

QRY

SUMMARY EARNINGS QUERY

SEQY

TRANSFER TO: _____

UNIT: GMC

COMPLETE THE FOLLOWING

SOCIAL SECURITY NUMBER: 551 78 9496

ROUTE RESPONSE TO / RETURN TO (SELECT ONE): 1

1=SCREEN 2=PRINTER/MAIN 3=PRINTER

OPTIONAL FIELDS

CROSS REFERENCE SSN: _____

FOR YEARS REQUESTED OTHER THAN THE FULL RANGE 1937 TO PRESENT
INCLUSIVE YEARS (YY-YY): ___ - ___

AND/OR

SPECIFIC YEARS (ENTER 1 TO 5 YEARS): __ , __ , __ , __ , __

FOR MULTIPLE SOCIAL SECURITY NUMBERS SEARCH
(ENTER 1 TO 10 SOCIAL SECURITY NUMBERS):

____ - ____ / ____ - ____ / ____ - ____ / ____ - ____ / ____ - ____
____ - ____ / ____ - ____ / ____ - ____ / ____ - ____ / ____ - ____

TRANSFER TO: _____ WORKER FOREIGN INFORMATION FINF
NH _____ CL

AGREEMENT COUNTRY:

FOREIGN SSN: IF UNKNOWN, ENTER PARENTS' NAMES:
MOTHER:
FATHER:

FOREGIN CLAIM TYPE: 9 9 1.RIB 2.DIB
ONSET DATE: 99999999

WORKER HAS: 9 9 1. DEPENDENT CHILDREN 2. SPOUSE/FORMER SPOUSE
ACTIVE MILITARY SERVICE OF A FOREIGN COUNTRY (Y/N): N
EVER A REFUGEE/STATELESS PERSON (Y/N): N
IF YES, START: END:

APPLYING UNDER SPECIAL SYSTEM COVERING A SPECIFIC OCCUPATION (Y/N): N IF YES,
OCCUPATION: DID NH PERFORM SAME TYPE OF WORK IN U.S. (Y/N): N

COVERED UNDER MORE AGREEMENT COUNTRIES (Y/N): N IF YES,
COUNTRY: FILING FOR BENEFITS FROM THIS COUNTRY (Y/N): N DELETE: N
COUNTRY: FILING FOR BENEFITS FROM THIS COUNTRY (Y/N): N DELETE: N

TRANSFER TO: _____ SPOUSE INFORMATION
NH _____ CL

FOSP

SPOUSE NAME:
XXXXXX

COUNTRY OF CITIZENSHIP:
FOREIGN SSN:

EVER A REFUGEE/STATELESS PERSON (Y/N): N
IF YES, START: _____ END: _____

MORE (Y/N): N

PAGE: 9

TRANSFER TO: _____ DEPENDENT CHILD INFORMATION
NH _____ CL

FCHD

CHILD NAME:

XXXXXX

SEX: X BIRTHDATE:

CHILD RELATIONSHIP: 9 1. NATURAL/LEG 6. STEPCHILD
2. LEGITIMATIZED 7. STEPCHILD (216K)
3. ADOPT BY NH/SURV SPOUSE 8. CHILD/INHER RIGHTS
4. EQUITABLE ADOPT 9. OTHER (216H3)
5. DEP GRANCHILD/STEP GRANDCHILD

EVER A REFUGEE/STATELESS PERSON (Y/N): N

IF YES, START: END:

MORE (Y/N): N

PAGE: 9

TRANSFER TO: _____

FOREIGN WORK

FWRK

NH _____

CL

AGREEMENT COUNTRY:

SELF EMPLOYED (Y/N): N

EMPLOYER/BUSINESS NAME ADDRESS

START

END

N/E

XXXXXX

XXXXXXXXXXXXX

BUSINESS/

ACCT NO

CONTRIBUTIONS MADE TO

TYPE OF INDUSTRY

(IF DIFFERENT)

(AGENCY NAME)

XXXXXXXXXXXXX

IF WORK N/E, PLAN TO STOP WORKING (Y/N): N

IF YES, DATE:

SELF EMPLOYED (Y/N): N

EMPLOYER/BUSINESS NAME ADDRESS

START

END

N/E

XXXXXX

XXXXXXXXXXXXX

BUSINESS/

ACCT NO

CONTRIBUTIONS MADE TO

TYPE OF INDUSTRY

(IF DIFFERENT)

(AGENCY NAME)

XXXXXXXXXXXXX

IF WORK N/E, PLAN TO STOP WORKING (Y/N): N

IF YES, DATE:

ANY FOREIGN SOC INS COVERAGE NOT BASED ON WORK (Y/N): N

MORE (Y/N): N

PAGE: 9

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

FMIL

COUNTRY OF ACTIVE MILITARY SERVICE:

START: END: N/E:

START: END: N/E:

TRANSFER TO: _____ FOREIGN RESIDENCE FRES
NH _____ CL
AGREEMENT COUNTRY:
FOREIGN COUNTRY RESIDENCE ADDRESS: START END N/E
XX
XX

XXX
XX

XXX
XXX

XXX
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XXX
XXX

XX
XX

WORKER SHARES HOUSEHOLD (Y/N): N MORE (Y/N): N PAGE: 9

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

TRANSFER TO: _____

TOTALIZATION REMARKS

FRMK

NH _____

CL

XX
XX
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XX

COUNTRY OF ACTIVE MILITARY SERVICE:

START: END: N/E:
START: END: N/E:

MCS

MCS TOTALIZATION MENU

UTOT

NH _____ CL

ENTIRE CLAIM WILL BE SHOWN UNLESS SCREEN SELECTION ENTERED: 99

1. FINF-FOREIGN WORKER INFORMATION
2. FOSP-SPOUSE INFORMATION
3. FCHD-DEPENDENT CHILD INFORMATION
4. FRMK-TOTALIZATION REMARKS

COUNTRY:

5. FWRK-FRGN WORK

6. FCOV-FRGN COVERAGE

7. FMIL-FRGN MILITARY

8. FRES-FRGN RESIDENCE

COUNTRY:

9. FWRK-FRGN WORK

10. FCOV-FRGN COVERAGE

11. FMIL-FRGN MILITARY

12. FRES-FRGN RESIDENCE

COUNTRY:

13. FWRK-FRGN WORK

14. FCOV-FRGN COVERAGE

15. FMIL-FRGN MILITARY

16. FRES-FRGN RESIDENCE

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