

APPL - RSDHI CLAIMS APPLICATION

MCS TRANSFER TO: XXXX RSDHI CLAIMS APPLICATION APPL

[1-M]

NH NAME: XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX 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: XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX 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: XXX

[17-C] [18-C] [19-C]

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

C. HOW YOU GOT HERE

You selected 3 (NEW CLAIM) on MCS System Menu (MENU).



CHD1 - CHILD IDENTIFICATION 1

MCS 3.7 CHILD'S IDENTIFICATION 1 CHD1  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

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

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

[4-M]

HAS ANYONE EVER FILED ON CHILD'S BEHALF FOR BENEFITS (Y/N) X

[5-C]

IF YES, NH FIRST NAME: XXXXXXXXXXXXXXXX MI: X LAST: XXXXXXXXXXXXXXXXXXXXXXXX

[6-C] [7-C]

NH SSN: XXXXXXXXX STAT: XX

[8-C]

IF AGE 16 OR OLDER, LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): P

[9-C]

IF OVER 16 IS CHILD DISABLED (Y/N): X

[10-C]

FILING AS DISABLED CHILD ON THIS ACCOUNT (Y/N): X

[11-C]

IF YES, ONSET DATE: 99999999

[12-C]

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

[13-C]

IF ALREADY ENROLLED, SSN: 999999999

[14-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

[15-C]

IF AGE 17 AND 6 MONTHS, IS CHILD A STUDENT (Y/N) X

[16-M]

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

[17-M]

EVER MARRIED (Y/N): X

TRANSFER TO: XXXX

D. HOW YOU GOT HERE

Child's Identification 1 (CHD1) is a mandatory screen when you file a surviving or auxiliary child claim.

CHD2 - CHILD IDENTIFICATION 2

MCS 3.3 CHILD'S IDENTIFICATION 2 CHD2

NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M]

IF NOT LIVING WITH NH ANY OF LAST 13 MTHS OR AT TIME OF DEATH SHOW MTHS

YR: ALL 01 02 03 04 05 06 07 08 09 10 11 12

99 X X X X X X X X X X X X X

99 X X X X X X X X X X X X X

[2-C]

IF NOT LIVING WITH NH (AS SHOWN ABOVE),  
WAS CHILD LIVING WITH APPLICANT? (Y/N): A

[3-C]

IF No, CHILD LIVED WITH:

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX REL: AAAAAAAAAA

[4-C]

ADDRESS 1: XXXXXXXXXXXXXXXXXXXXXXXX ADDRESS 2: XXXXXXXXXXXXXXXXXXXXXXXX

ADDRESS 3: XXXXXXXXXXXXXXXXXXXXXXXX ADDRESS 4: XXXXXXXXXXXXXXXXXXXXXXXX

[5-C]

IF ADOPTED, NAME OF PERSON ADOPTING IF OTHER THAN NH

FIRST: XXXXXXXXXX MI: X LAST: XXXXXXXXXXXXXXXXXXXXXXXX

TRANSFER TO: XXXX

C. HOW YOU GOT HERE

Child's Identification 2 (CHD2) is a mandatory screen when you file a surviving or auxiliary child claim.

CHPE-CHILD POTENTIAL ENTITLEMENT

MCS 3.7 CHILD'S POTENTIAL ENTITLEMENT CHPE

NH SSSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSSS SSSS SSSSSSSSSSS

[1-M]

CHILD POTENTIALLY ENTITLED ON ADOPTIVE, STEP OR OTHER PARENT RECORD (Y/N): X

[2-M]

CHILD POTENTIALLY ENTITLED ON A GRAND OR STEP GRANDPARENT RECORD (Y/N): X

LIST THE NAME AND SSN CHILD POTENTIALLY ENTITLED

[3-C]

[4-C]

FIRST NAME MI LAST NAME SSN

XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX

XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX

XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX

XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX

XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX

TRANSFER TO: XXXX

D. HOW YOU GOT HERE

Child's Potential Entitlement is a mandatory screen when you file a surviving or auxiliary child claim.

CUST - CUSTODIAN OF BENEFICIARY

MCS TRANSFER TO: XXXX CUSTODIAN OF BENEFICIARY CUST  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M]

CUSTODIAN NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[2-M]

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX

[3-M]

[4-M]

[5-M]

CITY: XXXXXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: XXXXX

C. HOW YOU GOT HERE

You entered "N" in BENE LIVING WITH APPLICANT on Representative Payee 1 (REP1).

DECD - INFORMATION ABOUT THE DECEASED

MCS TRANSFER TO: XXXX INFORMATION ABOUT THE DECEASED DECD  
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: 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: 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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[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





DEPC - DEPENDENT CHILDREN OF NH

MCS 2.5 TRANSFER TO: XXXX DEPENDENT CHILDREN OF NH DEPC

NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

LIST ALL CHILDREN OF NH: UNDER 18

18-19 AND ATTENDING SECONDARY SCHOOL

[1-M] DISABLED/HANDICAPPED PRIOR TO 22

NAME:

XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX

EARN - EARNINGS

MCS EARNINGS EARN  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

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]	YEAR	TYPE	AMOUNT	PROOF
	99	9	99999999.99	X				
	99	9	99999999.99	X				
	99	9	99999999.99	X				
	99	9	99999999.99	X				
	99	9	99999999.99	X				
	99	9	99999999.99	X				
	99	9	99999999.99	X				
	99	9	99999999.99	X				
	99	9	99999999.99	X				
	99	9	99999999.99	X				
	99	9	99999999.99	X				
	99	9	99999999.99	X				
	99	9	99999999.99	X				

[5-C]

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

G. HOW YOU GOT HERE

You entered "Y" to the question "WORK AND EARNINGS" on the IDEN or NHID screen.

NHAB - NH ADDITIONAL BENEFITS

MCS 2.7 TRANSFER TO: XXXX NH ADDITIONAL BENEFITS NHAB  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[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

NHID - NH IDENTIFICATION

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

[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: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX SSN: 999999999

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

[12-C]

MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

[13-C]

OTHER NAMES: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX  
XX  
XX  
XX  
XX  
XX

NHMR - NH MILITARY RETIREMENT/FEDERAL BENEFIT

MCS 2.5 TRANSFER TO: XXXX NH MILITARY RETIREMENT/FEDERAL BENEFIT NHMR  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[8-C]

NAME OF FED AGENCY: XXX

[9-C]

[10-C]

[11-C]

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

[12-C]

MOST RECENT AGENCY: XXX

[13-C]

[14-C]

[15-C]

CITY: XXXXXXXXXXXXX STATE: XX LAST WORKED: 999999

D. HOW YOU GOT HERE

You entered:

- "2" (MILITARY) in RECEIVE OR ELIGIBLE FOR MILITARY OR CIVILIAN FEDERAL AGENCY BENEFIT on the NH screen and at least one period of military service is earlier than 1/1/57,  
or
- "1" (CIVILIAN) or "3" (BOTH) in RECEIVE OR ELIGIBLE FOR MILITARY OR CIVILIAN FEDERAL AGENCY BENEFIT on the NH screen

NHMS - NH MILITARY SERVICE

MCS NH MILITARY SERVICE NHMS

NH: SSSSSSSSS SSSSS SSSSSSSSSSS CL: SSSSSSSSS SSSSS SSSSSSSSSSS

FIRST NAME USED IN SERVICE: XXXXXXXXXXXX MI: X LAST NAME: XXXXXXXXXXXXXXXXXXXXXXXX  
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	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
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	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

E. FACSIMILE: NHMS - NH MILITARY SERVICE PAGE 2

MCS NH MILITARY SERVICE NHMS

NH: SSSSSSSSS SSSSS SSSSSSSSSSS CL: SSSSSSSSS SSSSS SSSSSSSSSSS

[1-C] [2-C] [3-C]  
FIRST NAME USED IN SERVICE: XXXXXXXXXXXX MI: X LAST NAME: XXXXXXXXXXXXXXXXXXXXXXXX  
[4-C]  
SERVICE NO: XXXXXXXXXX

[5-M]  
\*RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT (SELECT ONE): 9  
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

PF1 FOR HELP PAGE: 2 TRANSFER TO: XXXX

F. HOW YOU GOT HERE

You entered on ADDB either:

- Y in IN ACTIVE MILITARY SERVICE AFTER SEP 7, 1939 on ADDB screen. MCS displays [1-C] NAME USED IN SERVICE through [12-C] PRF, or
- Y in JAPANESE INTERNEE. MCS displays fields [13-C] START through [17-C] PROOF.

NHRR - NH RAILROAD EMPLOYMENT

MCS 2.5 TRANSFER TO: XXXX NH RAILROAD EMPLOYMENT NHRR

NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

RR EMPLOYEE: SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SSN: SSSSSSSSS

[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 SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS CLAIM NO: XXXXXXXXXXXXX

[13-C] [14-C]

RR EMPLOYEE NAME: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX SSN: 999999999

[15-C]

RELATIONSHIP: XXXXXXXXXXXX

[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

E. HOW YOU GOT HERE

You entered "Y" in WORKED IN RR FOR 5 YEARS OR MORE on NHAB screen, or you entered "Y" in RECEIVING RR RETIREMENT PENSION/ANNUITY on ADDB screen.



NMAR - NH MARRIAGE

MCS 3.4 NH MARRIAGE NMAR  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

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

SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXXX 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: XXXXXXXXXXXXXXXX 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 XXXXXXXXXXXXXXXX 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

E. HOW YOU GOT HERE  
You entered "Y" to EVER MARRIED on NH Identification Screen (NHID), the Identification Screen (IDEN), the Child Identification 1 Screen (CHD1), or the Abbreviated Disability Screen (ABBD) screen.

NPAR - NH DEPENDENT PARENT

MCS 2.5 TRANSFER TO: XXXX NH DEPENDENT PARENT NPAR  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

DEPENDENT PARENTS:

[1-M]

NAME: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX

[2-M]

ADDRESS: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

[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: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX

[7-M]

ADDRESS: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

[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

D. HOW YOU GOT HERE

You entered "Y" in [3-M] NH DEP PARENTS on the NHID screen for the following claim types:

- surviving spouse
- surviving spouse child in care
- lump sum
- surviving child



WORK - WORK HISTORY

MCS 3.4 TRANSFER TO: XXXX WORK HISTORY WORK  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSSSSSSSSSSSSSS

[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.	XX	XX	9999	9999	X
2.	XX	XX	9999	9999	X
3.	XX	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	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X

[11-C]

[12-C]

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

E. HOW YOU GOT HERE

MCS sends Work History (WORK) when you have answered Yes to the Work or Earnings in YYYY question on IDEN.

CADR - CLAIMANT MAILING ADDRESS

MCS CLAIMANT MAILING ADDRESS CADR  
NH: SSSSSSSSS SSSSS SSSSSSSSSS CL: SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

\*ADDRESS 1: PPPPPPPPPPPPPPPPPPPPPPPPPPPPP ADDRESS 2: PPPPPPPPPPPPPPPPPPPPPPPPPPPPP  
ADDRESS 3: PPPPPPPPPPPPPPPPPPPPPPPPPPPPP ADDRESS 4: PPPPPPPPPPPPPPPPPPPPPPPPPPPPP

[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: PPPPPPPPPPPPPPPPPPPPP

[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: 9999999999999999999

[15-C]

[16-C]

DOMESTIC PHONE: PPPPPPPPP FOREIGN PHONE: PPPPPPPPPPPPPPPPP

[17-c]

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