APPLICATION FOR CHILD'S INSURANCE BENEFITS

(Do not write in this space)

☐ Life Claim ☐ Death Claim

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).

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.

List below all children who are: • 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)~~ • Age 18 or older with a disability that began before age 22.	Check (X) Sex of Child		Date of Birth (Mo., day, yr.)	Check (X) if Child 17.5 or Older is:		Check (X) the Column That Shows Child's Relationship to Worker					CHILD'S SOCIAL SECURITY NUMBER
FULL NAME OF CHILD	M	F		Student	Disabled	~~Legitimate~~ Natural	Adopted	Stepchild	Dependent Grandchild	Other	
	☐	☐		☐	☐	☐	☐	☐	☐	☐	
	☐	☐		☐	☐	☐	☐	☐	☐	☐	
	☐	☐		☐	☐	☐	☐	☐	☐	☐	
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	☐	☐		☐	☐	☐	☐	☐	☐	☐	

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?	☐ Yes (If "Yes," complete (b) and (c).)	☐ No (If "No," go on to item 6.)

5.	(b) Write the following information about the legal representative(s):	NAME (First name, middle initial, last name)	TELEPHONE NUMBER (INCLUDE AREA CODE)
		ADDRESS	

(c) Briefly explain the circumstances which led the court to appoint a legal representative.

6.	Are you the natural or adoptive parent of the person(s) for whom you are filing?	☐ Yes	☐ No
7.	Have any children in item 3 ever been adopted by someone other than the Worker? (If "Yes," enter the following information):	☐ Yes	☐ No

Name of Child	Date of Adoption	Name of Person Adopting

8.	Are all the children in item 3 now living in the same household with you? (If "No," enter the following information about each child not living with you. If uncertain as to the whereabouts of any of these children, explain in "Remarks".)	☐ Yes	☐ No

Name of Child Not Living With You	Person With Whom Child Now Lives	
	Name and Address	*Relationship to Child*

9.	Has any child in item 3 ever been married? *(If "Yes," enter the information requested below.)*	☐ Yes ☐ No
	Name of Child	Date of Marriage (Month, day, year)
	How Marriage Ended (If still married, write "not ended").	Date Marriage Ended (Month, day, year)

10.	Has anyone ever before filed an application with the Social Security Administration for monthly benefits on behalf of any child in item 3? (If "Yes," enter below the name(s) of the child(ren) and the name(s) and Social Security number(s) of the person(s) on whose earnings record any other claim was based.)	☐ Yes	☐ No

Name of Child	Name of Worker	Social Security Number of Worker

If you are applying ONLY for a child age 18 or over who is disabled, omit items 11 through 14. In all other cases, answer items 11 through 14.

EARNINGS INFORMATION FOR LAST YEAR (Do not complete if the Worker died this year)

11. (a) Did any child in item 3 earn more than the exempt amount last year? *(If "Yes," answer (b). If "No," go on to item 12.)* ☐ Yes ☐ No

(b) NAME OF CHILD WHO EARNED OVER THE EXEMPT AMOUNT LAST YEAR	TOTAL EARNINGS OF CHILD	LIST EACH MONTH THAT CHILD DID NOT EARN MORE THAN $_____ IN WAGES AND DID NOT PERFORM SUBSTANTIAL SERVICES IN SELF-EMPLOYMENT
	$	
	$	
	$	

EARNINGS INFORMATION FOR THIS YEAR

12. (a) Do you expect the total earnings of any child in item 3 to be more than the exempt amount this year? (Count all earnings beginning with the first of this year and all anticipated earnings through the end of this year.) (If "Yes," answer (b). If "No," go on to item 13.) ☐ Yes ☐ No

(b) NAME OF CHILD WHO EXPECTS TO EARN OVER THE EXEMPT AMOUNT THIS YEAR	EXPECTED EARNINGS OF CHILD	LIST EACH MONTH (INCLUDING THE PRESENT MONTH) THAT CHILD DID NOT OR WILL NOT EARN MORE THAN $_____ IN WAGES AND DID NOT OR WILL NOT PERFORM SUBSTANTIAL SERVICES IN SELF-EMPLOYMENT
	$	
	$	
	$	

Complete item 13 ONLY if any child is now in the last 4 months of the child's taxable year (Sept., Oct., Nov., and Dec., if the taxable year is a calendar year).

EARNINGS INFORMATION FOR NEXT YEAR

13. (a) Do you expect the total earnings of any child in item 3 to be more than the exempt amount next year? (If "Yes," answer (b.) If "No," go on to item 14.) ☐ Yes ☐ No

(b) NAME OF CHILD WHO EXPECTS TO EARN OVER THE EXEMPT AMOUNT NEXT YEAR	EXPECTED EARNINGS OF CHILD	LIST EACH MONTH THAT CHILD WILL NOT EARN MORE THAN $_____ IN WAGES AND WILL NOT PERFORM SUBSTANTIAL SERVICES IN SELF-EMPLOYMENT
	$	
	$	
	$	

14. If any of the children for whom you are filing uses a fiscal year (one that does not end on December 31), print here the name of the child and the month the fiscal year ends. | Name of child and month fiscal year ends

Complete items 15 and 16 ONLY if the Worker is living. Otherwise, go on to item 17.

15. If any children in item 3 are children adopted by the Worker, print below the name of each such child and the date of adoption by the Worker.

NAME OF ADOPTED CHILD	DATE OF ADOPTION

16.	Have all of the children in item 3 lived with the Worker during each of the last 13 months (counting the present month)? (If "No," enter the information requested below.)	☐ Yes	☐ No

NAME OF CHILD WHO DID NOT LIVE WITH THE WORKER IN EACH OF THE LAST 13 MONTHS	LIST EACH MONTH IN WHICH THIS CHILD DID NOT LIVE WITH THE WORKER	PERSON WITH WHOM CHILD LIVED	
		NAME AND ADDRESS	RELATIONSHIP TO CHILD

17.	If any of the children in item 3 are within 2 months of age 65 or older, blind or disabled, do you want to file on his/her behalf for Supplemental Security Income?	☐ Yes	☐ No

PART II - INFORMATION ABOUT THE DECEASED. Complete items 18 through 26 only if the Worker is deceased.

18.	(a) Print date of birth of Worker	MONTH, DAY, YEAR	
	(b) Print Worker's name at birth if different from item 1 (a)		
	(c) Check (X) one for the Worker	☐ Male	☐ Female
19.	(a) Print date of death	MONTH, DAY, YEAR	
	(b) Print place of death	CITY AND STATE	
20.	Print the name of the state or foreign country where the Worker had a fixed, permanent home at the time of death.	STATE OR FOREIGN COUNTRY	
21.	Did the Worker work in the railroad industry for 5 years or more?	☐ Yes	☐ No
22.	(a) Was the Worker in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968?	☐ Yes (If "Yes," answer (b) and (c).)	☐ No (If "No," go on to item 23.)
	(b) Enter dates of service	FROM (month-year)	TO (month-year)
	(c) Has anyone (including the Worker) received, or does anyone expect to receive, a benefit from any other Federal agency?	☐ Yes	☐ No
23.	(a) Did the worker have social security credits (for example, based on work or residence) under another country's social security system?	☐ Yes (If "Yes," answer (b).)	☐ No (If "No," go on to item 24.)
	(b) List the country(ies).		
24.	(a) Did the worker have wages or self-employment income covered under Social Security in all years from 1978 through last year?	☐ Yes (If "Yes", skip to item 25.)	☐ No (If "No," answer (b).)
	(b) List the years from 1978 through last year in which the worker did not have wages or self-employment income covered under Social Security.		

Answer item 25 ONLY if death occurred within the last 2 years.

25.	(a) About how much did the Worker earn from employment and self-employment during the year of death?	AMOUNT $
	(b) About how much did the Worker earn the year before death?	AMOUNT $

26.	Check if applicable: I am not submitting evidence of the deceased's earnings that are not yet on his/her earnings record. ☐ I understand that these earnings will be included automatically within 24 months, and any increase in my benefits will be paid with full retroactivity.	
27.	(a) Did the Worker ever file an application for Social Security benefits, a period of disability under Social Security, Supplemental Security Income, or hospital or medical insurance under Medicare?	☐ Yes ☐ No ☐ Unknown (If "Yes," answer (b) and (c).) (If "No" or "Unknown," go on to item 28.)
	(b) Enter name of person(s) on whose Social Security record other application was filed.	
	(c) Enter Social Security number of person named in (b). (If "Unknown," so indicate.) ☐	

Answer item 28 ONLY if the Worker died prior to age 66 and within the past 4 months.

28.	(a) Was the Worker unable to work because of a disabling condition at the time of death?	☐ Yes ☐ No (If "Yes," answer (b).)
	(b) Enter date disability began	MONTH, DAY, YEAR
29.	Were all the children in item 3 living with the Worker at the time of death? (If "No," enter the following information)	☐ Yes ☐ No

NAME OF CHILD NOT LIVING WITH THE WORKER	PERSON WITH WHOM CHILD WAS LIVING	
	NAME AND ADDRESS	RELATIONSHIP TO CHILD

REMARKS: (You may use this space for any explanations. If you need more space, attach a separate sheet.)

Con't Remarks

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

SIGNATURE OF APPLICANT	Date *(Month, day, year)*
SIGNATURE *(First Name, Middle Initial, Last Name) (Write in ink)*	Telephone Number(s) at Which You May be Contacted During the Day (Include Area Code)

Direct Deposit Payment Information (Financial Institution)

Routing Transit Number	Account Number	☐ Checking ☐ Savings	☐ Enroll in Direct Express ☐ Direct Deposit Refused

Applicant's Mailing Address *(Number and street, Apt No., P.O. Box, or Rural Route) (Enter Residence Address in "Remarks," if different.)*

S (capitalize)

City and State	ZIP Code	County *(if any)* in which you now live

Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below giving their full addresses. Also, print the applicant's name in the signature block.

1. Signature of Witness	2. Signature of Witness
Address *(Number and Street, City, State, and ZIP Code)*	Address (Number and Street, City, State, and ZIP Code)

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Privacy Act Statement

Collection and Use of Personal Information

See Revised Privacy Act Statement

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.

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.*

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY CHILD'S INSURANCE BENEFITS

TELEPHONE NUMBER(S) TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT	**BEFORE** YOU RECEIVE A NOTICE OF AWARD	SSA OFFICE	DATE CLAIM RECEIVED
	AFTER YOU RECEIVE A NOTICE OF AWARD		

Your application for Social Security benefits on behalf of the child(ren) named below has been received. You will be notified by mail as soon as a decision is made on your claim.

You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.

In the meantime, if you or any child(ren) changes address, or if there is some other change that may affect your claim, you or someone for you should report the change. The changes to be reported are listed ~~below.~~ on Page 9.

Always give us your claim number when writing or telephoning about your claim.

If you have any questions about your claim, we will be glad to help you.

CLAIMANT	SOCIAL SECURITY CLAIM NUMBER

WORKER'S NAME *(If surname differs from name of claimant(s).)*

CHANGES TO BE REPORTED AND HOW TO REPORT

FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAID 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
(Name of Child)

for _____ to be $ _____.
(Year)

_____ ☐(is) ☐(is not) earning
(Name of Child)

wages of 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 felony or arrest warrant for more than 30 continuous days for flight to avoid prosecution or confinement, escape from custody, or flight-escape.
- 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.

An agency in your State that works with us in administering the Social Security disability program is responsible for making the disability decision on the child's claim. In some cases, it is necessary for them to get additional information about the child's condition or to arrange for the child to have a medical examination at Government expense.

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.