

FACSIMILE: APPL - RSDHI CLAIMS APPLICATION

MCS TRANSFER TO: XXXX RSDHI CLAIMS APPLICATION

APPL

[1-M]

NH NAME: XXX
XX

[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
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:

XX

[17-C]

[18-C]

[19-C]

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

X

FACSIMILE: ADDB - ADDITIONAL BENEFITS

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:
XXXXXXXXXX

[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-M]

CLAIMANT HAS CHILD OF NH IN CARE(Y/N): X

[21-C]

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

[22-C]

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

[23-M]

IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT

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

FACSIMILE: CLMR - CL MILITARY RETIREMENT/FEDERAL BENEFIT
MCS 2.5 TRANSFER TO: XXXX CL MILITARY RETIREMENT/FEDERAL
BENEFIT **CLMR**

NH SSSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSSS SSSSS
SSSSSSSSSS

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

IF RETIRED FROM MILITARY, BASIS OF RETIREMENT: 9

- 1. LENGTH OF SERVICE 3. RESERVE SERVICE PAYABLE AT AGE 60
- 2. DISABILITY 4. OTHER

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

IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

IF RETIRED AND SERVICE AFTER DEC 31, 1956, INDICATE BRANCH OF
SERVICE PAYING

BENEFIT: 9

- 1. ARMY 5. COAST GUARD
- 2. NAVY 6. PUBLIC HEALTH SERVICE
- 3. AIR FORCE 7. COASTAL/GEODETIC SURVEY
- 4. MARINE CORPS 8. OTHER

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

IF OPTION 8 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

WAIVED ALL/PART OF RETIREMENT TO GET VA OR OTHER FED CREDIT (Y/N):
X

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

IF ELIGIBLE FOR CIVILIAN FEDERAL AGENCY BENEFITS, INDICATE BENEFIT
TYPE: 9

- 1. SERVICE 2. SURVIVOR 3. DISABILITY 4. OTHER

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

IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

NAME OF FED AGENCY:
XX

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

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

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

YEARS EMPLOYED: 99 DATE CLAIM FILED: 999999 CLAIM NO.:
XXX999999999

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

MOST RECENT AGENCY:
XX

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

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

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

CITY: XXXXXXXXXXXX STATE: XX LAST WORKED: 999999

FACSIMILE: CLMS - CL MILITARY SERVICE PAGE 1

MCS

CL MILITARY SERVICE

CLMS

NH: SSSSSSSSS SSSSS SSSSSSSSSSS
SSSSSSSSSS

CL: SSSSSSSSS SSSSS

[1-C]

[2-C] [3-C]

FIRST NAME USED IN SERVICE: XXXXXXXXXXXX MI: X LAST NAME:
XXXXXXXXXXXXXXXXXXXX

[4-C]

SERVICE NO: XXXXXXXXXX

[5-M]

*RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT (SELECT ONE): x

1=CIVILIAN 2=MILITARY 3=BOTH 4=NONE.

[6-C] [7-C]

[8-C]

[9-C]

[10-C]

[11-C]

[12-C]

[A/R]	BRANCH OF SERVICE	START	END	N/E	RANK	PROOF
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX

[13-C] [14-C]

[15-C]

[16-C]

[JAPANESE INTERNEE]	START	END	PROOF	HOURLY WAGE
	999999	999999	X	99999999
	999999	999999	X	99999999

[17-C]

PF1 FOR HELP MORE (Y/N): X

PAGE: 1

TRANSFER TO: XXXX

FACSIMILE: CLRR - CL RAILROAD EMPLOYMENT

MCS 2.5 TRANSFER TO: XXXX CL RAILROAD EMPLOYMENT CLRR

NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS
SSSSSSSSSS

RR EMPLOYEE: SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSSSS SSN: SSSSSSSSSSS

[1-C] [2-C] [3-M]

MONTHS WORKED IN RR AFTER 1936: 999 BEFORE 1937: 999 LAST 18 MOS
(Y/N): X

[4-M] [5-C]

EVER FILE FOR RRB RET/DISAB (Y/N): X IF YES, CLAIM NO: XXXXXXXXXXXX

[6-C]

IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS
(Y/N): X

[7-C]

IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS
(Y/N): X

[8-C]

EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N): X
IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS
BENEFITS:

[9-C]

RR EMPLOYER: XXX

[10-C]

WORK LOCATION: XXX

[11-C]

DEPT+OCCUPATION: XXX
IF CLAIMANT EVER RECEIVED RRB BENEFITS:

[12-C]

RR APPLICANT: SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSSSS CLAIM NO:
XXXXXXXXXXXX

[13-C]

[14-C]

RR EMPLOYEE NAME: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX SSN:
9999999999

[15-C]

RELATIONSHIP: XXXXXXXXXXX

[16-C]

BENEFIT TYPE: 9 SELECT 1. MONTHLY 2. LUMP-SUM 3. RESIDUAL

[17-C]

HAS RRB NOTIFIED APPLICANT THAT RRB MAY BE AFFECTED BY
ENTITLEMENT TO

SOCIAL SECURITY BENEFITS (Y/N): X

FACSIMILE: DECD - INFORMATION ABOUT THE DECEASED

MCS TRANSFER TO: XXXX INFORMATION ABOUT THE DECEASED

DECD

NH SSSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSSS 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: XXXXXXXXXXXXXXXX

[5-M]

PLACE OF DEATH (CITY/STATE): XXXXXXXXXXXXXXXX

[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: XX
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

FACSIMILE: DEME - WORK DEDUCTIONS/ELECTION OPTION

FACSIMILE: EARN - EARNINGS

MCS

EARNINGS

EARN

NH SSSSSSSSSS SSSSS SSSSSSSSSSS
SSSSSSSSSS

CL SSSSSSSSSS SSSSS

LIST ALL EARNINGS AND TYPES FOR SSSS SSSS SSSS

EARNINGS 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.

[EARNINGS	[1-C]	[2-C]	[3-C]	[4-C]	PROOF
	YEAR	TYPE	AMOUNT		
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	

[5-C]

COMPUTE BENEFITS AND COMPLETE CLAIM WITHOUT LAG EARNINGS (Y/N): X
TRANSFER TO :XXXX

FACSIMILE: NHAB - NH ADDITIONAL BENEFITS

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: XXXXXXXXXXXX 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

FACSIMILE: NHMR - NH MILITARY RETIREMENT/FEDERAL BENEFIT
MCS 2.5 TRANSFER TO: XXXX NH MILITARY RETIREMENT/FEDERAL
BENEFIT **NHMR**

NH SSSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS
SSSSSSSSSS

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

IF RETIRED FROM MILITARY, BASIS OF RETIREMENT: 9

- 1. LENGTH OF SERVICE 3. RESERVE SERVICE PAYABLE AT AGE 60
- 2. DISABILITY 4. OTHER

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

IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

IF RETIRED AND SERVICE AFTER DEC 31, 1956, INDICATE BRANCH OF
SERVICE PAYING

- BENEFIT: 9 1. ARMY 5. COAST GUARD
- 2. NAVY 6. PUBLIC HEALTH SERVICE
 - 3. AIR FORCE 7. COASTAL/GEODETIC SURVEY
 - 4. MARINE CORPS 8. OTHER

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

IF OPTION 8 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

WAIVED ALL/PART OF RETIREMENT TO GET VA OR OTHER FED CREDIT (Y/N):

X

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

IF ELIGIBLE FOR CIVILIAN FEDERAL AGENCY BENEFITS, INDICATE BENEFIT
TYPE: 9

- 1. SERVICE 2. SURVIVOR 3. DISABILITY 4. OTHER

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

IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

NAME OF FED AGENCY:
XX

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

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

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

YEARS EMPLOYED: 99 DATE CLAIM FILED: 999999 CLAIM NO.:
XXX999999999

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

MOST RECENT AGENCY:
XX

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

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

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

CITY: XXXXXXXXXXXX STATE: XX LAST WORKED: 999999

FACSIMILE: NHMS - NH MILITARY SERVICE

MCS

NH MILITARY SERVICE

NHMS

NH: SSSSSSSSSS SSSSS SSSSSSSSSSS

CL: SSSSSSSSSS SSSSS

SSSSSSSSSS

FIRST NAME USED IN SERVICE: XXXXXXXXXXXX MI: X LAST NAME:

XXXXXXXXXXXXXXXXXXXX

SERVICE NO: XXXXXXXXXX

*RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT (SELECT ONE): 9

1=CIVILIAN 2=MILITARY 3=BOTH 4=NONE

[A/R	BRANCH OF SERVICE	START	END	N/E	RANK	PROOF
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX

IS DEVELOPMENT OF VA SURVIVOR PENSION REQUIRED (Y/N): X

[JAPANESE INTERNEE START END PROOF HOURLY WAGE

| 999999 999999 X 99999999

| 999999 999999 X 99999999

PF1 FOR HELP MORE (Y/N): X

PAGE: 1

TRANSFER TO: XXXX

FACSIMILE: NHRR - NH RAILROAD EMPLOYMENT
MCS 2.5 TRANSFER TO: XXXX NH RAILROAD EMPLOYMENT **NHRR**

NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS
SSSSSSSSSS

RR EMPLOYEE: SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSSSSSS SSN: SSSSSSSSSSS

[1-C] [2-C] [3-M]

MONTHS WORKED IN RR AFTER 1936: 999 BEFORE 1937: 999 LAST 18 MOS
(Y/N): X

[4-M] [5-C]

EVER FILE FOR RRB RET/DISAB (Y/N): X IF YES, CLAIM NO: XXXXXXXXXXXXX

[6-C]

IF EMPLOYEE LIVING, RECD RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS
(Y/N): X

[7-C]

IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS
(Y/N): X

[8-C]

EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N): X
IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS
BENEFITS:

[9-C]

RR EMPLOYER: XX

[10-C]

WORK LOCATION: XX

[11-C]

DEPT + OCCUPATION: XX
IF CLAIMANT EVER RECEIVED RRB BENEFITS:

[12-C]

RR APPLICANT: SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSSSSSS CLAIM NO:
XXXXXXXXXXXXX

[13-C]

[14-C]

RR EMPLOYEE NAME: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX SSN:
999999999

[15-C]

RELATIONSHIP: XXXXXXXXXXX

[16-C]

BENEFIT TYPE: 9 SELECT 1. MONTHLY 2. LUMP-SUM 3. RESIDUAL

[17-C]

HAS RRB NOTIFIED APPLICANT THAT RRB MAY BE AFFECTED BY
ENTITLEMENT TO

SOCIAL SECURITY BENEFITS (Y/N): X

FACSIMILE: NPAR - NH DEPENDENT PARENT

MCS 2.5 TRANSFER TO: XXXX NH DEPENDENT PARENT

NPAR

NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS
SSSSSSSSSS

DEPENDENT PARENTS:

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

NAME: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

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

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

PARENT TYPE: 9 1. NATURAL 2. STEPPARENT 3. ADOPTIVE

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

IF STEPPARENT, DATE OF STEP-RELATIONSHIP: 999999

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

IF ADOPTIVE PARENT, DATE OF ADOPTION: 999999

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

NAME: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

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

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

PARENT TYPE: 9 1. NATURAL 2. STEPPARENT 3. ADOPTIVE

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

IF STEPPARENT, DATE OF STEP-RELATIONSHIP: 999999

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

IF ADOPTIVE PARENT, DATE OF ADOPTION: 999999

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

MORE (Y/N): X

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

GO TO RPS (Y/N): X
PAGE S

FACSIMILE: WORK - WORK HISTORY

MCS 3.4 TRANSFER TO: XXXX WORK HISTORY WORK
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS
SSSSSSSSSSSSSSSS

[1-M]

EMPLOYED IN 20SS 20SS 20SS 20SS (Y/N): X [3-C] [4-C]

[2-C] MMY Y MMY Y [5-C]

EMPLOYER NAME ADDRESS START DATE END DATE N/E

1. XXX
XX 9999
9999 X

2. XXX
XX 9999
9999 X

3. XXX
XX 9999
9999 X

[6-C]

AUTHORIZATION TO CONTACT EMPLOYERS (Y/N): X

[7-M]

SELF-EMPLOYED IN 20SS 20SS 20SS 20SS (Y/N): X

[8-C]

[9-C]

[10-C]

IF YES, SHOW: YEARS TYPE OF BUSINESS NET OVER \$400 (Y/N)

99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X
99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X
99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X
99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X

[11-C]

[12-C]

MORE (Y/N): X DELETE THIS PAGE (Y/N): X PAGE: S

FACSIMILE: CADR - CLAIMANT MAILING ADDRESS

MCS CLAIMANT MAILING ADDRESS CADR

NH: SSSSSSSSS SSSSS SSSSSSSSSSS CL: SSSSSSSSS SSSSS
SSSSSSSSSS

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

*ADDRESS 1: PPPPPPPPPPPPPPPPPPPPPPPPPPPPP ADDRESS 2:
PPPPPPPPPPPPPPPPPPPPPPPPPPPP

ADDRESS 3: PPPPPPPPPPPPPPPPPPPPPPPPPPPPP ADDRESS 4:
PPPPPPPPPPPPPPPPPPPPPPPPPPPP

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

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

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

*CITY: PPPPPPPPPPPPPPPPPPPPPPPPPPPPP STATE: PP ZIP: PPPPP

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

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

STATE & COUNTY CODE: PPPPP COUNTY: XXXXXXXXXXXXXXXX

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

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

COUNTRY: PPPPPPPPPPPPPPPPPPPPPPPPPPPPP CONSULAR CODE: PPP

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

FOREIGN POSTAL ZONE: PPPPPPPPPPPPPPPPPPP

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

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

*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: 999999999999999999

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

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

DOMESTIC PHONE: PPPPPPPPPPP FOREIGN PHONE:
PPPPPPPPPPPPPPPP

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

enter phone code: x 1= home 2= work 3=none 4=unknown 5=other 6=attorney
7=mobile