

MCS 3.7 TRANSFER TO: XXXX EARNINGS EARN
 NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS
 LIST ALL EARNINGS AND TYPES FOR SSSS SSSS SSSS
 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

[\[1-C\]](#) [\[2-C\]](#) [\[3-C\]](#) [\[4-C\]](#)

YEAR	TYPE	AMOUNT	PRF
99	9	99999999	X
99	9	99999999	X
99	9	99999999	X
99	9	99999999	X
99	9	99999999	X
99	9	99999999	X
99	9	99999999	X
99	9	99999999	X
99	9	99999999	X
99	9	99999999	X
99	9	99999999	X
99	9	99999999	X
99	9	99999999	X
99	9	99999999	X
99	9	99999999	X

[\[5-C\]](#)

DO YOU WISH US TO COMPUTE YOUR BENEFITS AND COMPLETE YOUR CLAIM

WITHOUT USING UNPOSTED RECENT EARNINGS (Y/N): X

TRANSFER TO: XXXX RSDHI CLAIMS APPLICATION APPL

[1-M]

NH NAME: XXX

[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: XXX

[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: XXX

[17-C]

[18-C]

[19-C]

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

MCS TRANSFER TO: XXXX IDENTIFICATION 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
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXX
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXX
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXX
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXX

[\[8-M\]](#)

[\[9-M\]](#)

[\[10-M\]](#)

EVER MARRIED (Y/N): X CURRENTLY MARRIED (Y/N): X DEP CHILDREN (Y/N): X

[\[11-M\]](#)

WORK OR EARNINGS IN 19SS 19SS 19SS 19SS (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

[\[15-M\]](#)

[\[16-M\]](#)

[\[17-M\]](#)

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

[\[18-C\]](#)

[\[19-C\]](#)

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

[\[20-C\]](#)

[\[21-C\]](#)

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

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

[\[22-C\]](#)

MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

mcs TRANSFER TO: XXXX ADDITIONAL BENEFITS ADDB
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

[\[2-M\]](#)

[\[3-C\]](#)

WORKED IN RR FOR 5 YEARS OR MORE (Y/N): X SPOUSE (Y/N): X

[\[4-M\]](#)

[\[5-C\]](#)

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

[\[6-M\]](#)

[\[7-C\]](#)

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

[\[8-C\]](#)

[\[9-C\]](#)

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

[\[10-C\]](#)

[\[11-C\]](#)

SPOUSE COVERED UNDER SSA OF OTHER COUNTRY (Y/N): X COUNTRY: XXXXXXXXXXXX

[\[12-M\]](#)

[\[13-C\]](#)

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

[\[14-M\]](#)

[\[15-C\]](#)

JAPANESE INTERNEE (Y/N): X VOW OF POVERTY (Y/N):

[\[16-M\]](#)

QUALIFY FOR US FED/STATE/LOCAL GOVT PENSION BASED ON ANY WORK YOU PERFORMED

which was NOT COVERED UNDER SSA (Y/N): x

[\[17-M\]](#)

CURRENTLY ENTITLED TO A PENSION NOT COVERED UNDER SSA (Y/N): X

[\[18-C\]](#)

IF NO, DO YOU EXPECT TO BE ENTITLED TO A PENSION NOT COVERED UNDER SSA IN THE FUTURE (Y/N): X

[\[19-C\]](#)

IF YES, SHOW FUTURE ENTITLEMENT DATE (MMYY): 9999

[\[20-C\]](#)

FILING FOR MEDICARE ONLY, RESTRICTING MONTHLY BENEFITS (Y/N): X

[\[21-C\]](#)

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

[\[22-M\]](#)

IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT

FILING FOR BENEFITS ON OWN RECORD (Y/N): X

COMM BENEFICIARY MARRIAGE BMAR

[1-D] [2-D] [3-D]

NH: SSSSSSSSS SSSSS SSSSSSSSSS BN: SSSSSSSSS SSSSS SSSSSSSSSS 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]

MARRIAGE OCCURRED IN WHAT STATE/FOREIGN COUNTRY: XX

[13-M]

*SELECT MARRIAGE TYPE: 9 1=CLERGY/PUBLIC OFFICIAL 3=OTHER CEREMONIAL
2=COMMON LAW 4=DEEMED.

[14-O]

SELECT SPECIAL RELATIONSHIP: 9 1=216B1 2=216F1 3=202C2 4=216K

[15-O]

PROTECTED MARRIAGE (Y/N): x

[16-C] [17-C]

MARRIAGE END DATE (MMDDCCYY): 99999999 PROOF (Y/N): x

[18-C]

SELECT MARRIAGE END REASON: 9

1=DEATH 2=DIVORCE 3=ANNULMENT OF VOIDABLE 4=PUTATIVE 5=VOID/VOIDED.

[19-C]

STATE/FOREIGN COUNTRY WHERE MARRIAGE ENDED: XX

[20-O]

IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999

[21-M]

*OTHER MARRIAGES (Y/N): x

[22-O]

DELETE THIS OCCURRENCE OF DATA (Y/N): x

[23-O] [24-O]

ADD NEW OCCURRENCE (Y/N): x REVIEW PRIOR OCCURRENCES (Y/N): x

[25-D] [26-O]

PF1 HELP AVAILABLE TRANSFER TO: XXXX

Ln	0	1	2	3	4	5	6	7	8		
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890									
1	C	MCS							CLAIM CONTACT METHOD DATA	CCMD SC95	
2	O	NH: SSSSSSSSSS	SSSSS	SSSSSSSSSSS					CL: SSSSSSSSSS	SSSSS	SSSSSSSSSSS
3	L	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	*	CONTACT METHOD (CM) VALUES AND MEANINGS:									
8	O	1. TELEPHONE -CLAIM INITIATED OVER THE PHONE, USUALLY BY APPOINTMENT									
9	N	2. VISIT -CLAIM INITIATED IN PERSON WITH THE CLAIMANT									
10	E	3. MAIL -RECEIVED PAPER APPLICATION IN THE MAIL AND LOADED IN MCS									
11		4. INTERNET -CLAIM STARTED AND COMPLETED ON THE INTERNET									
12	R	5. ICT -CLAIM ORIGINATED THROUGH 800 NUMBER CALL AND REFERRED TO									
13	E	IMMEDIATE CLAIMS TAKING (ICT) UNIT									
14	S	6. OTHER -NO OTHER CM VALUE IS CURRENTLY APPROPRIATE									
15	E	*UNSATISFIED FELONY WARRANTS FOR YOUR ARREST? (Y/N): <u>A</u>									
16	R	*UNSATISFIED FEDERAL/STATE WARRANTS FOR VIOLATION OF PROBATION/PAROLE? (Y/N): <u>A</u>									
17	V	INTERNET:									
18	E	*DO YOU WANT TO CHECK THE STATUS OF YOUR CLAIM USING THE INTERNET? (Y/N): <u>A</u>									
19	D	*IF AWARDED, DO YOU WANT A PASSWORD TO USE SSA INTERNET/PHONE SERVICE? (Y/N): <u>A</u>									
20		SELECT MAILING METHOD (BLIND NOTICE INFORMATION) TYPE: <u>9</u>									
21		1=CERTIFIED MAIL 2=TELEPHONE CONTACT 3=REGULAR MAIL.									
22		PF1 FOR HELP									
23		TRANSFER TO: <u>XXXX</u>									
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****									
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****									

Current CADR Screen:

Ln	0	1	2	3	4	5	6	7	8
No	1	234567890123456789012345678901234567890123456789012345678901234567890							
1	C	MCS		CLAIMANT MAILING ADDRESS				CADR SC90	
2	0	NH: <u>SSSSSSSSSS SSSSS SSSSSSSSSSS</u>		CL: <u>SSSSSSSSSS SSSSS SSSSSSSSSSS</u>					
3	L								
4	U								
5	M								
6	N	*ADDRESS 1: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>		ADDRESS 2: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>					
7	*	ADDRESS 3: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>		ADDRESS 4: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>					
8	O	*CITY: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>		STATE: <u>PP</u>		ZIP: <u>PPPPP</u>			
9	N	STATE & COUNTY CODE: <u>PPPPPP</u>		COUNTY: <u>XXXXXXXXXXXXXXXXXX</u>					
10	E								
11		COUNTRY: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>		CONSULAR CODE: <u>PPP</u>					
12	R	FOREIGN POSTAL ZONE: <u>PPPPPPPPPPPPPPPP</u>							
13	E								
14	S								
15	E								
16	R	DIRECT DEPOSIT ROUTING TRANSIT NUMBER: <u>999999999</u>		ACCOUNT TYPE (C/S): <u>A</u>					
17	V	DEPOSITOR ACCOUNT NUMBER: <u>999999999999999999</u>							
18	E								
19	D								
20		DOMESTIC PHONE: <u>PPPPPPPPPP</u>		FOREIGN PHONE: <u>PPPPPPPPPPPPPPPP</u>					
21									
22								TRANSFER TO: <u>XXXX</u>	
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****							
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****							

Proposed CADR screen showing changes for UDD – Direct Express.

Ln No	0	1	2	3	4	5	6	7	8	
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890								
1	C	MCS	CLAIMANT MAILING ADDRESS						CADR	SC90
2	0	NH: <u>SSSSSSSSSS</u> <u>SSSSSS</u> <u>SSSSSSSSSSSS</u>	CL: <u>SSSSSSSSSS</u> <u>SSSSSS</u> <u>SSSSSSSSSSSS</u>							
3	L									
4	U									
5	M									
6	N	*ADDRESS 1: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>	ADDRESS 2: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>				ADDRESS 3: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>			
7	*	ADDRESS 3: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>	ADDRESS 4: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>				ADDRESS 4: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>			
8	O	*CITY: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>	STATE: <u>PP</u>				ZIP: <u>PPPPP</u>			
9	N	STATE & COUNTY CODE: <u>PPPPPP</u>	COUNTY: <u>XXXXXXXXXXXXXXXXXX</u>							
10	E									
11		COUNTRY: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>	CONSULAR CODE: <u>PPP</u>							
12	R	FOREIGN POSTAL ZONE: <u>PPPPPPPPPPPPPPPP</u>								
13	E									
14	S	BANK ACCOUNT (Y/N): X	DIRECT EXPRESS (Y/N): X							
15	E									
16	R	DIRECT DEPOSIT ROUTING TRANSIT NUMBER: <u>999999999</u>	ACCOUNT TYPE (C/S): <u>A</u>							
17	V	DEPOSITOR ACCOUNT NUMBER: <u>999999999999999999</u>								
18	E									
19	D									
20		DOMESTIC PHONE: <u>PPPPPPPPPP</u>	FOREIGN PHONE: <u>PPPPPPPPPPPPPPPP</u>							
21										
22			TRANSFER TO: <u>XXXX</u>							
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

Current CADR Screen:

Ln	0	1	2	3	4	5	6	7	8
No	1	234567890123456789012345678901234567890123456789012345678901234567890							
1	C	MCS		CLAIMANT MAILING ADDRESS				CADR SC90	
2	0	NH: <u>SSSSSSSSSS</u> <u>SSSSS</u> <u>SSSSSSSSSSSS</u>		CL: <u>SSSSSSSSSS</u> <u>SSSSS</u> <u>SSSSSSSSSSSS</u>					
3	L								
4	U								
5	M								
6	N	*ADDRESS 1: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>		ADDRESS 2: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>					
7	*	ADDRESS 3: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>		ADDRESS 4: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>					
8	O	*CITY: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>		STATE: <u>PP</u>		ZIP: <u>PPPPP</u>			
9	N	STATE & COUNTY CODE: <u>PPPPPP</u>		COUNTY: <u>XXXXXXXXXXXXXXXXXX</u>					
10	E								
11		COUNTRY: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>		CONSULAR CODE: <u>PPP</u>					
12	R	FOREIGN POSTAL ZONE: <u>PPPPPPPPPPPPPPPP</u>							
13	E								
14	S								
15	E								
16	R	DIRECT DEPOSIT ROUTING TRANSIT NUMBER: <u>999999999</u>		ACCOUNT TYPE (C/S): <u>A</u>					
17	V	DEPOSITOR ACCOUNT NUMBER: <u>999999999999999999</u>							
18	E								
19	D								
20		DOMESTIC PHONE: <u>PPPPPPPPPP</u>		FOREIGN PHONE: <u>PPPPPPPPPPPPPPPP</u>					
21									
22								TRANSFER TO: <u>XXXX</u>	
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****							
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****							

Proposed CADR screen showing changes for UDD – Direct Express.

Ln No	0	1	2	3	4	5	6	7	8	
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890								
1	C	MCS	CLAIMANT MAILING ADDRESS						CADR	SC90
2	0	NH: <u>SSSSSSSSSS</u>	<u>SSSSSS</u>	<u>SSSSSSSSSSSS</u>	CL: <u>SSSSSSSSSS</u>	<u>SSSSSS</u>	<u>SSSSSSSSSSSS</u>			
3	L									
4	U									
5	M									
6	N	*ADDRESS 1: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>			ADDRESS 2: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>					
7	*	ADDRESS 3: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>			ADDRESS 4: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>					
8	O	*CITY: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>			STATE: <u>PP</u>		ZIP: <u>PPPPP</u>			
9	N	STATE & COUNTY CODE: <u>PPPPPP</u>			COUNTY: <u>XXXXXXXXXXXXXXXXXX</u>					
10	E									
11		COUNTRY: <u>PPPPPPPPPPPPPPPPPPPPPPPPPP</u>			CONSULAR CODE: <u>PPP</u>					
12	R	FOREIGN POSTAL ZONE: <u>PPPPPPPPPPPPPPPP</u>								
13	E									
14	S	BANK ACCOUNT (Y/N): X			DIRECT EXPRESS (Y/N): X					
15	E									
16	R	DIRECT DEPOSIT ROUTING TRANSIT NUMBER: <u>999999999</u>			ACCOUNT TYPE (C/S): <u>A</u>					
17	V	DEPOSITOR ACCOUNT NUMBER: <u>999999999999999999</u>								
18	E									
19	D									
20		DOMESTIC PHONE: <u>PPPPPPPPPP</u>			FOREIGN PHONE: <u>PPPPPPPPPPPPPPPP</u>					
21										
22								TRANSFER TO: <u>XXXX</u>		
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

COMM

GOVERNMENT PENSION

GPI1

SS: SSS-SS-SSSS SSSSS SSSSSSSSSS

[\[1-M\]](#)

*GOVERNMENT PENSION IDENTIFICATION NUMBER: XXXXXXXXXXXXXXXXX

[\[2-M\]](#)

*ENTER GOVERNMENT PENSION TYPE: 9

1=FEDERAL 2=STATE 3=LOCAL 4=MILITARY.

[\[3-M\]](#)

*IS THIS GOVERNMENT PENSION BASED ON ANOTHER PERSON'S EARNINGS (Y/N): X

[\[4-M\]](#)

*IS THIS GOVERNMENT PENSION BASED ONLY ON EMPLOYMENT COVERED UNDER SS (Y/N): X

[\[5-C\]](#)

[\[6-C\]](#)

EARLIEST DATE ELIGIBLE FOR THIS PENSION (MMDDCCYY): 99999999 PROOF (Y/N): X

[\[7-C\]](#)

[\[8-C\]](#)

PERIODIC PAYMENTS AWARDED (Y/N): X LUMP SUM PAYMENT AWARDED (Y/N): X

[\[9-C\]](#)

_____ WILL BE DELETED FROM THIS PENSION - CONTINUE (Y/N): X

[\[10-O\]](#)

DATE PENSION AMOUNT WAS LAST VERIFIED (MMCCYY): 999999

[\[11-C\]](#)

FUTURE PENSION ENTITLEMENT DATE (MMCCYY): 999999

[12-M}

DELETE THIS GOVERNMENT PENSION (Y/N): P

[\[13-C\]](#)

THIS OCCURRENCE OF DATA WILL BE DELETED FROM CLIENT AND MBR-CONTINUE (Y/N): X

PF1 HELP AVAILABLE

TRANSFER TO: XXXX

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

[\[1-M\]](#)

EVER MARRIED (Y/N): X

[\[2-M\]](#)

NH DEP CHILDREN (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 XXXXXXXXXXXXXXXXXXXXXXXX SSN: 999999999

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

[\[12-C\]](#)

MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

[\[13-C\]](#)

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

COMM DEPENDENT CHILD IN CARE DCIC

[\[1-D\]](#) [\[2-D\]](#) [\[3-D\]](#)

NH: SSSSSSSSS SSSSS SSSSSSSSSS BN: SSSSSSSSS SSSSS SSSSSSSSSS PIC: SSS
CHILD OF N H UNDER AGE 16 OR DISABLED IN PAST 13 MONTHS OR SINCE N H DEATH

[\[4-M\]](#) [\[5-O\]](#) [\[6-M\]](#)

*CHILD FIRST NAME: XXXXXXXXXXXXXXXX MIDDLE: X *LAST: XXXXXXXXXXXXXXXXXXXXXXXX

[\[7-M\]](#) [\[8-M\]](#) [\[9-C\]](#)

*S S N CHILD ENTITLED ON: 999999999 *PIC: XX CHILD BOAN: 999999999

[\[10-M\]](#)

*MONTH CHILD IN CARE MET (MMCCYY): 999999

[\[11-C\]](#)

CHILD ENTITLED ON ANOTHER S S N, ENTER REASON, IF CHILD IN CARE ENDED: 9

- 1=CHILD ATTAINED AGE 16 4=CHILD MARRIED
- 2=CHILD DECEASED 5=CHILD TERMINATED/OTHER
- 3=CHILD NO LONGER DISABLED.

[\[12-C\]](#)

IF CHILD ENTITLED ON ANOTHER S S N, MONTH CHILD IN CARE ENDED (MMCCYY): 999999

[\[13-O\]](#)

REMARKS:

XX

[\[14-O\]](#)

DELETE THIS OCCURRENCE OF DATA (Y/N): X

[\[15-O\]](#) [\[16-O\]](#)

ADD NEW OCCURRENCE (Y/N): X REVIEW PRIOR OCCURRENCES (Y/N): X

[\[17-D\]](#) [\[18-O\]](#)

PF1 HELP AVAILABLE TRANSFER TO: XXXX

MCS TRANSFER TO: XXXX INFORMATION ABOUT THE DECEASED DEC
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[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: XXXXXXXXXXXXXXXXXXXX

[5-M]

PLACE OF DEATH (CITY/STATE): XXXXXXXXXXXXXXXXXXXX

[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: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

[11-C]

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX

[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:
XX

[16-C]

IF DUE TO ILLNESS, NATURE OF ILLNESS:
XX

[17-C]

REASON ABSENCE BEGAN:
XX

[18-C]

IS SPOUSE: 9 1. LIVING IN SAME HOUSEHOLD 2. ELIGIBLE OR ENTITLED TO BENS
3. NOT ENTITLED TO LSDP

MCS TRANSFER TO: XXXX INFORMATION ABOUT THE DECEASED DEC
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[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: XXXXXXXXXXXXXXXXXXXX

[5-M]

PLACE OF DEATH (CITY/STATE): XXXXXXXXXXXXXXXXXXXX

[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: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

[11-C]

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX

[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:
XX

[16-C]

IF DUE TO ILLNESS, NATURE OF ILLNESS:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[17-C]

REASON ABSENCE BEGAN:
XX

[18-C]

IS SPOUSE: 9 1. LIVING IN SAME HOUSEHOLD 2. ELIGIBLE OR ENTITLED TO BENS
3. NOT ENTITLED TO LSDP