```
MCS      TRANSFER TO: XXXX     RSDHI CLAIMS APPLICATION          APPL
[1-M]
NH NAME: XXXXXXXXXXXXX XXXXXXXXXXXXXX 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: XXXXXXXXXXXXX XXXXXXXXXXXXXX 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
```

   NH SSSSSSSSS  SSSSS SSSSSSSSSS    CL SSSSSSSSS    SSSSS SSSSSSSSSS
SELECT CONTACT METHOD FOR ESTABLISHING APPLICATION:
        [1-M]                    [2-C]
        CLAIM TYPE:  SSSSSS      CONTACT METHOD: 99
        CLAIM TYPE:  SSSSSS      CONTACT METHOD: 99
        CLAIM TYPE:  SSSSSS      CONTACT METHOD: 99
 1=TELEPHONE -CLAIM INITIATED OVER THE PHONE, USUALLY BY APPOINTMENT
 2=VISIT -CLAIM INITIATED IN PERSON WITH THE CLAIMANT
 3=MAIL -RECEIVED PAPER APPLICATION IN THE MAIL AND LOADED IN MCS
 4=INTERNET -CLAIM STARTED AND COMPLETED ON THE INTERNET
 5=ICT -CLAIM ORIGINATED THROUGH 800 NUMBER AND REFERRED TO ICT UNIT
 6=OTHER -NO OTHER CM VALUE IS APPROPRIATE CURRENTLY.


[3-C]
DO YOU WANT TO CHECK YOUR CLAIM STATUS USING THE INTERNET/PHONE? (Y/N) X


[4-C]
SELECT MAILING METHOD (BLIND NOTICE INFORMATON) TYPE: X
1=CERTIFIED MAIL  2=TELEPHONE CONTACT  3=REGULAR MAIL.
PF1 HELP AVAILABLE

```
MCS              IDENTIFICATION 1          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:  XXXXXXXXXXXXXXX   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:    XXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
                     XXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
                     XXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
                     XXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
                     XXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
[8-M]                      [9-M]                      [10-M]
EVER MARRIED (Y/N): X      CURRENTLY MARRIED (Y/N): X    CHILD UNDER 18, STUDENT 18 TO 19,
18 OR OLDER AND DISABLED BEFORE 22 (Y/N): X
[11-M]
WORK OR EARNINGS IN   20SS  20SS  20SS  20SS   (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]
SELECT FILED OR INTEND TO FILE FOR SSI: 9
    1. YES
    2. NOT DISABLED, BLIND, OR WITHIN 2 MONTHS OF AGE 65 OR OLDER
    3. DOES NOT WISH TO FILE
                                        TRANSFER TO: XXXX
```

```
MCS                IDENTIFICATION 2          IDN2
NH SSSSSSSSS     SSSSS SSSSSSSSSS     CL SSSSSSSSS     SSSSS SSSSSSSSSS
[1-M]                           [2-M]          [3-M]
PRIOR APPLICATION FOR RSDI (Y/N): X   FOR SSI (Y/N): X  FOR MEDICARE (Y/N): X
[4-C]                           [5-C]
CROSS REFERENCE SSN: 999999999      STAT: XX   SSN: 999999999     STAT: XX
[6-C]
NH NAME IN PRIOR APPLICATION              [7-C]
   FIRST NAME    MI   LAST NAME           SSN
     XXXXXXXXXX   X   XXXXXXXXXXXXXXXXXX   999999999
     XXXXXXXXXX   X   XXXXXXXXXXXXXXXXXX   999999999
[8-C]
MULTIPLE SSN:  999999999    999999999    999999999    999999999    999999999
                                             TRANSFER TO: XXXX
```

```
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 XXXXXXXXXXXXXXXXXXX XXXX
              XXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
              XXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
              XXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
              XXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
```

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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: XXXXXXXXXXXXXXX
[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: XXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXX
[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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      [16-C]
      IF DUE TO ILLNESS, NATURE OF ILLNESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   [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
```

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: 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

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MCS 3.4                NH MARRIAGE                      NMAR
   NH SSSSSSSSS     SSSSS SSSSSSSSS      CL SSSSSSSSS    SSSSS SSSSSSSSS
  [1-M]                                 [2-C]        [3-M]
   SPOUSE''S FIRST NAME: XXXXXXXXXXXXXX  MI: X     LAST NAME:   XXXXXXXXXXXXXXXXXXXX
  [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
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MCS                    CLAIMANT MAILING ADDRESS                    CADR
NH: SSSSSSSS SSSSS SSSSSSSSSS        CL: SSSSSSSS SSSSS SSSSSSSSSS
 [1-M]
 *ADDRESS 1: PPPPPPPPPPPPPPPPPPPPP      ADDRESS 2: PPPPPPPPPPPPPPPPPPPPP
 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: XXXXXXXXXXXXX
 [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: PPPPPPPPPP         FOREIGN PHONE: PPPPPPPPPPPPPPP
 [17-C]
ENTER PHONE CODE: X  1= HOME 2= WORK 3=NONE 4=UNKNOWN 5=OTHER 6=ATTORNEY 7=MOBILE
```

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: XXXXXXXXXXXXXX    MIDDLE: X *LAST: XXXXXXXXXXXXXXXXXXXX
[7-O]
SPOUSE'S SSN: XXXXXXXXX
[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]                             [13-O]
MARRIAGE CITY: XXXXXXXXXXXXXX      MARRIAGE STATE/FOREIGN COUNTRY: XX
[14-M]
*SELECT MARRIAGE TYPE: 9    1=CLERGY/PUBLIC OFFICIAL    3=OTHER CEREMONIAL
                            2=COMMON LAW                4=DEEMED.
[15-O]
SELECT SPECIAL RELATIONSHIP: 9    1=216B1  2=216F1  3=202C2  4=216K  5=216C2/G2.
[16-O]
PROTECTED MARRIAGE (Y/N): X
[17-O]                                  [18-C]
MARRIAGE END DATE (MMDDCCYY): 99999999    PROOF (Y/N): X
[19-C]
SELECT MARRIAGE END REASON: 9
1=DEATH   2=DIVORCE   3=ANNULMENT OF VOIDABLE   4=PUTATIVE   5=VOID/VOIDED.
[20-O]                                  [21-C]
MARRIAGE ENDED CITY: XXXXXXXXXXXXXX    MARRIAGE ENDED STATE/FOREIGN COUNTRY: XX
[22-O]
IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999
[23-M]
*OTHER MARRIAGES (Y/N): X
[24-O]
DELETE THIS OCCURRENCE OF DATA (Y/N): X
[25-O]                                  [26-O]
ADD NEW OCCURRENCE (Y/N): X            REVIEW PRIOR OCCURRENCES (Y/N): X
[27-D]                                  [28-O]
PF1 HELP AVAILABLE                      TRANSFER TO: XXXX

   NH SSSSSSSSS    SSSSS SSSSSSSSSS    CL SSSSSSSSS    SSSSS SSSSSSSSSS
[1-C]
TYPE OF REMARKS
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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[2-C]                        [3-C]
MORE (Y/N): X                GO TO RPS (Y/N): X
                                  PAGE S