

QRY

SUMMARY EARNINGS QUERY

SEQY

TRANSFER TO: \_\_\_\_\_

UNIT: GMC

COMPLETE THE FOLLOWING

SOCIAL SECURITY NUMBER: 551 78 9496

ROUTE RESPONSE TO / RETURN TO (SELECT ONE): 1

1=SCREEN 2=PRINTER/MAIN 3=PRINTER

OPTIONAL FIELDS

CROSS REFERENCE SSN: \_\_\_\_\_

FOR YEARS REQUESTED OTHER THAN THE FULL RANGE 1937 TO PRESENT  
INCLUSIVE YEARS (YY-YY): \_\_\_\_ - \_\_\_\_

AND/OR

SPECIFIC YEARS (ENTER 1 TO 5 YEARS): \_\_ , \_\_ , \_\_ , \_\_ , \_\_

FOR MULTIPLE SOCIAL SECURITY NUMBERS SEARCH

(ENTER 1 TO 10 SOCIAL SECURITY NUMBERS):

\_\_\_\_ - \_\_\_\_ , \_\_\_\_ - \_\_\_\_ , \_\_\_\_ - \_\_\_\_ , \_\_\_\_ - \_\_\_\_ , \_\_\_\_ - \_\_\_\_  
\_\_\_\_ - \_\_\_\_ , \_\_\_\_ - \_\_\_\_ , \_\_\_\_ - \_\_\_\_ , \_\_\_\_ - \_\_\_\_ , \_\_\_\_ - \_\_\_\_

TRANSFER TO: \_\_\_\_\_ WORKER FOREIGN INFORMATION FINF  
NH \_\_\_\_\_ CL

AGREEMENT COUNTRY:

FOREIGN SSN: IF UNKNOWN, ENTER PARENTS' NAMES:  
MOTHER:  
FATHER:

FOREGIN CLAIM TYPE: 9 9 1.RIB 2.DIB  
ONSET DATE: 99999999

WORKER HAS: 9 9 1. DEPENDENT CHILDREN 2. SPOUSE/FORMER SPOUSE  
ACTIVE MILITARY SERVICE OF A FOREIGN COUNTRY (Y/N): N  
EVER A REFUGEE/STATELESS PERSON (Y/N): N  
IF YES, START: END:

APPLYING UNDER SPECIAL SYSTEM COVERING A SPECIFIC OCCUPATION (Y/N): N IF YES,  
OCCUPATION: DID NH PERFORM SAME TYPE OF WORK IN U.S. (Y/N): N

COVERED UNDER MORE AGREEMENT COUNTRIES (Y/N): N IF YES,  
COUNTRY: FILING FOR BENEFITS FROM THIS COUNTRY (Y/N): N DELETE: N  
COUNTRY: FILING FOR BENEFITS FROM THIS COUNTRY (Y/N): N DELETE: N

TRANSFER TO: \_\_\_\_\_ SPOUSE INFORMATION  
NH \_\_\_\_\_ CL

FOSP

SPOUSE NAME:  
XXXXXX

COUNTRY OF CITIZENSHIP:  
FOREIGN SSN:

EVER A REFUGEE/STATELESS PERSON (Y/N): N  
IF YES, START: \_\_\_\_\_ END: \_\_\_\_\_

MORE (Y/N): N

PAGE: 9

TRANSFER TO: \_\_\_\_\_ DEPENDENT CHILD INFORMATION  
NH \_\_\_\_\_ CL

FCHD

CHILD NAME:

XXXXXX

SEX: X BIRTHDATE:

CHILD RELATIONSHIP: 9 1. NATURAL/LEG 6. STEPCHILD  
2. LEGITIMATIZED 7. STEPCHILD (216K)  
3. ADOPT BY NH/SURV SPOUSE 8. CHILD/INHER RIGHTS  
4. EQUITABLE ADOPT 9. OTHER (216H3)  
5. DEP GRANCHILD/STEP GRANDCHILD

EVER A REFUGEE/STATELESS PERSON (Y/N): N

IF YES, START: END:

MORE (Y/N): N

PAGE: 9

TRANSFER TO: \_\_\_\_\_

FOREIGN WORK

FWRK

NH \_\_\_\_\_

CL

AGREEMENT COUNTRY:

SELF EMPLOYED (Y/N): N

EMPLOYER/BUSINESS NAME ADDRESS

START

END

N/E

XXXXXX

XXXXXXXXXXXXX

BUSINESS/

ACCT NO

CONTRIBUTIONS MADE TO

TYPE OF INDUSTRY

(IF DIFFERENT)

(AGENCY NAME)

XXXXXXXXXXXXX

IF WORK N/E, PLAN TO STOP WORKING (Y/N): N

IF YES, DATE:

SELF EMPLOYED (Y/N): N

EMPLOYER/BUSINESS NAME ADDRESS

START

END

N/E

XXXXXX

XXXXXXXXXXXXX

BUSINESS/

ACCT NO

CONTRIBUTIONS MADE TO

TYPE OF INDUSTRY

(IF DIFFERENT)

(AGENCY NAME)

XXXXXXXXXXXXX

IF WORK N/E, PLAN TO STOP WORKING (Y/N): N

IF YES, DATE:

ANY FOREIGN SOC INS COVERAGE NOT BASED ON WORK (Y/N): N

MORE (Y/N): N

PAGE: 9

TRANSFER TO: \_\_\_\_\_  
NH \_\_\_\_\_

FOREIGN COVERAGE NOT BASED ON WORK  
CL

FCOV

AGREEMENT COUNTRY:

ENTER ANY COVERAGE BASED ON VOLUNTARY CONTRIBUTIONS, DEEMED OR EQUIVALENT  
COVERAGE, PERIODS OF MILITARY SERVICE, ETC.

TYPE OF COVERAGE	START	END	N/E	ACCT NO (IF DIFFERENT)	CONTRIBUTIONS MADE TO (AGENCY NAME)
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XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
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TRANSFER TO: \_\_\_\_\_ FOREIGN MILITARY HISTORY  
NH \_\_\_\_\_ CL  
AGREEMENT COUNTRY:

FMIL

COUNTRY OF ACTIVE MILITARY SERVICE:

START:           END:           N/E:

START:           END:           N/E:

TRANSFER TO: \_\_\_\_\_ FOREIGN RESIDENCE FRES  
NH \_\_\_\_\_ CL  
AGREEMENT COUNTRY:  
FOREIGN COUNTRY RESIDENCE ADDRESS: START END N/E  
XX  
XX

XXX  
XX

XXX  
XXX

XXX  
XXX

XXX  
XXX

XX  
XX

WORKER SHARES HOUSEHOLD (Y/N): N MORE (Y/N): N PAGE: 9

COUNTRY OF ACTIVE MILITARY SERVICE:  
START: END: N/E:  
START: END: N/E:



TRANSFER TO: \_\_\_\_\_

TOTALIZATION REMARKS

FRMK

NH \_\_\_\_\_

CL

XX  
XX  
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XX

COUNTRY OF ACTIVE MILITARY SERVICE:

START:           END:           N/E:  
START:           END:           N/E:

MCS

MCS TOTALIZATION MENU

UTOT

NH \_\_\_\_\_ CL

ENTIRE CLAIM WILL BE SHOWN UNLESS SCREEN SELECTION ENTERED: 99

1. FINF-FOREIGN WORKER INFORMATION
2. FOSP-SPOUSE INFORMATION
3. FCHD-DEPENDENT CHILD INFORMATION
4. FRMK-TOTALIZATION REMARKS

COUNTRY:

5. FWRK-FRGN WORK

6. FCOV-FRGN COVERAGE

7. FMIL-FRGN MILITARY

8. FRES-FRGN RESIDENCE

COUNTRY:

9. FWRK-FRGN WORK

10. FCOV-FRGN COVERAGE

11. FMIL-FRGN MILITARY

12. FRES-FRGN RESIDENCE

COUNTRY:

13. FWRK-FRGN WORK

14. FCOV-FRGN COVERAGE

15. FMIL-FRGN MILITARY

16. FRES-FRGN RESIDENCE

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