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          FOSP
NH _____ _____ _____        CL

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         FCHD
NH _____ _____ _____        CL

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
XXXXXXXXXX
BUSINESS/                ACCT NO          CONTRIBUTIONS MADE TO
TYPE OF INDUSTRY      (IF DIFFERENT)           (AGENCY NAME)
XXXXXXXXXXX
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
XXXXXXXXXX
BUSINESS/                ACCT NO          CONTRIBUTIONS MADE TO
TYPE OF INDUSTRY      (IF DIFFERENT)           (AGENCY NAME)
XXXXXXXXXXX
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:_____ FOREIGN COVERAGE NOT BASED ON WORK FCOV
NH _____ _____ _____ CL
               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)
XXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX

```
TRANSFER TO:_____          FOREIGN MILITARY HISTORY                    FMIL
NH _____ _____ _____        CL
                                        AGREEMENT COUNTRY:


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
XX
XX
XXX
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XXX
XX
XXX
XXX
XX
XX
XX
XX

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

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: COUNTRY: COUNTRY:
5. FWRK-FRGN WORK   9. FWRK-FRGN WORK   13. FWRK-FRGN WORK
6. FCOV-FRGN COVERAGE 10. FCOV-FRGN COVERAGE 14. FCOV-FRGN COVERAGE
7. FMIL-FRGN MILITARY 11. FMIL-FRGN MILITARY 15. FMIL-FRGN MILITARY
8. FRES-FRGN RESIDENCE 12. FRES-FRGN RESIDENCE 16. FRES-FRGN RESIDENCE

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