



# Preliminary Claims System (PCS) Screen Package

February 01, 2019

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# 1. Individual Information – Individual applying on their own

Preliminary Claims System

## Individual Information

<b>Name</b> John Doe	<b>Social Security Number (SSN)</b> 123-45-6789
-------------------------	--

### Screening Questions

- Individual Information
- Protective Filing
- Person Information
- Residence Address
- Disability
- Earnings
- Insured Status
- Children
- Supplemental Security Income
- Benefit Summary
- Next Steps

### Identify Individual

\* Indicates required information

\*Is John Doe answering the questions ? [More info](#)

Yes  No

\*Is John Doe inquiring on his or her own behalf ? [More info](#)

Yes  No

### Privacy Act Statement

\*Provided Privacy Act Statement to individual  
Please provide the Privacy Act Statement to the individual. For Privacy Act Statement, please read: [Privacy Act Statement](#)

[Next](#) [Exit](#)

## 2. Individual Information – Individual applying on their own – Privacy Act Statement

### Privacy Act Statement ✕

#### Collection and Use of Personal Information

Sections 202, 226, and 1611 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 us from discovering and establishing which benefits are possible for you.

We will use the information to determine your initial eligibility for benefits and to efficiently administer the Social Security Act. We may also share your information for the following purposes, called routine uses:

- Information may be disclosed 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; and
- To State agencies to enable them to assist in the effective and efficient administration of the Supplemental Security Income program.

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 are available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders Systems, as published in the Federal Register (FR) on April 1, 2003 at 68 FR 15784; 60-0058, entitled Master Files of Social Security Number (SSN) Holders and SSN Applications as published in the FR on December 29, 2010 at 75 FR 82121; 60-0315, entitled Reasonable Accommodation for Persons with Disabilities as published in the FR on October 25, 2005 at 70 FR 62157; and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits as published in the FR on January 11, 2006, at 71 FR 1830. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

[Close](#)

### 3. Individual Information – Individual answering questions not applying on their behalf

Preliminary Claims System

#### Individual Information

**Name**  
John Doe

**Social Security Number (SSN)**  
123-45-6789

#### Screening Questions

##### Individual Information

Protective Filing

Person Information

Residence Address

Disability

Earnings

Insured Status

Children

Supplemental Security Income

Benefit Summary

Next Steps

#### Identify Individual

\* Indicates required information

\*Is John Doe answering the questions ? [More info](#)

Yes  No

\*Is John Doe inquiring on his or her own behalf ? [More info](#)

Yes  No

#### ✖ PCS Exclusion

PCS should only be used for individuals inquiring on their own behalf or for legally incompetent individuals with a legal guardian.

Exit

## 4. Individual Information – Not the correct customer

Preliminary Claims System

### Individual Information

<b>Name</b> John Doe	<b>Social Security Number (SSN)</b> 123-45-6789
-------------------------	--

#### Screening Questions

##### Individual Information

Protective Filing

Person Information

Residence Address

Disability

Earnings

Insured Status

Children

Supplemental Security Income

Benefit Summary

Next Steps

#### Identify Individual

\* Indicates required information

\*Is John Doe answering the questions ? [More info](#)

Yes  No

\*Is someone else inquiring on John Doe's behalf ? [More info](#)

Yes  No

##### \* PCS Exclusion

PCS should only be used for individuals inquiring on their own behalf or for legally incompetent individuals with a legal guardian.

Exit

## 5. Individual Information – Third party applying on behalf of individual

Preliminary Claims System

### Individual Information

**Name** John Doe  
**Social Security Number (SSN)** 123-45-6789

#### Screening Questions

##### Individual Information

Protective Filing

Person Information

Residence Address

Disability

Earnings

Insured Status

Children

Supplemental Security Income

Benefit Summary

Next Steps

#### Identify Individual

\* Indicates required information

\*Is John Doe answering the questions ? [More info](#)

Yes  No

\*Is someone else inquiring on John Doe's behalf ? [More info](#)

Yes  No

\*What is the inquiring individual's relationship to John Doe? [More info](#)

--

Next

Exit

\*What is the inquiring individual's relationship to John Doe? [More info](#)

- 
- Spouse
  - Parent
  - Child
  - Step Parent
  - Custodian or legal guardian
  - Other family member (sibling, aunt, uncle)
  - Attorney representative
  - Non-attorney representative
  - Government agency
  - Non-profit organization/legal aide group
  - Health service agency/hospital
  - Nursing care facility
  - Friend
  - Non-related third party such as an attorney, friend, advocacy group, legal entities
  - Other relatives
  - Other



## 6. Individual Information – Individual third party applying on behalf of customer

Individual third party includes: spouse, parent, child, step parent, other family members, friend, and other relatives

Preliminary Claims System

### Individual Information

<b>Name</b> John Doe	<b>Social Security Number (SSN)</b> 123-45-6789
-------------------------	--

#### Screening Questions

##### Individual Information

Protective Filing

Person Information

Residence Address

Disability

Earnings

Insured Status

Children

Supplemental Security Income

Benefit Summary

Next Steps

#### Identify Individual

\* Indicates required information

\*Is John Doe answering the questions ? [More info](#)

Yes  No

\*Is someone else inquiring on John Doe's behalf ? [More info](#)

Yes  No

\*What is the inquiring individual's relationship to John Doe? [More info](#)

Spouse

\*Name

\*First Middle \*Last Suffix

#### ✖ PCS Exclusion

PCS should only be used for individuals inquiring on their own behalf or for legally incompetent individuals with a legal guardian.

Exit

## 7. Individual Information – Organizational third party applying on behalf of customer

Organizational third party includes: government agency, non-profit organizational/legal aid group, health service agency/hospital, nursing care facility, non-related third party such as attorney, friend, advocacy group, legal entities, and attorney representatives.

Preliminary Claims System

### Individual Information

<b>Name</b>	<b>Social Security Number (SSN)</b>
John Doe	123-45-6789

#### Screening Questions

##### Individual Information

Protective Filing

Person Information

Residence Address

Disability

Earnings

Insured Status

Children

Supplemental Security Income

Benefit Summary

Next Steps

#### Identify Individual

\*Indicates required information

\*Is John Doe answering the questions ? [More info](#)

Yes  No

\*Is someone else inquiring on John Doe's behalf ? [More info](#)

Yes  No

\*What is the inquiring individual's relationship to John Doe? [More info](#)

Government agency

\*Organization name

#### ✘ PCS Exclusion

PCS should only be used for individuals inquiring on their own behalf or for legally incompetent individuals with a legal guardian.

Exit

## 8. Individual Information – Other third party applying on behalf of customer

Preliminary Claims System

### Individual Information

Name: John Doe  
Social Security Number (SSN): 123-45-6789

#### Screening Questions

##### Individual Information

Protective Filing

Person Information

Residence Address

Disability

Earnings

Insured Status

Children

Supplemental Security Income

Benefit Summary

Next Steps

#### Identify Individual

\*Indicates required information

\*Is John Doe answering the questions? [More info](#)

Yes  No

\*Is someone else inquiring on John Doe's behalf? [More info](#)

Yes  No

\*What is the inquiring individual's relationship to John Doe? [More info](#)

Other

\*Please specify

#### ✖ PCS Exclusion

PCS should only be used for individuals inquiring on their own behalf or for legally incompetent individuals with a legal guardian.

Exit

## 9. Individual Information – Custodian or legal guardian applying on behalf of legally incompetent individual

Preliminary Claims System

### Individual Information

<b>Name</b> John Doe	<b>Social Security Number (SSN)</b> 123-45-6789
-------------------------	--

#### Screening Questions

- Individual Information
- Protective Filing
- Person Information
- Residence Address
- Disability
- Earnings
- Insured Status
- Children
- Supplemental Security Income
- Benefit Summary
- Next Steps

#### Identify Individual

\* Indicates required information

**\*Is John Doe answering the questions ?** [More info](#)

Yes  No

**\*Is someone else inquiring on John Doe's behalf ?** [More info](#)

Yes  No

**\*What is the inquiring individual's relationship to John Doe?** [More info](#)

Custodian or legal guardian

**\*What is the custodian or legal guardian's name?**

\*First  Middle  \*Last  Suffix

**\*Is John Doe legally incompetent?** [More info](#)

Yes  No

Original or certified copy proof of legal incompetency is provided. [More info](#)

#### Privacy Act Statement

**\*Provided Privacy Act Statement to individual**  
Please provide the Privacy Act Statement to the individual. For Privacy Act Statement, please read: [Privacy Act Statement](#)

## 10. Individual Information – Custodian or legal guardian applying on behalf of legally competent customer

Preliminary Claims System

### Individual Information

<b>Name</b>	<b>Social Security Number (SSN)</b>
John Doe	123-45-6789

#### Screening Questions

- Individual Information**
- Protective Filing
- Person Information
- Residence Address
- Disability
- Earnings
- Insured Status
- Children
- Supplemental Security Income
- Benefit Summary
- Next Steps

#### Identify Individual

\* Indicates required information

\*Is John Doe answering the questions ? [More info](#)

Yes  No

\*Is someone else inquiring on John Doe's behalf ? [More info](#)

Yes  No

\*What is the inquiring individual's relationship to John Doe? [More info](#)

Custodian or legal guardian

\*What is the custodian or legal guardian's name?

\*First Middle \*Last Suffix

\*Is John Doe legally incompetent? [More info](#)

Yes  No

**✖ PCS Exclusion**

PCS should only be used for individuals inquiring on their own behalf or for legally incompetent individuals with a legal guardian.

[Exit](#)

# 11. Protective Filing – with one or more leads

## Protective Filing

<b>Name</b> John Doe	<b>Social Security Number (SSN)</b> 123-45-6789
-------------------------	--

- Screening Questions
- [Individual Information](#)
- Protective Filing**
- Person Information
- Residence Address
- Disability
- Earnings
- Insured Status
- Children
- Supplemental Security Income
- Benefit Summary
- Next Steps

**i** **Lead(s) found.**

The following lead or leads exist in the Enhanced Leads and Appointment Systems (eLAS) for this individual. Evaluate the lead or leads and select the earliest protective filing date where the closeout period has not ended. If none of the lead or leads apply, select 'Next' to continue. Refer to [GN 00204.010 Protective Filing](#) for information about protective filing dates and periods for Title II and Title XVI.

### Protective Filing Date 06/25/2017

<b>Caller name</b> John Doe	<b>Caller's relationship to claimant</b> Self	<b>Number holder name</b> John Doe	<b>Number holder SSN</b> 123-45-6789
--------------------------------	--	---------------------------------------	---

Claim type	Informal denial	Closeout notice date	Closeout period end date
SSIDI	Yes	08/25/2017	10/07/2017
SSDI	Yes	06/25/2017	10/07/2017

[^ Hide more info](#)

**Closeout period end date:** Refer to GN 00204.010 Protective Filing for information about protective filing dates and periods for Title II and Title XVI.

Issue	Requested Date	Follow Up Date	2nd Follow Up Date	Tickle Date	Received Date	Issue Remarks
PROTFL	06/25/2017	07/01/2017				
T16CO	06/25/2017				08/25/2017	

**Lead Remarks**

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Mauris sed mollis neque, a mollis ante. Vestibulum rhoncus nec nunc vitae consequat. Duis elementum aliquam justo eget tempor. In elementum feugiat enim. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Mauris sed mollis neque, a mollis ante.

[Use this Protective Filing Date](#)

## Protective Filing Date 07/20/2017

<b>Caller name</b> John Doe	<b>Caller's relationship to claimant</b> Self	<b>Number holder name</b> John Doe	<b>Number holder SSN</b> 123-45-6789
--------------------------------	--	---------------------------------------	---

Claim type	Informal denial	Closeout notice date	Closeout period end date
SSIDI	Yes	08/25/2017	10/07/2017
SSDI	Yes	07/20/2017	10/07/2017

[^ Hide more info](#)

**Closeout period end date:** Refer to GN 00204.010 Protective Filing for information about protective filing dates and periods for Title II and Title XVI.

Issue	Requested Date	Follow Up Date	2nd Follow Up Date	Tickle Date	Received Date	Issue Remarks
PROTFL	07/11/2017					
T16CO	07/11/2017				07/11/2017	071117 Informal Denial
T2						

### Lead Remarks

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Mauris sed mollis neque, a mollis ante. Vestibulum rhoncus nec nunc vitae consequat. Duis elementum aliquam justo eget tempor. In elementum feugiat enim. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Mauris sed mollis neque, a mollis ante.

[Use this Protective Filing Date](#)

## Enter Protective Filing Date(s)

What is the protective filing date for Retirement, Survivors, Disability Insurance?

mm/dd/yyyy

What is the protective filing date for Supplemental Security Income?

mm/dd/yyyy

[Next](#)

[Previous](#)

[Exit](#)

## 12. Protective Filing no lead – Yes

Preliminary Claims System

### Protective Filing

**Name**  
John Doe

**Social Security Number (SSN)**  
123-45-6789

#### Screening Questions

[Individual Information](#)

**Protective Filing**

[Person Information](#)

[Residence Address](#)

[Disability](#)

[Earnings](#)

[Insured Status](#)

[Children](#)

[Supplemental Security Income](#)

[Benefit Summary](#)

[Next Steps](#)

**i** No lead(s) found.

No leads currently exist in Enhanced Leads and Appointment Systems (eLAS) for this individual. Refer to GN 00204.010 Protective Filing for information about protective filing dates and periods for Title II and Title XVI.

#### Enter Protective Filing Date(s)

\*Indicates required information

**\*Is there a protective filing date(s) before today?**

If the answer is yes, at least one protective filing date is required.

Yes  No

**What is the protective filing date for Retirement, Survivors, Disability Insurance?**

mm/dd/yyyy

**What is the protective filing date for Supplemental Security Income?**

mm/dd/yyyy

Next

Previous

Exit



# 13. Protective Filing no lead – There is no previous protective filing date before today

Preliminary Claims System

## Protective Filing

**Name**  
John Doe

**Social Security Number (SSN)**  
123-45-6789

### Screening Questions

[Individual Information](#)

**Protective Filing**

Person Information

Residence Address

Disability

Earnings

Insured Status

Children

Supplemental Security Income

Benefit Summary

Next Steps

**i** No lead(s) found.

No leads currently exist in Enhanced Leads and Appointment Systems (eLAS) for this individual. Refer to [GN 00204.010 Protective Filing](#) for information about protective filing dates and periods for Title II and Title XVI.

### Enter Protective Filing Date(s)

\*Indicates required information

**\*Is there a protective filing date(s) before today?**

If the answer is yes, at least one protective filing date is required.

Yes

No

Next

Previous

Exit

# 14. Person Information – Select “No” to add or update notice due to vision impairment

Preliminary Claims System

Person Information

<b>Name</b>	<b>Social Security Number (SSN)</b>
John Doe	123-45-6789

Screening Questions

- [Individual Information](#)
- [Protective Filing](#)
- Personal Information**
- [Residence Address](#)
- [Disability](#)
- [Earnings](#)
- [Insured Status](#)
- [Children](#)
- [Supplemental Security Income](#)
- [Benefit Summary](#)
- [Next Steps](#)

### Person Information on Record for John Doe

^ Identity Information
Edit

Go to [Social Security Number Application process \(SSNAP\)](#) to update Identity Information, when required evidence is available.

Social Security number: **123-45-6789**  
 Name: John Doe

[^ Hide Other Names](#)  
**J. Doe**

Sex: **Male**  
 Birth Date: **02/15/1987**  
 Birth Place: **AAA, Antartica**  
 Birth Date Proof: **Alleged (A)**  
 Birth Date Proof Type: **Hospital Birth Record (H)**  
 Parent / Mother's name at her birth: **Jan Doe**  
 Parent / Father's name: **John Doe SR**

^ Citizenship Information
Edit

**Citizenship Details**

Citizenship Country	U.S Citizenship Basis	U.S Citizenship Proof	Start Date	End Date
United States	Born in US	Birth/Baptismal Record	02/15/1987	--

^ Contact Information
Edit

**Addresses on record**

Address	Purpose
No records found	

Primary Phone Number:--  
 Receive Text Message: **No**  
 Receive Voice Message: **No**  
 Primary Phone Number Remarks:--  
 Alternate Phone Number:--  
 Receive Text Message: **No**  
 Receive Voice Message: **No**  
 Alternate Phone Number Remarks:--  
 Email: --  
 Spoken Language Preference: **English**  
 Written Language Preference: **English**

### ^ Accomodation Information

Edit

\* Indicates required information

\* Add or update notice option due to visual impairment?

Yes  No

#### Active Accomodation

Accomodation	Request Date
No records found	

#### Non-Standard Accomodation

Accomodation	Request Date	Status
No records found		

Accept

# 15. Person Information – Select “Yes” to add or update notice due to vision impairment

## Preliminary Claims System

### Person Information

<b>Name</b> John Doe	<b>Social Security Number (SSN)</b> 123-45-6789
-------------------------	--

- Screening Questions
- Individual Information
- Protective Filing
- Personal Information**
- Residence Address
- Disability
- Earnings
- Insured Status
- Children
- Supplemental Security Income
- Benefit Summary
- Next Steps

### Person Information on Record for John Doe

#### ^ Identity Information Edit

Go to [Social Security Number Application process \(SSNAP\)](#) to update Identity Information, when required evidence is available.

Social Security number: **123-45-6789**  
 Name: John Doe  
[^ Hide Other Names](#)  
**J. Doe**

Sex: **Male**  
 Birth Date: **02/15/1987**  
 Birth Place: **AAA, Antartica**  
 Birth Date Proof: **Alleged (A)**  
 Birth Date Proof Type: **Hospital Birth Record (H)**  
 Parent / Mother's name at her birth: **Jan Doe**  
 Parent / Father's name: **John Doe SR**

#### ^ Citizenship Information Edit

**Citizenship Details**

Citizenship Country	U.S Citizenship Basis	U.S Citizenship Proof	Start Date	End Date
United States	Born in US	Birth/Baptismal Record	02/15/1987	--

#### ^ Contact Information Edit

**Addresses on record**

Address	Purpose
No records found	

Primary Phone Number:--  
 Receive Text Message: **No**  
 Receive Voice Message: **No**  
 Primary Phone Number Remarks:--  
 Alternate Phone Number:--  
 Receive Text Message: **No**  
 Receive Voice Message: **No**  
 Alternate Phone Number Remarks:--  
 Email: --  
 Spoken Language Preference: **English**  
 Written Language Preference: **English**

## ^ Accomodation Information

[Edit](#)

\* Indicates required information

\* Add or update notice option due to visual impairment?

Yes  No

### Active Accomodation

Accomodation	Request Date
No records found	

### Non-Standard Accomodation

Accomodation	Request Date	Status
No records found		

[Continue to Accomodation](#)

# 16. Person Information – Edit identity information

## Person Information

**Name**  
John Doe

**Social Security Number (SSN)**  
123-45-6789

### Screening Questions

[Individual Information](#)

[Protective Filing](#)

#### Personal Information

Residence Address

Disability

Earnings

Insured Status

Children

Supplemental Security Income

Benefit Summary

Next Steps

### Identity Information

\* Indicates required information

**Error: Other Name.** Invalid characters are not allowed in the name field.

**Social Security Number (SSN)**  
123-45-6789

#### Name Type

Full Name

Single Name

#### \* Name

\*First Middle \*Last Suffix

John  Doe

#### Other Names - Alleged Names [More info](#)

**Error: Last Name.** Last Name can only contain letters, spaces, hyphens (-) or apostrophes ('), and not containing consecutive spaces/hyphens/apostrophes.

Other Name Type	First Name	Middle Name	Last Name	Suffix	Action
Full Name			DSE		<a href="#">Edit</a> <a href="#">Delete</a>

[Add Other Name](#)

#### Other Names - Official Information on Record [More info](#)

Showing 1-5 of 20 Page  of 4

Other Name Type	First Name	Middle Name	Last Name	Suffix
Full Name	John		Doe	
Full Name	John	M	Doe	
Single Name	John			
Full Name	Jordy		Doe	
Full Name	J	M	Doe	

Showing 1-5 of 20 Page  of 4

\* Sex

Male  Female

\* Birth Date

02/15/1964  
mm/dd/yyyy

\* Birth Place

United States or U.S Territory  Other

\* City/Town

Baltimore

\* State/Territory

Maryland

\* Birth Date Proof

Alleged (A)

\* Birth Date Proof Type

Hospital Birth Record (H)

Save

Cancel

Suffix

[-]

I

II

III

IV

IX

JR

SR

V

VI

VII

VIII

X

XI

XII

XIII

XIV

XV

XVI

XVII

Page 1 of 4

Suffix

ler	2
ler	3
ler	4
ler	
ler	

Page 1 of 4



Page 1 of 4

- 1
- 2
- 3
- 4

Showing 1-5 of 20

\* Sex

Male  Female

\* Birth Date

02/15/1964

mm/dd/yyyy

\* Birth Place

United States or U.S Terr

\* City/Town

Baltimore

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- Armed Forces Africa (AE)
- Armed Forces Americas (AA)
- Armed Forces Canada (AE)
- Armed Forces Europe (AE)
- Armed Forced Middle East (AE)
- Armed Forces Pacific (AP)
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Maryland

**Note:** The values in the drop-down list are from states GRT.

**Birth Date**

--

- Alleged (A)
- Born In U.S
- Unknown
- \* Alleged (A)
- Preferred proof (B)
- Convincing Proof (C)
- Proof for birth date but type is unknown (E)
- \* Age already proven on SSA records (F)
- Age established (Q)

Alleged (A) ▼

**Note:** This is the drop list for "Birth Date Proof".

**\* Birth Date Proof Type**

Hospital Birth Record (H) ▼

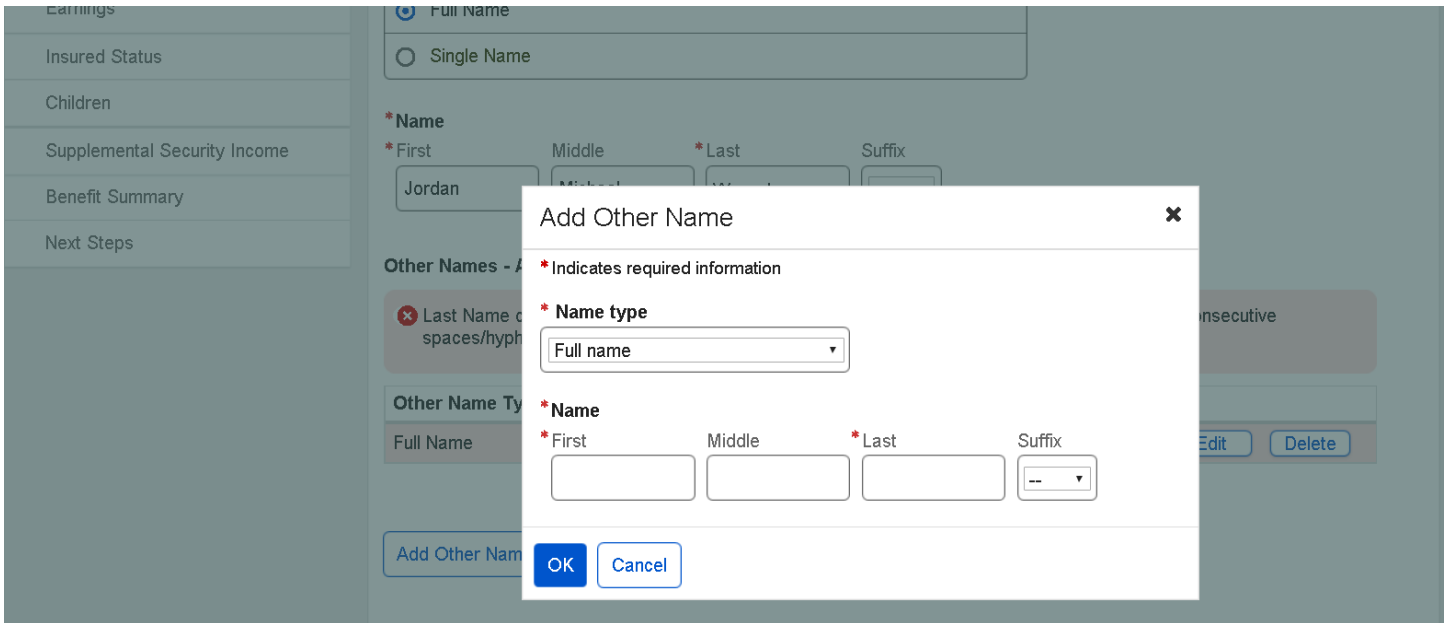
--

- Hospital Birth Record (H)
- Notification of Birth Registration
- Other Evidence of Age (including religious records)
- Pre-age 5 State, Local or Foreign Public Birth Certificate

**Note:** This is the drop list for "Birth Date Proof Type".

## 17. Person Information – Edit identity information: add other name

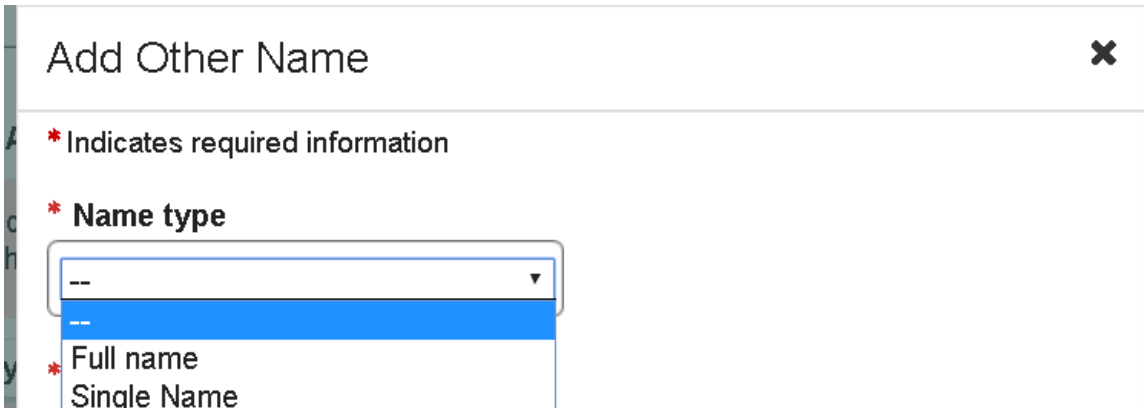
Select name type: Full name



The screenshot shows a modal dialog box titled "Add Other Name" with a close button (X) in the top right corner. The dialog contains the following elements:

- A red asterisk icon followed by the text "\* Indicates required information".
- A section titled "\* Name type" with a dropdown menu currently set to "Full name".
- A section titled "\* Name" with four input fields: "First", "Middle", "\* Last", and "Suffix". The "Last" field has a red asterisk next to its label. The "Suffix" field has a dropdown menu with "--" selected.
- At the bottom, there are two buttons: "OK" and "Cancel".

The background shows a blurred form with fields for "Full Name", "Single Name", and "Other Names - A". The "Full Name" field is selected, and the "Other Names" section shows a list of names with a red 'X' icon next to "Last Name" and a "Full Name" entry.



This is a close-up of the "Name type" dropdown menu from the "Add Other Name" dialog. The dropdown is open, showing a list of options:

- 
- 
- \* Full name
- \* Single Name

The first two options are greyed out, while the last two are highlighted in blue. A red asterisk is next to the labels for "Full name" and "Single Name".

## 18. Person Information – Edit identity information: add other name

Select name type: Single name

The screenshot displays a web application interface for editing identity information. On the left, a sidebar contains menu items: Earnings, Insured Status, Children, Supplemental Security Income, Benefit Summary, and Next Steps. The main content area shows a form with radio buttons for 'Full Name' (selected) and 'Single Name'. Below this are input fields for 'First' (containing 'Jordan'), 'Middle', 'Last', and 'Suffix'. A modal dialog box titled 'Add Other Name' is open in the foreground. It includes a close button (X), a legend for asterisks, a 'Name type' dropdown menu set to 'Single Name', a 'Name' input field, and 'OK' and 'Cancel' buttons. The background form also features an 'Add Other Name' button and a 'Last Name' field with a warning icon and text 'Last Name contains spaces/hyphens'. There are also 'Edit' and 'Delete' buttons visible in the background.

## 19. Person Information – Edit identity information: edit other name & error messages

**Last Name can only contain letters, spaces, hyphens (-) or apostrophes ('). and not containing consecutive spaces/hyphens/apostrophes.**

Other Name Type	First Name	Middle Name
Full Name		

**Other Names - Official Information on Record**

Full Name	John
Full Name	John
Single Name	John
Full Name	Jordy
Full Name	J

Showing 1-5 of 20

**\* Sex**

Male  Female

### Edit Other Name

\* Indicates required information

**Please correct the following information:**

- Error: Name

**\* Name type**

Single Name

**\* Name**

**Name can only contain letters, spaces, hyphens (-) or apostrophes ('), and not containing consecutive spaces/hyphens/apostrophes**

D@e

## 20. Person Information – Edit citizenship information

Default view

**Preliminary Claims System**

### Person Information

**Name**  
John Doe

**Social Security Number (SSN)**  
123-45-6789

#### Screening Questions

- Individual Information
- Protective Filing
- Personal Information**
- Residence Address
- Disability
- Earnings
- Insured Status
- Children
- Supplemental Security Income
- Benefit Summary
- Next Steps

#### Citizenship Information

**Citizenship Details**

Citizenship Country	U.S Citizenship Basis	U.S Citizenship Proof	Start Date	End Date	Action
United States	Born in US	Birth/Baptismal Record	02/15/1987	--	<a href="#">Edit</a> <a href="#">Delete</a>

[Add Citizenship](#)

[Save](#) [Cancel](#)

## 20. Person Information – Edit citizenship information: Add citizenship

“Yes” to U.S. citizenship, “Yes” to citizenship ended.

**Preliminary Claims System**

**Person Information**

Name: John Doe  
Social Security Number (SSN): 123-45-6789

**Screening Questions**

- Individual Information
- Protective Filing
- Personal Information**
- Residence Address
- Disability
- Earnings
- Insured Status
- Children
- Supplemental Security Income
- Benefit Summary
- Next Steps

**Citizenship Information**

Citizenship Details	
Citizenship Country	U.S. Citizenship
United States	Born in U.S.

**Add Citizenship** [Save] [Cancel]

**Add Citizenship Information** [X]

\* Indicates required information

\* **U.S. Citizenship**  
 Yes  No

\* **U.S. Citizenship Basis**  
--

\* **U.S. Citizenship Proof**  
--

\* **Citizenship Start Date**  
This date can typically be a birth date  
mm/dd/yyyy

\* **Citizenship Ended**  
 Yes  No

\* **Citizenship End Date**  
mm/dd/yyyy

[OK] [Cancel]

### \* U.S. Citizenship Basis

--

Birth in US

U.S. Citizen Born Outside U.S.

\* Naturalization

**\*U.S Citizenship Proof**

- Enumeration Record
- Allegation
- \* Birth/Baptismal Record
- U.S. Passport
- Other

Prior Social Security Claim with Proven Citizenship



## 20.1 Person Information – Edit citizenship information: Add citizenship

“Yes” to U.S. citizenship, “No” to citizenship ended.

The screenshot shows the 'Preliminary Claims System' interface. The background page is titled 'Person Information' and displays the following details:

- Name:** John Doe
- Social Security Number (SSN):** 123-45-6789

The 'Screening Questions' sidebar on the left includes categories like Individual Information, Protective Filing, Personal Information, Residence Address, Disability, Earnings, Insured Status, Children, Supplemental Security Income, Benefit Summary, and Next Steps.

The 'Citizenship Information' section on the right shows a table with columns for 'Citizenship Country' and 'U.S. Citizenship'. The first row contains 'United States' and 'Born in U.S.'. Below the table are 'Add Citizenship', 'Save', and 'Cancel' buttons.

The 'Add Citizenship Information' dialog box is open, containing the following fields:

- \* Indicates required information**
- \* U.S. Citizenship:** Radio buttons for 'Yes' (selected) and 'No'.
- \* U.S. Citizenship Basis:** A dropdown menu with '--' selected.
- \* U.S. Citizenship Proof:** A dropdown menu with '--' selected.
- \* Citizenship Start Date:** A text input field with the instruction 'This date can typically be a birth date' and the format 'mm/dd/yyyy'.
- \* Citizenship Ended:** Radio buttons for 'Yes' and 'No' (selected).

At the bottom of the dialog box are 'OK' and 'Cancel' buttons.

## 20.2 Person Information – Edit citizenship information: Add citizenship

Not a U.S. citizen

**Preliminary Claims System**

### Person Information

<b>Name</b> John Doe	<b>Social Security Number (SSN)</b> 123-45-6789
-------------------------	--

### Screening Questions

- Individual Information
- Protective Filing
- Personal Information**
- Residence Address
- Disability
- Earnings
- Insured Status
- Children
- Supplemental Security Income
- Benefit Summary
- Next Steps

### Citizenship Information

<b>Citizenship Country</b>	U.S.C.
United States	Born i

[Add Citizenship](#)

[Save](#) [Cancel](#)

### Add Citizenship Information

\* Indicates required information

**\* U.S Citizenship**

Yes  No

**\* Non-U.S Citizen American Indian**

Yes  No

**\* Citizenship Country**

--

**\* Citizenship Start Date**  
This date can typically be a birth date

mm/dd/yyyy

**\* Citizenship Ended**

Yes  No

**\* Citizenship End Date**

mm/dd/yyyy

**\* USCIS Number / Alien Registration Number** [More info](#)

**\* Class of Admission** [POMS RM 10214.130](#)

[OK](#) [Cancel](#)



**Note:** The values in the drop-down list are from the historical country GRT.

## 23. Person Information – Edit contact information: U.S. primary phone number

Preliminary Claims System

### Person Information

Name	Social Security Number (SSN)
John Doe	123-45-6789

---

#### Screening Questions

- Individual Information
- Protective Filing
- Personal Information**
- Residence Address
- Disability
- Earnings
- Insured Status
- Children
- Supplemental Security Income
- Benefit Summary
- Next Steps

#### Contact Information

\* Indicates required information

##### Address on Record

Address	Purpose	Action
No records found		

[Manage Address](#)

---

##### Primary Phone Number

U.S.  International

10-digit Number

TTY Number

Receive a message on this phone by one or more of the following methods:

<input type="checkbox"/> Select All Options
<input checked="" type="checkbox"/> Receive text message
<input checked="" type="checkbox"/> Receive voice message

**Primary Phone Number Remarks**

(250 characters maximum)

Characters remaining: 250

**Alternate Phone Number**

U.S.     International

10-digit Number

TTY Number

Receive a message on this phone by one or more of the following methods:

<input type="checkbox"/> Select All Options
<input checked="" type="checkbox"/> Receive text message
<input checked="" type="checkbox"/> Receive voice message

**Primary Phone Number Remarks**

(250 characters maximum)

Characters remaining: 250

**Email Address**

\* Spoken Language Preference

-- ▾

\* Written Language Preference

-- ▾

## \* Spoken Language Preference

---

---

\* English

Spanish

**Note:** The values in the drop-down list are from the language GRT.

## \* Written Language Preference

---

---

English

Spanish

**Note:** The values in the drop-down list are from the language GRT.

## 24. Person Information – Edit contact information: International primary phone number

Preliminary Claims System

### Person Information

Name	Social Security Number (SSN)
John Doe	123-45-6789

#### Screening Questions

- Individual Information
- Protective Filing
- Personal Information**
- Residence Address
- Disability
- Earnings
- Insured Status
- Children
- Supplemental Security Income
- Benefit Summary
- Next Steps

#### Contact Information

\* Indicates required information

##### Address on Record

Address	Purpose	Action
No records found		

[Manage Address](#)

---

##### Primary Phone Number

U.S.  International

Country Code + Number

TTY Number

Receive a message on this phone by one or more of the following methods:

<input type="checkbox"/> Select All Options
<input checked="" type="checkbox"/> Receive text message
<input checked="" type="checkbox"/> Receive voice message

**Primary Phone Number Remarks**

(250 characters maximum)

Characters remaining: 250

**Alternate Phone Number**

U.S.     International

Country Code + Number

TTY Number

Receive a message on this phone by one or more of the following methods:

Select All Options

Receive text message

Receive voice message

**Primary Phone Number Remarks**

(250 characters maximum)

Characters remaining: 250

**Email Address**

\* Spoken Language Preference

-- ▾

\* Written Language Preference

-- ▾

Save

Cancel



## 24.1 Person Information – Edit contact information: Manage address

Select existing addresses

**Preliminary Claims System**

**Person Information**

Name: John Doe | Social Security Number (SSN): 123-45-6789

**Screening Questions**

- Individual Information
- Protective Filing
- Personal Information**
- Residence Address
- Disability
- Earnings
- Insured Status
- Children
- Supplemental Security Income
- Benefit Summary
- Next Steps

**Contact Information**

\* Indicates required information

**Address on Record**

Address	Purpose
No records found	

[Manage Address](#)

**Primary Phone Number**

U.S.  International

Country Code + Number

TTY Number

Receive a message on this phone by one or more of the following:

Select All Options

Receive text message

Receive voice message

Primary Phone Number Remarks

**Manage Addresses** [X]

Select one of the following addresses

[Instruction Text]

- 123 Main St, Baltimore, MD - 21224
- 506 Fall St, Canton, Md- 21743
- 890 Emory Dr, Chantilly, VA - 45638
- Add new address

**Apply selected address to all applicable purposes**

[Instruction Text]

- Title XVI
- Most recently provided mailing address

[OK](#) [Cancel](#)

## 24.2 Person Information – Edit contact information: Manage address

Add new addresses and verify address

Preliminary Claims System

### Person Information

Name: John Doe      Social Security Number (SSN): 123-45-6789

---

### Screening Questions

- Individual Information
- Protective Filing
- Personal Information**
- Residence Address
- Disability
- Earnings
- Insured Status
- Children
- Supplemental Security Income
- Benefit Summary
- Next Steps

### Contact Information

\* Indicates required information

#### Address on Record

Address	Purpose
No records found	

[Manage Address](#)

#### Primary Phone Number

U.S.     International

Country Code + Number

TTY Number

Receive a message on this phone by one or more of the following:

- Select All Options
- Receive text message
- Receive voice message

Primary Phone Number Remarks

---

### Manage Addresses

Select one of the following addresses  
[Instruction Text]

- 123 Main St, Baltimore, MD - 21224
- 508 Fall St, Canton, Md- 21743
- 890 Emory Dr, Chantilly, VA - 45638
- Add new address

#### \* Address

Country:

Line 1:       Line 2:

City/Town:       State/Territory:       ZIP Code:

#### Apply selected address to all applicable purposes

[Instruction Text]

- Title XVI
- Most recently provided mailing address

#### \* Select one of the addresses below

- Recommended USPS standard format  
**3913 SW Main St, Milwaukee, Wisconsin, 53208-3116**
- Mailing Address you entered  
**3913 Main St, Milwaukee, Wisconsin, 53208**

**\* Address**

Country

United States or U.S. Territory

- Afghanistan
- Albania
- Algeria
- Andaman Islands
- Andorra
- Angola
- Anguilla
- Annobon Island
- Antigua
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Ascension Island
- Australia
- Austria
- Azerbaijan
- Azores
- Bahamas
- Bahrain
- Balearic Islands
- Bangladesh
- Barbados
- Barbuda
- Basse Terre
- Belarus
- Belau
- Belgium
- Belize

**Note:** The values in this drop-down list are from the country GRT.

Country

United States or U.S. Territory

Line 1

City/Town

Miami

**Apply selected address to all**  
 [Instruction Text]

Title XVI

Most recently provided m

OK Cancel

Alabama  
 Alaska  
 American Samoa  
 Arizona  
 Arkansas  
 Armed Forces Africa (AE)  
 Armed Forces Americas (AA)  
 Armed Forces Canada (AE)  
 Armed Forces Europe (AE)  
 Armed Forces Middle East (AE)  
 Armed Forces Pacific (AP)  
 California  
 Colorado  
 Connecticut  
 Delaware  
 District of Columbia  
 Federated States of Micronesia  
 Florida  
 Georgia  
 Guam  
 Hawaii  
 Idaho  
 Illinois  
 Indiana  
 Iowa  
 Kansas  
 Kentucky  
 Louisiana  
 Maine

**Note:** The values in the drop-down list are from the states GRT.

## 25. Residence Address – Current mailing address is the same as residence address

Preliminary Claims System

### Residence Address

<b>Name</b> John Doe	<b>Social Security Number (SSN)</b> 123-45-6789
-------------------------	--

#### Screening Questions

[Individual Information](#)

[Protective Filing](#)

[Person Information](#)

**Residence Address**

[Disability](#)

[Earnings](#)

[Insured Status](#)

[Children](#)

[Supplemental Security Income](#)

[Benefit Summary](#)

[Next Steps](#)

#### Residence Address

\*Indicates required information

Our records show that below is your most recently provided mailing address.

##### Address

123 Main St.  
Baltimore, Maryland, 21244-3116  
United States

\*Do you live at this address? [More info](#)

Yes  No

\*When did you begin living at this address?

mm/dd/yyyy

\*What date did you establish residency in the United States?

mm/dd/yyyy

[Next](#)

[Previous](#)

[Exit](#)

## 26. Residence Address – Current mailing address is different from residence address

Preliminary Claims System

### Residence Address

**Name**  
John Doe

**Social Security Number (SSN)**  
123-45-6789

#### Screening Questions

[Individual Information](#)

[Protective Filing](#)

[Person Information](#)

**Residence Address**

[Disability](#)

[Earnings](#)

[Insured Status](#)

[Children](#)

[Supplemental Security Income](#)

[Benefit Summary](#)

[Next Steps](#)

#### Residence Address

\*Indicates required information

Our records show that below is your most recently provided mailing address.

##### Address

123 Main St,  
Baltimore, Maryland, 21244-3116  
United States

\*Do you live at this address? [More info](#)

Yes  No

##### \*Residence Address

\*Country

United States or U.S. Territory

\*Line 1 Line 2

Line 3 Line 4

\*City/Town

\*State/Territory

\*ZIP Code

\*When did you begin living at this address?

mm/dd/yyyy

\*What date did you establish residency in the United States?

mm/dd/yyyy

Next

Previous

Exit

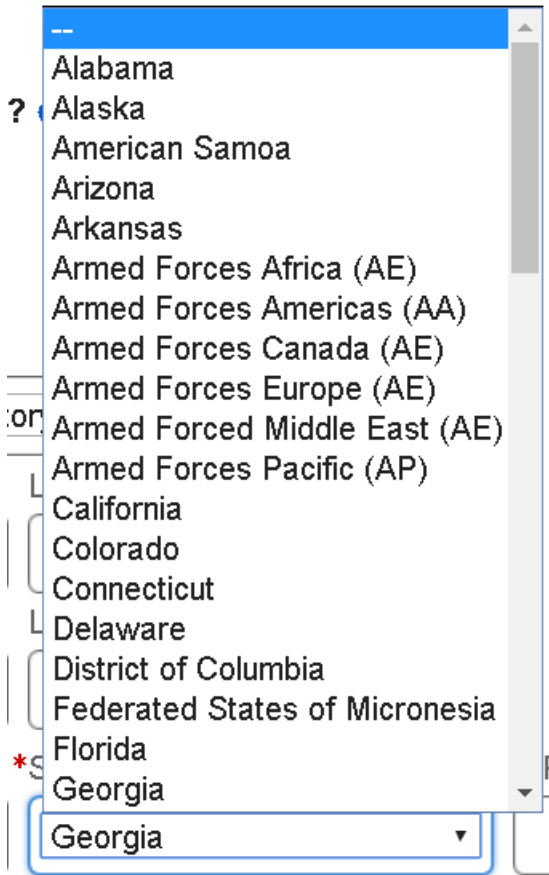
**\*Residence Address**

**\*Country**

United States or U.S. Territory ▾  
United States or U.S. Territory ▲

- \* Afghanistan
- Albania
- Algeria
- Andaman Islands
- Andorra
- Angola
- Anguilla
- \* Annobon Island Te
- Antigua
- Antigua and Barbuda
- Argentina
- \* Armenia ac
- Aruba
- Ascension Island
- Australia
- Austria
- \* Azerbaijan er
- Azores
- Bahamas

**Note:** The values in the drop-down list are from the country GRT.



**Note:** The values in the drop-down list are from the states GRT.



## 27. Disability – “Yes” to all

Preliminary Claims System

### Disability

**Name**  
John Doe

**Social Security Number (SSN)**  
123-45-6789

#### Screening Questions

[Individual Information](#)

[Protective Filing](#)

[Personal Information](#)

[Residence Address](#)

**Disability**

[Earnings](#)

[Insured Status](#)

[Children](#)

[Supplemental Security Income](#)

[Benefit Summary](#)

[Next Steps](#)

#### Disability

\*Indicates required information

\*In the last 14 months, have you been unable to work due to illness, injuries, or conditions that is expected to last for at least 12 months or will result in death? [More info](#)

Yes  No

\*Are you blind or do you have low vision even with glasses or contact lens? [More info](#)

Yes  No

\*Have you been diagnosed with End Stage Renal Disease (ESRD)? [More info](#)

Yes  No

\*What date did you become disabled and unable to work? [More info](#)

mm/dd/yyyy

**John Doe's current age**

31

**Special Insured Status Attainment Dates**

Age 21:02/15/2007

Age 22:02/15/2008

Age 24:02/15/2010

**Age 31:02/15/2018 Special Insured Status Met**

Age 62:02/15/2049

Age 65:02/15/2052

**Full Retirement Age (FRA):**

mm/dd/yyyy

\*Do you have a disabling condition that was established prior to attaining age 22? [More info](#)

Yes  No

\*Do you have a parent who is age 62 or older, unable to work because of illness, injuries or conditions, or deceased?

[More info](#)

Yes  No

**Parent 1 Social Security Number (SSN)**

**Parent 2 Social Security Number (SSN)**

[Next](#)

[Previous](#)

[Exit](#)

## 28. Earnings – “Yes” to all

Preliminary Claims System

### Earnings

**Name** John Doe  
**Social Security Number (SSN)** 123-45-6789

#### Screening Questions

[Individual Information](#)

[Protective Filing](#)

[Personal Information](#)

[Residence Address](#)

[Disability](#)

**Earnings**

[Insured Status](#)

[Children](#)

[Supplemental Security Income](#)

[Benefit Summary](#)

[Next Steps](#)

#### Earnings

\*Indicates required information

**Review earnings.** Please make sure to review computational yearly earnings with the customer.

Earnings and QC information has been revised.

#### Computational Yearly Earnings

QCs – Quarters of Coverage, C - Covered earnings, N - Non Covered earnings

[Show more info](#)

1961-1980	Earnings \$	QCs	1981-2000	Earnings \$	QCs	2001-2020	Earnings \$	QCs
1961			1981	35,000	CCNC	2001	40,000	CCCC
1962			1982	45,000	CCNN	2002	35,000	CCCC
1963			1983	35,000	CCCC	2003	35,000	CCCC
1964			1984	35,000	NNNN	2004	35,000	CCNN
1965			1985	45,000	CCNC	2005	35,000	CCNC
1966			1986	35,000	CCNC	2006	35,000	CCNC
1967			1987	45,000	CCNN	2007	35,000	CCNN
1968			1988	40,000	CCCC	2008	40,000	CCCC
1969			1989	35,000	NNNN	2009	35,000	NNNN
1970			1990	45,000	CCNC	2010	40,000	CCNC
1971			1991	35,000	CCNC	2011	35,000	CCNC
1966			1986	35,000	CCNC	2006	35,000	CCNC
1967			1987	45,000	CCNN	2007	35,000	CCNN
1968			1988	40,000	CCCC	2008	40,000	CCCC
1969			1989	35,000	NNNN	2009	35,000	NNNN
1970			1990	45,000	CCNC	2010	40,000	CCNC
1971			1991	35,000	CCNC	2011	35,000	CCNC
1972			1992	40,000	CCNN	2012	35,000	CCNN
1973			1993	35,000	CCCC	2013	40,000	CCCC
1974			1994	35,000	NNNN	2014	35,000	NNNN
1975			1995	45,000	CCNC	2015	40,000	CCNC
1976	45,000	CCNC	1996	40,000	CCNC	2016	35,000	CCNC
1977	40,000	CCNN	1997	35,000	CCNN	2017	40,000	CCNN
1978	45,000	CCCC	1998	35,000	CCCC	2018		
1979	40,000	NNNN	1999	40,000	NNNN	2019		
1980	45,000	CCNC	2000	45,000	CCNC	2020		

\*Have you worked under any other Social Security Number (SSN)?

Yes  No

\*What other SSN(s) have you used?

[Add Another](#)

\*Did you work last year or any time this year? [More info](#)

If the answer is yes, at least one earnings year is required.

Yes  No

Last Year Total Earnings (2017)

Type of work	Amount \$
--	\$
--	\$

Current Year Total Earnings (2018)

Type of work	Amount \$
--	\$
--	\$

\*Are you currently working? [More info](#)

Yes  No

Current Earnings (2018)

Lorem ipsum dolor sit amet, ea modus mollis pro. Rebum dicta oportere est ad.

*Type of work	*Amount \$	*Frequency
--	\$	--
--	\$	--

Earnings Adjustments

If your earnings are incorrect for any year, please indicate the year and the correct amount.

**i** Please be sure to input the difference between the posted amount and the correct amount in the "Amount \$" field. Use the Add / Subtract options to indicate if this is an increase or decrease to the amount posted.

Year	Quarter	Amount \$	Type of work	Add / Subtract	Action
1978	--	\$	--	--	<a href="#">Delete</a>
--	--	\$	--	--	<a href="#">Delete</a>
--	--	\$	--	--	<a href="#">Delete</a>
--	--	\$	--	--	<a href="#">Delete</a>

[Add another](#)

\* Have you worked and/or reported earnings in a foreign country? [More info](#)

Yes  No

Country of Earnings: In what foreign country have you reported earnings?

--

\* Did you serve in the U.S. military before 1968? [More info](#)

Yes  No

Active U.S. Military Earnings Period

* Start Date (mm/yyyy)	* End Date (mm/yyyy)
<a href="#">Add another</a>	

\* Have you worked for the Railroad 5 years or more? [More info](#)

Yes  No

\* Are you receiving or eligible to receive a Railroad pension or annuity?

Yes  No

**i Reminder.** Inform the individual that entitlement to SSA benefits may reduce his or her Railroad annuity and that he or she should contact the Railroad Board prior to filing for SSA benefits.

\* Has your spouse or a prior spouse worked for the Railroad for 5 years or more? [More info](#)

Yes  No

\* Is your spouse or prior spouse receiving or eligible to receive a Railroad pension or annuity?

Yes  No

**i Reminder.** Inform the individual that entitlement to SSA benefits may reduce his or her Railroad annuity as a spouse or divorced spouse and that he or she should contact the Railroad Board prior to filing for SSA benefits.

**i Recalculating earnings.** If you have entered new values in the earnings adjustments or lag earnings tables, clicking next would recalculate the computational yearly earnings table and display the effected rows with a highlight to indicate the changed values.

[Recalculate Earnings](#)

[Next](#) [Previous](#) [Exit](#)

## Last Year Total Earnings (2017)

Type of work	Amount \$
--	\$
--	\$
Wages	
Self employment	

## Current Year Total Earnings (2018)

Type of work	Amount \$
--	\$
--	\$
Wages	
Self employment	

## Current Earnings (2018)

Lorem ipsum dolor sit amet, ea modus mollis pro. Rebum dicta oportere est ad.

*Type of work	*Amount \$	*Frequency
--	\$	--
--	\$	--
Wages		
Self employment		

## Current Earnings (2018)

Lorem ipsum dolor sit amet, ea modus mollis pro. Rebum dicta oportere est ad.

*Type of work	*Amount \$	*Frequency
--	\$	--
--	\$	--
		Monthly
		Yearly

## Earnings Adjustments

If your earnings are incorrect for any year, please indicate the year and the correct amount.

**i** Please be sure to input the difference between the posted amount and the correct amount in the "Amount \$" field. Use the Add / Subtract options to indicate if this is an increase or decrease to the amount posted.

Year	Quarter	Amount \$	Type of work	Add / Subtract	Action
1978	--	\$	--	--	Delete
--	--	\$	--	--	Delete
1977	--	\$	--	--	Delete
1978	--	\$	--	--	Delete
1979	--	\$	--	--	Delete
--	--	\$	--	--	Delete

[Add another](#)

**Note:** the year drop down from the table will be dynamic based on the person's date of birth.

Year	Quarter	Amount \$	Type of work	Add / Subtract	Action
1978	--	\$	--	--	Delete
--	--	\$	--	--	Delete
--	March	\$	--	--	Delete
--	June	\$	--	--	Delete
--	September	\$	--	--	Delete
--	December	\$	--	--	Delete

[Add another](#)

Year	Quarter	Amount \$	Type of work	Add / Subtract	Action
1978	--	\$	--	--	Delete
--	--	\$	--	--	Delete
--	--	\$	Wages	--	Delete
--	--	\$	Self employment	--	Delete
--	--	\$	Military service	--	Delete
--	--	\$	--	--	Delete

[Add another](#)

Year	Quarter	Amount \$	Type of work	Add / Subtract	Action
1978	--	\$	--	--	Delete
--	--	\$	--	Add	Delete
--	--	\$	--	Subtract	Delete
--	--	\$	--	--	Delete

[Add another](#)

**Country of Earnings: In what foreign country have you reported earnings?**

--

- 
- \* United States or U.S. Territory [More info](#)
- Afghanistan
- Albania
- Algeria
- Andaman Islands
- Andorra
- Angola
- Anguilla
- Annobon Island
- Antigua
- Antigua and Barbuda
- Argentina
- Armenia
- \* Aruba [More info](#)
- Ascension Island
- Australia
- Austria
- \* Azerbaijan [More info](#)
- Azores

Yes
  No

**Note:** The values in the drop-down list is from the historical country GRT.

## 29. Earnings – “No” is selected

Preliminary Claims System

### Earnings

**Name** John Doe  
**Social Security Number (SSN)** 123-45-6789

#### Screening Questions

Individual Information

Protective Filing

Personal Information

Residence Address

Disability

**Earnings**

Insured Status

Children

Supplemental Security Income

Benefit Summary

Next Steps

#### Earnings

\*Indicates required information

**i** Review earnings. Please make sure to review computational yearly earnings with the customer.

**i** Earnings and QC information has been revised.

#### Computational Yearly Earnings

QCs – Quarters of Coverage, C - Covered earnings, N - Non Covered earnings

[Show more info](#)

1961-1980	Earnings \$	QCs	1981-2000	Earnings \$	QCs	2001-2020	Earnings \$	QCs
1961			1981	35,000	CCNC	2001	40,000	CCCC
1962			1982	45,000	CCNN	2002	35,000	CCCC
1963			1983	35,000	CCCC	2003	35,000	CCCC
1964			1984	35,000	NNNN	2004	35,000	CCNN
1965			1985	45,000	CCNC	2005	35,000	CCNC
1966			1986	35,000	CCNC	2006	35,000	CCNC
1967			1987	45,000	CCNN	2007	35,000	CCNN
1968			1988	40,000	CCCC	2008	40,000	CCCC
1969			1989	35,000	NNNN	2009	35,000	NNNN
1970			1990	45,000	CCNC	2010	40,000	CCNC
1971			1991	35,000	CCNC	2011	35,000	CCNC
1972			1992	40,000	CCNN	2012	35,000	CCNN
1969			1989	35,000	NNNN	2009	35,000	NNNN
1970			1990	45,000	CCNC	2010	40,000	CCNC
1971			1991	35,000	CCNC	2011	35,000	CCNC
1972			1992	40,000	CCNN	2012	35,000	CCNN
1973			1993	35,000	CCCC	2013	40,000	CCCC
1974			1994	35,000	NNNN	2014	35,000	NNNN
1975			1995	45,000	CCNC	2015	40,000	CCNC
1976	45,000	CCNC	1996	40,000	CCNC	2016	35,000	CCNC
1977	40,000	CCNN	1997	35,000	CCNN	2017	40,000	CCNN
1978	45,000	CCCC	1998	35,000	CCCC	2018		
1979	40,000	NNNN	1999	40,000	NNNN	2019		
1980	45,000	CCNC	2000	45,000	CCNC	2020		



\*Have you worked under any other Social Security Number (SSN)?

Yes  No

\*Did you work last year or any time this year? [More info](#)

If the answer is yes, at least one earnings year is required.

Yes  No

\*Stopped working since

mm/dd/yyyy

Never worked

**!** Check the alleged onset disability date and stopped working date: The stopped working date is earlier than the alleged onset date. Please confirm if this is correct, else make the appropriate changes to the dates.

I understand the stopped working date is earlier than the onset date and confirm that the dates are correct.

### Earnings Adjustments

If your earnings are incorrect for any year, please indicate the year and the correct amount.

**i** Please be sure to input the difference between the posted amount and the correct amount in the "Amount \$" field. Use the Add / Subtract options to indicate if this is an increase or decrease to the amount posted.

Year	Quarter	Amount \$	Type of work	Add / Subtract	Action
1978	--	\$	--	--	Delete
--	--	\$	--	--	Delete
--	--	\$	--	--	Delete
--	--	\$	--	--	Delete

[Add another](#)

\* Have you worked and/or reported earnings in a foreign country? [More info](#)

Yes  No

\* Did you serve in the U.S. military before 1968? [More info](#)

Yes  No

\* Have you worked for the Railroad 5 years or more? [More info](#)

Yes  No

\* Are you receiving or eligible to receive a Railroad pension or annuity?

Yes  No

\* Have you received Railroad Unemployment Insurance Act benefits in the last 18 months? [More info](#)

Yes  No

**i Reminder.** Inform the individual that entitlement to SSA benefits will affect his or her Railroad Unemployment benefits and that he or she should contact the Railroad Board before filing for Social Security benefits.

\* Has your spouse or a prior spouse worked for the Railroad for 5 years or more? [More info](#)

Yes  No

\* Is your spouse or prior spouse receiving or eligible to receive a Railroad pension or annuity?

Yes  No

\* Have your spouse received Railroad Unemployment Insurance Act benefits in the last 18 months? [More info](#)

Yes  No

**i Recalculating earnings.** If you have entered new values in the earnings adjustments or lag earnings tables, clicking next would recalculate the computational yearly earnings table and display the effected rows with a highlight to indicate the changed values.

Recalculate Earnings

[Next](#) [Previous](#) [Exit](#)

# 30. Insured Status

## Insured Status

**Name**  
John Doe

**Social Security Number (SSN)**  
123-45-6789

### Screening Questions

- Individual Information
- Protective Filing
- Personal Information
- Residence Address
- Disability
- Earnings
- Insured Status**
- Children
- Supplemental Security Income
- Benefit Summary
- Next Steps

### Insured Status

**Insured Status Revised.** The insured status has been revised based on the modified "Earnings adjustment" calculation.

#### Periods of Insured Status

[Hide more info](#)

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Type	Date First Insured	Date Last Insured
Blind	01/01/1985	12/31/2031
Disabled	01/01/1985	02/30/1990
Disabled	05/01/1995	08/31/2000
Disabled	03/01/2006	11/30/2012

#### Insured Status for Disability

[Hide more info](#)

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Insured Status	Insured	Total Quarters Required	Quarters Earned	Additional Quarters Needed
Fully Insured Non-Exclusion	Yes	40	40	--
Hospital Insured Exclusion	Yes	20	20	--
20/40 Non-Exclusion	Yes	40	40	--
20/40 Exclusion	No	20	20	--
Special Age 31 Non-Exclusion	Yes	40	40	--
Special Age 31 Exclusion	No	20	20	--
Special Age 24 Non-Exclusion	Yes	40	40	--
Special Age 24 Exclusion	No	20	20	--

#### Insured Status for Retirement

[Hide more info](#)

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Insured Status	Insured	Total Quarters Required	Quarters Earned	Additional Quarters Needed
Fully Insured Non-Exclusion	Yes	40	40	--
Hospital Insured Exclusion	Yes	20	20	--

### Insured Status for ESRD

[^ Hide more info](#)

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Insured Status	Insured	Total Quarters Required	Quarters Earned	Additional Quarters Needed
Fully Insured Non-Exclusion	Yes	40	40	--
Hospital Insured Exclusion	Yes	20	20	--
20/40 Non-Exclusion	Yes	40	40	--
20/40 Exclusion	No	20	20	--

### Insured Status for Blind

[^ Hide more info](#)

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Insured Status	Insured	Total Quarters Required	Quarters Earned	Additional Quarters Needed
Fully Insured Non-Exclusion	Yes	40	40	--
Hospital Insured Exclusion	Yes	20	20	--
20/40 Non-Exclusion	Yes	40	40	--
20/40 Exclusion	No	20	20	--
Special Age 31 Non-Exclusion	Yes	40	40	--
Special Age 31 Exclusion	No	20	20	--
Special Age 24 Non-Exclusion	Yes	40	40	--
Special Age 24 Exclusion	No	20	20	--

### Insured Status for Medicare

[^ Hide more info](#)

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Insured Status	Insured	Total Quarters Required	Quarters Earned	Additional Quarters Needed
Hospital Insured Non-Exclusion	Yes	40	40	--
Hospital Insured Exclusion	Yes	20	20	--

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## 31. Children – No children

Preliminary Claims System

### Children

<b>Name</b>	<b>Social Security Number (SSN)</b>
John Doe	123-45-6789

#### Screening Questions

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#### Children

**i Instruction.** These questions also apply to children born out of wedlock, adopted children, and step-children. In certain cases, grandchildren and step-grandchildren who live with you may qualify for benefits. If a child reached the age limit within the last 12 months, please answer "Yes."

\*Indicates required information

\*Do you have any children? [More info](#)

Yes  No

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## 32. Children – Children is selected

Preliminary Claims System

### Children

<b>Name</b>	<b>Social Security Number (SSN)</b>
John Doe	123-45-6789

#### Screening Questions

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[Protective Filing](#)

[Personal Information](#)

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#### Children

**i Instruction.** These questions also apply to children born out of wedlock, adopted children, and step-children. In certain cases, grandchildren and step-grandchildren who live with you may qualify for benefits. If a child reached the age limit within the last 12 months, please answer "Yes."

\*Indicates required information

**\*Do you have any children?** [More info](#)

Yes  No

**Are any of your children unmarried and under age 18?** [More info](#)

Yes  No

**Are any of your children unmarried, age 18 to 19, attending elementary or secondary school (below college level) full time?** [More info](#)

Yes  No

**Did any of your children become disabled prior to the age 22?** [More info](#)

Yes  No

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# 33. Supplemental Security Income – Yes to all

## Supplemental Security Income

<b>Name</b> John Doe	<b>Social Security Number (SSN)</b> 123-45-6789
-------------------------	--

<b>Screening Questions</b>
<a href="#">Individual Information</a>
<a href="#">Protective Filing</a>
<a href="#">Personal Information</a>
<a href="#">Residence Address</a>
<a href="#">Disability</a>
<a href="#">Earnings</a>
<a href="#">Insured Status</a>
<a href="#">Children</a>
<b>Supplemental Security Income</b>
<a href="#">Benefit Summary</a>
<a href="#">Next Steps</a>

### Supplemental Security Income

\* Indicates required information

[^ Hide SSI](#)

**i Supplemental Security Income**

One of the programs we administer is Supplement Security Income, or SSI. SSI is a federal program that provides monthly payments to people who do not have much income or own many things. Even if you have income or own things, we do not always count everything that you have.

In some states, if you receive SSI, you also qualify for Medicaid and the Supplemental Nutrition Assistance Program, previously known as food stamps.

To get SSI, you must:

- Be 65 or older,
- Be totally or partially blind, or
- Have a medical condition that keep you from working or is expected to last at least one year or result in death.

**\*Do you wish to apply for Supplemental Security Income?** [Rules for SSI Oral Inquiry](#)

Yes  No

**\*Since the first moment of the month of mm/dd/yyyy, do you own or does your name appear on any resources, either alone or co-owned with anyone else?** [More info](#)

Yes  No

* Resource	* Value \$	Action
--		Delete
Add Resource		

\*Since the first moment of the month of mm/dd/yyyy, have you received any income, or do you expect to receive any type of income in the next 3 months? [More info](#)

Yes
  No

* Income	* Value \$	Action
--		Delete
Add Income		

\*Type of SSI claim

Abbreviated

\*Abbreviated claim reason

--

* Resource	* Value \$	Action
--		Delete
<ul style="list-style-type: none"> <li>Cash</li> <li>Achieving a better life experience (ABLE) Account</li> <li>Burial spaces and related items</li> <li>*s Real property other than home</li> <li>t Business equipment</li> <li>Financial institution accounts</li> <li>Burial contract trust</li> <li>Items held for potential value or investment</li> <li>Life insurance</li> <li>*t Promissory note, loan, or property agreement</li> <li>Other resources</li> <li>Stocks, bonds, or mutual funds</li> <li>Trusts</li> <li>Vehicles</li> </ul>		

have you received any income, or do you expect to receive any [More info](#)

**Note:** This is the resources dropdown list.



	Value \$	Action
Adoption, fostecare, or kinship guardianship assistance		
Alimony or spousal support		<a href="#">Delete</a>
Bureau of indian affairs		
Black lung		
Child support		
Disaster assistance		
Dividends		
Other federal income based on need		
Interest		
Office of personnel management		
Rental or lease income		
Other income or support		
Pension, annuity, retirement or disability payment		
Refugee cash assistance		
Royalties honoraria		
Railroad benefit		
Self employment		
State and local assistance based on need		
Sick pay		
Social security		
Supplemental security income		
Temporary assistance for needy families		
Unemployment compensation		
Veterans affairs payments		
Wages		
Workers compensation		

**Note:** This is the income dropdown list.

**\*Type of SSI claim**

--

--

Abbreviated

Deferred

Full

**\*Abbreviated claim reason**

--

--

Absence from the United States

Excess countable income

Excess resources

Failure to pursue claim

Ineligible resident of a public institution

Inmate of penal institution

Not a citizen or lawfully admitted alien

Not age 65, blind, or disabled

Not a resident of the United States

## 34. Supplemental Security Income - Do not wish to apply for SSI

Preliminary Claims System

### Supplemental Security Income

**Name**  
John Doe

**Social Security Number (SSN)**  
123-45-6789

#### Screening Questions

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#### Supplemental Security Income

\*Indicates required information

[^ Hide SSI](#)

##### **i** Supplemental Security Income

One of the programs we administer is Supplement Security Income, or SSI. SSI is a federal program that provides monthly payments to people who do not have much income or own many things. Even if you have income or own things, we do not always count everything that you have.

In some states, if you receive SSI, you also qualify for Medicaid and the Supplemental Nutrition Assistance Program, previously known as food stamps.

To get SSI, you must:

- Be 65 or older,
- Be totally or partially blind, or
- Have a medical condition that keep you from working or is expected to last at least one year or result in death.

\*Do you wish to apply for Supplemental Security Income? [Rules for SSI Oral Inquiry](#)

Yes  No

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## 35. Benefits Summary – Default view (table)

Preliminary Claims System

### Benefits Summary

<b>Name</b> John Doe	<b>Social Security Number (SSN)</b> 123-45-6789
-------------------------	--

#### Screening Questions

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- [Personal Information](#)
- [Residence Address](#)
- [Disability](#)
- [Earnings](#)
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- [Supplemental Security Income](#)
- Benefits Summary**
- [Next Steps](#)

### Benefits Summary

#### Retirement Benefits

Based on your earnings record, you may be eligible for a retirement benefit of \$980.00 as of (Protective filing date/current date). If you receive a pension based on work not covered under Social Security or if there is any change in your earnings record this amount may change.

If you wait to file for your retirement benefit, your benefit amount will increase until the age of 70.

Filing Age	Potential Amount \$
<Current Age>	980.00
62	1005.00
65	1100.00
67 (FRA)	1250.00
70	1315.00

#### Disability Benefits

Based on your earnings record and the date you stated you became disabled, you may be eligible for a monthly Disability Benefit of \$1200.00. Receipt of other disability benefits, pensions or Worker's Compensation may decrease this amount.

You must file an application before we can determine if you qualify.

#### SSI Benefits

Supplemental Security Income is a needs based program for low-income individuals who are age 65 or older, or who are blind and/or disabled.

You must file an application and answer questions about income and resources to determine if you are eligible.

#### Medicare Benefits

Based on your current age, you may be eligible for Medicare Benefits.

You must file an application before we can determine if you qualify.

[Print Summary](#)

## Select Filing Options

\*Indicates required information

Benefit Type	*Action
Retirement	-- ▾
Disability	-- ▾
SSI	-- ▾
Medicare	-- ▾

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Benefit Type	*Action
Retirement	-- ▾
Disability	-- ▾
SSI	-- ▾
Medicare	-- ▾

File Now  
Set up an appointment  
Issue a Closeout  
Does not want to file

Benefit Type	*Action
Retirement	-- ▾
Disability	-- ▾
SSI	-- ▾
Medicare	-- ▾

File Now  
Set up an appointment  
Issue a Closeout  
Does not want to file

Benefit Type	*Action
Retirement	-- ▾
Disability	-- ▾
SSI	-- ▾
Medicare	-- ▾

File Now  
Set up an appointment  
Issue a Closeout  
Does not want to file

Benefit Type	*Action
Retirement	-- ▾
Disability	-- ▾
SSI	-- ▾
Medicare	-- ▾

- 
- File Now
- Set up an appointment
- Issue a Closeout
- Does not want to file

Next

Previous

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## 36. Next Steps – Variations: file for all four benefit types

Preliminary Claims System

### Next Steps

<b>Name</b>	<b>Social Security Number (SSN)</b>
John Doe	123-45-6789

#### Screening Questions

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**Next Steps**

#### File for Retirement, Disability, SSI, and Medicare Benefits

##### Retirement Benefits

Access MCS using option #1 from the PCOM main menu to begin John Doe's retirement application. Applicable information from PCS will be propagated into the application path.

##### Disability Benefits

Access MCS using option #1 from the PCOM main menu to begin John Doe's disability application. Applicable information from PCS will be propagated into the application path.

##### SSI Benefits

[Go to SSI Claim System](#)

##### Medicare Benefits

Access MCS using option #1 from the PCOM main menu to begin John Doe's medicare application. Applicable information from PCS will be propagated into the application path.

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## 37. Next Steps – Variations: set up an appointment for all four benefit types

Preliminary Claims System

### Next Steps

<b>Name</b>	<b>Social Security Number (SSN)</b>
John Doe	123-45-6789

#### Screening Questions

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**Next Steps**

#### Set up an appointment for Retirement, Disability, SSI, and Medicare Benefits

##### Retirement Benefits

Access #800 Appointment and Leads using option 11 from the PCOM main menu. Applicable information from PCS will be propagated into the application path.

##### Disability Benefits

Access #800 Appointment and Leads using option 11 from the PCOM main menu. Applicable information from PCS will be propagated into the application path.

##### SSI Benefits

Access #800 Appointment and Leads using option 11 from the PCOM main menu. Applicable information from PCS will be propagated into the application path.

##### Medicare Benefits

Access #800 Appointment and Leads using option 11 from the PCOM main menu. Applicable information from PCS will be propagated into the application path.

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## 38. Next Steps – Variations: closeout for all four benefit types

Preliminary Claims System

### Next Steps

<b>Name</b> John Doe	<b>Social Security Number (SSN)</b> 123-45-6789
-------------------------	--

#### Screening Questions

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**Next Steps**

Issue a closeout notice for Retirement, Disability, SSI, and Medicare Benefits

#### Retirement Benefits

Access 800# Appointment and Leads to issue a closeout for Retirement Benefits if a closeout has not already been issued.

#### Disability Benefits

Access 800# Appointment and Leads to issue a closeout for Disability Benefits if a closeout has not already been issued.

#### SSI Benefits

Access 800# Appointment and Leads to issue a closeout for SSI Benefits if a closeout has not already been issued.

#### Medicare Benefits

Access 800# Appointment and Leads to issue a closeout for Medicare Benefits if a closeout has not already been issued.

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## 39. Next Steps – Variations: combination

Preliminary Claims System

### Next Steps

<b>Name</b>	<b>Social Security Number (SSN)</b>
John Doe	123-45-6789

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**Next Steps**

#### File for Retirement Benefits

Access MCS using option #1 from the PCOM main menu to begin John Doe's retirement application. Applicable information from PCS will be propagated into the application path.

#### Setup an Appointment for Disability Benefits

Access #800 Appointment and Leads using option 11 from the PCOM main menu. Applicable information from PCS will be propagated into the application path.

#### Issue a Closeout Notice for SSI Benefits

Access 800# Appointment and Leads to issue a closeout for SSI Benefits if a closeout has not already been issued.

#### File for Medicare Benefits

Access MCS using option #1 from the PCOM main menu to begin John Doe's medicare application. Applicable information from PCS will be propagated into the application path.

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