TRANSFER TO: XXXX RSDIII CLAIMS APPLICATION [3-M]

SSN: SSSSSSSSS SEX: X NH BIRTHDATE: 99999999

PROOF (A/B/C/F/Q): X

PROOF TYPE (PIHNIO): X

2. DISABILITY 5. UNINS MED ONLY 8. ESRD

SELECT CLAIM TYPE(S): 999 1. RETIREMENT 4. AUXILIARY

7. AGE 72

3. SURVIVOR 6. LUMP SUM

CLAIMANT (IF DIFFERENT) ABBREVIATED APPLICATION; X

SSN: 999999999 SEX: X E BIRTHDATE: 99999999

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

RELATIONSHIP TO NIL 9 I. SPOUSE (SUBSEQUENT CLAIM: 9) 1. RIB

2. SPOUSE WITH CHILD IN CARE

2. DIB

APPLICANT (IF DIFFERENT) 4. DEPENDENT PARENT

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

: HN

BET BOK HELD

:TO

SELECT CONTACT METHOD FOR ESTABLISHING APPLICATION

*CLAIM TYPE: PARENT CONTACT METHOD 1: 02

UNSATISFIED FELOUY WARRANTS FOR YOUR ARREST? (Y/N):

CONTACT METHOD 2: CLAIM TYPE:

CONTACT METHOD 3; CLAIM TYPE:

2=VISIT -CLAIM INITIATED IN PERSON WITH THE CLAIMANT 1-TELEPHONE -CLAIM INITIATED OVER THE PHONE, USUALLY BY APPOINTMENT

4=INTERNET -CLAIM STARTED AND COMPLETED ON THE INTERNET 3-MAIL -RECEIVED PAPER APPLICATION IN THE MAIL AND LOADED IN MCS

5=1CT -CLAIM ORIGINATED THROUGH 800 NUMBER AND REFERRED TO ICT UNIT

6=OTHER -NO OTHER CM VALUE IS CURRENTLY APPROPRIATE.

UNSATISFIED FEDERAL/STATE WARRANTS FOR VIOLATION OF PROBATION/PAROLE? (Y/N):

*IF AWARDED DO YOU WANT A PASSWORD TO USE THE INTERNET/PHONE SERVICE? (Y/N): N

TRANSFER TO: 3=REGULAR MAIL. I=CERTIFIED MAIL S=TELEPHONE CONTACT SEPECT MAILING METHOD (BLIND NOTICE INFORMATION) TYPE: __

MCS TRANSFER TO: XXXX NH SSSSSSSS SSSSS SSSSSSSSSSS **IDENTIFICATION**

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

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

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

EVER MARRIED (Y/N): X CURRENTLY MARRIED (Y/N): X DEP CHILDREN (Y/N): X WORK OR EARNINGS IN 1985 1985 1985 1985 (Y/N): X

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

IF YES, APPLYING FOR DISABILITY ON THIS ACCOUNT (Y/N): X E7KI

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

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

TRANSFER TO: XXXX ADDITIONAL BENEFITS

SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSS

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

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

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

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

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

E 占

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

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

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

QUALIFY FOR US FED/STATE/LOCAL GOVT PENSION BASED ON ANY WORK YOU PERFORMED which was NOT COVERED UNDER SSA (Y/N): x

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

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

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

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

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

IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT

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

TRANSFER TO: XXXX NH IDENTIFICATION

CL SSSSSSSSS

EVER MARRIED (Y/N): X

G-K NH DEP CHILDREN (Y/N): X

NH DEP PARENTS (Y/N): X

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

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

CROSS REFERENCE SSN: 999999999 STAT: XX SSN: 999999999

STAT: XX

 [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: XXXXXXXXXXXXXXXXX

[5-M]

PLACE OF DEATH (CITY/STATE): XXXXXXXXXXXXXXXXX

[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: XXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX

[11-C]

[12-C]

SPOUSE LIVING WITH DECEASED AT TIME OF DEATH (Y/N): X

[13-C]

[14-C]

AWAY FROM HOME: 9 1

1. DECEASED DATE LAST HOME: 999999

2. SPOUSE

[15-C]

REASON FOR SEPARATION AT DEATH:

[16-C]

IF DUE TO ILLNESS, NATURE OF ILLNESS:

[17-C]

REASON ABSENCE BEGAN:

[18-C]

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

MCS 2.7 TRANSFER TO: XXXX NH ADDITIONAL BENEFITS NHAB

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: XXXXXXXXX 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 3.6 TRANSFER TO: XXXX WORK DEDUCTIONS/ELECTION OPTION DEME 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 [6] IF OVER MAX OR NONCOVERED EARNINGS INVOLVED, CORRECT ABOVE AMOUNTS. [7-M] SPECIAL PAYMENTS INVOLVED (Y/N): X IF YES, CORRECT ABOVE [8-C] FOREIGN WORK SERVICE MONTHS (YY) ALL 01 02 03 04 05 06 07 08 09 10 11 12 99 X XXXXXXXXXXX 99 X XXXXXXXXXXXX 99 X XXXXXXXXXXXX [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)

MCS 3.2 TRANSFER TO: XXXX CL DEPENDENT PARENT

CPAR

NH SSSSSSSS SSSSSSSSSSS

CL SSSSSSSS SSSSS

SSSSSSSSS

DEPENDENT PARENTS:

[1-M]

XXXXXXXXXXXXXXXXXXXXXXX

[2-M]

PARENT TYPE: 9

1. NATURAL 2. STEPPARENT 3. ADOPTIVE

[3-C]

IF STEPPARENT, DATE OF STEP-RELATIONSHIP: 999999

[4-C]

IF ADOPTIVE PARENT, DATE OF ADOPTION: 999999

IF PARENT IS ALSO THE CLAIMANT ANSWER THE FOLLOWING

[5-M]

DID THE CLAIMANT RECEIVE 1/2 SUPPORT FROM THE DECEASED (Y/N): X

PROOF OF SUPPORT PREVIOUSLY FILED (Y/N): X

[7-C]

IF NO, PROOF FURNISHED NOW (Y/N): X

8C

PROOF OF PARENT RELATIONSHIP (Y/N): X

[9-C]

HAS CLAIMANT REMARRIED SINCE NUMBER HOLDER DIED (Y/N): X

COMM CITIZENSHIP (U.S. AND/OR FOREIGN) CLCZ [1-D] [3-D] NH: SSSSSSSS SSSSS SSSSSSSSS BN: SSSSSSSS SSSS SSSSSSSSS PIC: SSS [4-M] *COUNTRY/TERRITORY OF CITIZENSHIP: xx [5-C] SELECT U.S. TYPE IF CITIZENSHIP COUNTRY IS U.S.: 9 1= BIRTH IN U.S. 2= U.S. CITIZEN BORN OUTSIDE U.S. 3= NATURALIZATION [6-C] SELECT U.S. PROOF IF CITIZENSHIP COUNTRY IS U.S.: 9 I= ENUMERATION 4=DEVELOPMENT PENDING 2= TITLE 2/18 5=NO PROOF 3= TITLE 16 6=PRESUMED - SYSTEMS GENERATED ONLY [7-M] *CITIZENSHIP START DATE (MMDDCCYY); 999999999 CITIZENSHIP STOP DATE (MMDDCCYY): 999999999 **19-01** IS LAWFUL PRESENCE DATA NEEDED (Y/N): X DELETE THIS OCCURRENCE OF DATA (Y/N): X [11-0] [12-0]

REVIEW PRIOR

TRANSFER TO: XXXX

[14-0]

ADD NEW OCCURRENCE (Y/N): X

OCCURRENCES (Y/N): X

PFI HELP AVAILABLE

[13-D]

TRANSFER TO: XXXX CLIENT ADDRESS

CLAD

SS SSSSSSSS SSSSSSSSSSS

[1-D]

[2-C]

[3-C]

[4-C] [5-C]

[6-C]

[7-M]

STATE/COUNTY CODE: PPPPPP DISTRICT OFFICE CODE: PPP

[8-C]

[9-C]

[10-C]

[11-C]

CONSULAR CODE: PPP GEOGRAPHIC CODE: PPPPP

[12-M] [13-C] [14-C]

START END N/E

(MMDDYY) (MMDDYY)

PPPPPP PPPPPP X

[15-M] [16-M]

[17-M]

[18-D]

NEW (Y/N): X DELETE THIS PAGE (Y/N): X EXIT CLAD (Y/N): X SS OF SS

Current CADR Screen:

24			21	20	19 D	18 E	17 V	16 R	15 E	14 S	13 E	12 R	11	10 E	N 6	0 8	7 *	6 N	5 M	4 U	3 L	2 0	1 C	Ln 0
**********(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *********	*****	TRANSFER TO: XXXX		DOMESTIC PHONE: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP			DEPOSITOR ACCOUNT NUMBER: 999999999999999999999999999999999999	DIRECT DEPOSIT ROUTING TRANSIT NUMBER: 999999999 ACCOUNT TYPE (C/S): A				FOREIGN POSTAL ZONE: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP	COUNTRY: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP		STATE & COUNTY CODE: PPPPPP COUNTY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	*CITY: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP	ADDRESS 3: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP	*ADDRESS 1: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP				NH: SSSSSSSS SSSSSSSSSS CL: SSSSSSSSS SSSSSSSSSS	MCS CLAIMANT MAILING ADDRESS CADR SC90	1 2 3 4 5 7 8 9 1 2 3 4 5 7 8 9 1 2 3 4 5 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9

Proposed CADR screen showing changes for UDD – Direct Express.

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***********(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *********	*************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION) ************	TRANSFER TO: XXXX		DOMESTIC PHONE: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP			DEPOSITOR ACCOUNT NUMBER: 999999999999999999999999999999999999	DIRECT DEPOSIT ROUTING TRANSIT NUMBER: 999999999 ACCOUNT TYPE (C/S): A		BANK ACCOUNT (Y/N): X DIRECT EXPRESS (Y/N): X		FOREIGN POSTAL ZONE: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP	COUNTRY: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP		STATE & COUNTY CODE: PPPPPP COUNTY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	*CITY: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP	: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP	*ADDRESS 1: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP				NH: SSSSSSSS SSSSS SSSSSSSSS CL: SSSSSSSSS SSSSSSSSSS	MCS CLAIMANT MAILING ADDRESS CADR SC90	$\begin{array}{cccccccccccccccccccccccccccccccccccc$

BMAR-BENEFICIARY MARRIAGE

BENEFICIARY MARRIAGE

[1-D]

[3-D]

PIC: SSS

[5-M] [6-M]

[4-M]

*SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXXX MIDDLE: X *LAST: XXXXXXXXXXXXXXXXXXXXXXXXX

[7-0]

SPOUSE'S SSN: XXXXXXXXX

[8-0] [9-0]

SPOUSE'S BIRTHDATE (MMDDCCYY): 99999999 iF BIRTHDATE UNKNOWN, AGE: 999

10-M [11-M]

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

[13-0]

[12-0]

MARRIAGE CITY: XXXXXXXXXXXXXXXXX MARRIAGE STATE/FOREIGN COUNTRY: XX

2=COMMON LAW

4=DEEMED.

*SELECT MARRIAGE TYPE: 9 1=CLERGY/PUBLIC OFFICIAL 3=OTHER CEREMONIAL

[15-0]

SELECT SPECIAL RELATIONSHIP: 9 1=216B1 2=216F1 3=202C2 4=216K 5=216C2/G2

16-0]

PROTECTED MARRIAGE (Y/N): x

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

SELECT MARRIAGE END REASON: 9

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

[20-0] [21-C]
MARRIAGE ENDED CITY: XXXXXXXXXXXXXXXXX MARRIAGE ENDED STATE/FOREIGN COUNTRY: XX

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

[23-M]

*oTHER MARRIAGES (Y/N): x

[24-0]

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

[25-0]

[26-0]

ADD NEW OCCURRENCE (Y/N): x

REVIEW PRIOR OCCURRENCES (Y/N): x

PF1 HELP AVAILABLE

[28-0]

TRANSFER TO: XXXX

MCS T	RANSF	ER TO: XXXX	REMAR	KS SCREEN		RMKS	
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[2-C]		- Ω					
MORE (Y/I	V): X	GO TO R	PS (Y/N):	X			
		PAGE S					