

APPLICATION FOR CHILD'S INSURANCE BENEFITS

(Do not write in this space)

With this application, you are applying on behalf of the child or children listed in item 3 below for all insurance benefits for which they may be eligible under Title II (Federal Old-Age, Survivors and Disability Insurance) of the Social Security Act as presently amended. If you are applying on your own behalf, answer the questions on this form with respect to yourself.

If you are applying for benefits based on the earnings record of a Deceased Worker, this may also be considered an application for survivors benefits under the Railroad Retirement Act and for Veterans Administration payments under Title 38, U.S.C., Veterans Benefits, Chapter 13 (which is, as such, an application for other types of death benefits under Title 38).

Life Claim Death Claim

| | | |
|----|---|---------------------------------------|
| 1. | (a) PRINT name of Wage Earner or Self-Employed person (herein referred to as the "Worker"). | FIRST NAME, MIDDLE INITIAL, LAST NAME |
| | (b) PRINT Worker's Social Security number. | |
| 2. | (a) PRINT your name (unless you are the Worker). | FIRST NAME, MIDDLE INITIAL, LAST NAME |
| | (b) PRINT your Social Security number. | |

PART 1 - INFORMATION ABOUT THE WORKER'S CHILDREN

3. The Worker's children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including step grandchildren) may be eligible for benefits based on the earnings record of the Worker. For a living Worker, the information below applies to this month or to any of the past 12 months. For a deceased Worker, the information below applies to the date of death or for any period since the Worker's death.

| <p>* Insert Header</p> <ul style="list-style-type: none"> • Under age 18 • Age 18 to 19 and attending elementary or secondary school full-time • Disabled or Handicapped (age 18 or over and disability began before age 22) | Check (X) Sex of Child | | Date of Birth (Mo., day, yr.) | Check (X) if Child 17 or Older is: | | Check (X) the Column That Shows Child's Relationship to Worker | | | | | | | CHILD'S SOCIAL SECURITY NUMBER |
|--|--------------------------|--------------------------|-------------------------------|------------------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| | M | F | | Student | Disabled | Legitimate | Adopted | Stepchild | Dependent Grandchild | Other | | | |
| FULL NAME OF CHILD | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

If you do not wish to be payee for any child or dependent grandchild named above, list the child's name and address in "Remarks" on page 5. You may apply for a child even though you do not wish to be payee for the child's benefits.

| | | |
|----|---|--|
| 4. | If any children in item 3 are stepchildren of the Worker, enter the date the Worker married the natural parent. | MONTH, DAY, YEAR |
| 5. | (a) Is there a legal representative (guardian, conservator, curator, etc.) for any of the children in item 3? | <input type="checkbox"/> Yes (If "Yes," complete (b) and (c).) <input type="checkbox"/> No (If "No," go on to item 6.) |

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Privacy Act Statement
Collection and Use of Personal Information

See Revised Privacy Act
Statement Attached

Sections 202, 205, and 223 of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine eligibility for monthly benefits or insurance coverage.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed, or could result in the loss of benefits.

We rarely use the information you supply us for any purpose other than to make a determination regarding eligibility for monthly benefits and authorize payments to the child or children of living or deceased workers. However, we may use it for the administration and integrity of our programs. We may also disclose the information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

1. To enable a third party or agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We also may use the information you give us in computer matching programs. Matching programs compare our records with records kept by other Federal, State and local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you provided us is available in our Systems of Records Notices entitled, Claims Folder System, 60-0089 and Medicare Database (MDB) File, 60-0321. Additional information about these and other system of records notices and our programs are available online at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 12 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to:** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

CHANGES TO BE REPORTED AND HOW TO REPORT

FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAYED AND IN POSSIBLE MONETARY PENALTIES

- You or any child changes mailing address for checks or residence. (To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office.)
- Any child's citizenship or immigration status changes.
- Any beneficiary goes outside the U.S.A. for 30 consecutive days or longer.
- Any beneficiary dies or becomes unable to handle benefits.
- Work changes - On your application you told us _____ expected total earnings for (Name of Child) _____ to be \$ _____. _____ (is) (is not) earning wages of (Name of Child) more than \$ _____ a month. _____ (is) (is not) self-employed (Name of Child) and rendering substantial services in a trade or business. (Report AT ONCE if this work pattern changes.)
- Custody Change - Report if a child for whom you are filing or who is in your care dies, leaves your care or custody, or changes address.
- The child age 13 or older has an unsatisfied warrant for more than 30 days for his or her arrest, or a crime or attempted crime that is a felony of flight to avoid prosecution or confinement, escape from custody and flight-escape. In most jurisdictions that do not classify crimes as felonies, a crime that is punishable by death or imprisonment for a term exceeding one year.
- The child age 13 or older has for more than 30 continuous days committed a violation of probation or parole under Federal or State law.
- A student, age 18 or over, stops attending school, reduces school attendance below full-time, changes schools, or is paid by an employer to attend school.
- If the worker and stepchild's parent divorce. Benefits are not payable to a stepchild beginning with the month after the month the worker and the stepchild's parent divorce. Promptly return any benefit payment received on behalf of the stepchild for the months after the month the divorce becomes final.
- The child is confined for more than 30 continuous days to a jail, prison, penal institution or correctional facility for conviction of a crime or confined to a public institution by a court order in connection with a crime.
- Change in Marital Status - Marriage, divorce, or annulment of marriage. You must report marriage even if you believe that an exception applies.
- Disability Applicants - In addition to the applicable reporting requirements listed above:
 1. The disabled adult child returns to work (as an employee or self-employed) regardless of amount of earnings.
 2. The disabled adult child's condition improves.

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HOW TO REPORT

You can make your reports by telephone, mail, or in person, whichever you prefer.

If you are awarded benefits and one or more of the above change(s) occur, you should report by:

- Visiting the section "What You Can Do Online" at our web site at www.socialsecurity.gov;
- Calling us TOLL FREE at 1-800-772-1213;
- If you are deaf or hearing impaired, calling us TOLL FREE at TTY 1-800-325-0778; or
- Calling, visiting or writing your local Social Security office at the phone number and address above.

For general information about Social Security, visit our web site at www.socialsecurity.gov.

For those under full retirement age, the law requires that a report of earnings be filed with SSA within 3 months and 15 days after the end of any taxable year in which the child earns more than the annual exempt amount. You may contact SSA to file a report for the child. Otherwise, SSA will use the earnings reported by the child's employer(s) and the child's self-employment tax return (if applicable) as the report of earnings required by law, to adjust benefits under the earnings test. It is your responsibility to ensure that the information you give concerning the child's earnings is correct.

SSA will insert the following revised Privacy Act Statement into the form as soon as possible:

**Privacy Act Statement
Collection and Use of Personal Information**

Sections 202, 205, 223, 1818, 1836, and 1840 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed, or could result in the loss of benefits.

We will use the information you provide to determine eligibility for monthly benefits or insurance coverage and to authorize payments to the children of retired, disabled, or deceased workers. We may also share your information for the following purposes, called routine uses:

1. To Federal, State, or local agencies (or agents on their behalf) for administering cash or non-cash income maintenance or health maintenance programs (including programs under the Act).
2. To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs. We contemplate disclosing information under this routine use only in situations in which SSA may enter a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.
3. To the Centers for Medicare & Medicaid Services, for the purpose of administering Medicare Part A, Part B, Medicare Advantage Part C, and Medicare Part D.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folder System, and 60-0321, entitled Medicare Database (MDB) File. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.