, whichever you prefer.

If you are awarded benefits, and one or more of the above change(s) occur, you should report by:

- Visiting the section "What you can do online" at our web site at www.socialsecurity.gov;
- Calling us TOLL FREE at 1-800-772-1213;
- If you are deaf or hearing impaired, calling us TOLL FREE at TTY 1-800-325-0778; or
- Calling, visiting or writing your local Social Security office at the phone number and address shown on your claim receipt.

For general information about Social Security, visit our web site at www.socialsecurity.gov.

For those under full retirement age, the law requires that a report of earnings be filed with SSA within 3 months and 15 days after the end of any taxable year in which you earn more than the annual exempt amount. You may contact SSA to file a report. Otherwise, SSA will use the earnings reported by your employer(s) and your self-employment tax return (if applicable) as the report of earnings required by law and adjust benefits under the earnings test. It is your responsibility to ensure that the information you give concerning your earnings is correct. You must furnish additional information as needed when your benefit adjustment is not correct based on the earnings on your record.

Under a special rule known as the Monthly Earnings Test, you can get a full benefit for any month in which you do not earn wages over the monthly limit and do not perform substantial services in self-employment regardless of how much you earn in the year. For retirement age beneficiaries this special rule can be used only for one taxable year which will usually be the year of retirement. For younger beneficiaries such as young wives and husbands (entitled only by reason of child-in-care), this special rule can be used for two taxable years. The first taxable year in which the monthly earnings test may be used is usually the first year they are entitled to benefits. The second taxable year in which the monthly earnings test can be used is always the year in which their entitlement to benefits stops. In all other years, the total amount of benefits payable will be based solely on your total yearly earnings without regard to monthly earnings or services rendered in self-employment.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU ANSWER QUESTION 22.

- If you are under full retirement age, wife's or husband's benefits cannot be paid for any month before the month in which you file your claim.
- If you are full retirement age or older, wife's or husband's benefits may be payable for some months before the month in which you file this claim, but not before the month you attain full retirement age.
- If your first month of entitlement is prior to full retirement age, your benefit rate will be reduced. However, if you do not actually receive your full benefit amount for one or more months before full retirement age because benefits are withheld due to your earnings, your benefit will be increased at full retirement age to give credit for this withholding. Thus, your benefit amount at full retirement age will be reduced only if you receive one or more full benefit payments prior to the month you attain full retirement age.