

iClaim “Marriage” Application Modified Screens

Modified Screen #1: Welcome Page for disability (DIB)

Español | Text Size | Accessibility Help

 **Social Security**
Official Website of the U.S. Social Security Administration

Apply for Benefits

Apply Online for Disability Benefits

 **Getting Ready**
Before you start your application, we recommend that you take a moment to prepare yourself by reviewing a few items:

1. Make sure you meet the [requirements to apply online for Disability](#);
2. [Gather all of the information you need](#) to complete the application process.

 **Apply & Complete**
Applying for disability is a multi-step process that may take between **one to two hours** to complete depending on your situation. You can save your application as you go, so you can take a break at any time.

or

 **Follow Up**
After you're finished, we will contact you with any updates or questions we may have about your information. You can also use our [Application Status](#) to check on the status of your completed application online.

Video Introduction
 [Helpful hints for applying online](#)

More Information

- [Information About Social Security Disability Programs](#)
- [Other Ways to Apply for Benefits](#)
- [Your Rights to Representation](#)


Your privacy is important.
For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

[Privacy Policy](#) | [Website Policies & Other Important Information](#) | [About Us](#) | [Site Map](#)
Last reviewed or modified January 1, 2010 12:00 PM

The screen was modified slightly. Applicants receive this screen after selecting the type of claim they are applying for. In this case when the applicant selects “Apply for Disability” from any entry point, they are directed to this screen. The formatting was changed to improve the look of the screen and to modify the language applicable to the i3368 form. The change also applies to our welcome pages for RIB, DIB, and Medicare.

Modified Screen #2 Who is Completing this Application?

Text Size | Accessibility Help

 **Social Security**
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Apply for Benefits OMB No. 0000-0000
[Paperwork Reduction Act](#)

Who Is Completing This Application?

Tell us information about the person completing this application:

- I am applying for myself.
- I am helping someone who wants to apply for benefits and is with me.
- I am helping someone who is not with me, and therefore cannot sign the application at this time.

Blind or visually impaired applicants can use the [Internet Special Notices Option](#) page to choose how to receive notices from Social Security.

Please select one:

- I am **not** blind or visually impaired.
- I am blind or visually impaired. I have visited and made a selection in the Internet Special Notice Options page.

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

We added functionality to this screen to make the question more dynamic. If the applicant is a first party (i.e. selects the 1st and 2nd option) then the “blind or visual impaired question is displayed. If the applicant is a 3rd party, no additional question is displayed.

Modified Screen #3 Information About You

| Text Size  | Accessibility Help



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Apply for Benefits

Information About You

Your Name:

Please provide the name as it appears on your most recent Social Security card.

<input type="text"/>	<input type="text"/>	<input type="text"/>	-- 
First	Middle	Last	Suffix

Social Security Number (SSN):**Date of Birth:**

-- 	<input type="text"/>	<input type="text"/>
Month	Day	Year

Gender:

Male Female




Are you blind?

Yes No

During the last 14 months, have you been unable to work because of illnesses, injuries, or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death? [More Info](#)

Yes No

What date did you become unable to work?

-- 	-- 	-- 
Month	Day	Year

Have you previously been denied for Social Security benefits or Supplemental Security Income (SSI) in the last 60 days?

Yes No

Have you been diagnosed with any specific condition that is expected to end in death?

Yes No

Next

We moved this question from another page within iClaim in order to determine (up front) if the claimant meets the disability requirements and to differentiate individuals filing for other benefits as well (RIB/DIB).

Modified Screen #3 Information About You

Have you been diagnosed with any specific condition that is expected to end in death?

Yes No



Please contact us after you finish your application.

You told us that you have been diagnosed with an illness that is expected to end in death. If your illness is not expected to end in death, please select "No" to correct your answer.

After you complete your application, we strongly encourage you to contact [a local Social Security office](#) at your earliest opportunity. Even if you do not finish today, please contact us anyway.

Next

If the claimant responds to “yes” to the “expected to end in death” question, a message displays to encourage contact with the local office.

Modified Screen #4 Contact Information

Text Size | Accessibility Help



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Apply for Benefits

- 1 Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4 Confirmation

- Identification
- General
- Other Benefits
- Remarks
- Review & Sign

Contact Information for Kelly Anderson

Mailing Address:

Country:

United States or U.S. Territory

Street Address:

Street Line 1:

Street Line 2: [+ Add More Lines](#)

City/Town:

State/Territory:

--

ZIP Code:

Do you live at this address?

Yes No

Residence Address:

Country:

United States or U.S. Territory

Street Address:

Street Line 1:

Street Line 2: [+ Add More Lines](#)

City/Town:

State/Territory:

--

ZIP Code:

Daytime Telephone Number:

U.S. International

10-digit Number Phone Type

What is the best time to call?

9 a.m. to Noon Noon to 5 p.m. Anytime between 9 a.m. and 5 p.m.

Email Address:

We will send an acknowledgement to this address.

In this section...

Information About You

Contact Information

Birth and Citizenship

Re-entry Number

Other SSNs and Names

A new information bar was added to the top of all the disability screens to indicate the four steps involved with the online disability process.

Modified Screen #5

Ability to Communicate in English and Language Preference

Email Address:
We will send an acknowledgement to this address.

Confirm Email Address:
Please retype to confirm your email address.

Ability to Communicate in English

Can Kelly Anderson speak and understand English?
 Yes No

Can Kelly Anderson read and understand English?
 Yes No

Can Kelly Anderson write more than your name in English?
 Yes No

Language Preferences
Tell us how Kelly Anderson would like to communicate with us.

Language preferred for speaking:
--

Language preferred for reading:
--

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Added questions from i3368

Ability to communicate in English – Currently there is no questions about ability to communicate in English on this screen. We added these questions into the iClaim path (they are in the i3368) to make the transition less confusing and facilitate the information propagation into the i3368 form.

Language preferences – We currently display a drop down for the claimant to select the language preference. We added a note under the language preference to clarify the information is used for communication purposes

Modified Screen #6

Re-entry Number

| Text Size  | Accessibility Help




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Apply for Benefits

- 1 Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4 Confirmation


- Identification
- General
- Other Benefits
- Remarks
- Review & Sign

 **You must print this page or write down the re-entry number.**

Re-entry Number: **26748727**

If something causes you to exit or you choose to save and return at a later time, you must use this number to continue your saved application process.

If you lose this number, you will need to start a new application. Social Security employees will never ask for your re-entry number and they do not have access to it. This is to protect your privacy.

 [Print this Page](#)

In this section...

- [Information About You](#)
- [Contact Information](#)
- [Birth and Citizenship](#)
- [Re-entry Number](#)
- [Other SSNs and Names](#)

Things you should know about your application

We may use **08/14/2012** as the official date of this application. In order to use **08/14/2012**, we must receive the signed application by **02/14/2013** or you may lose Social Security benefits.

If you intend to apply for [Supplemental Security Income \(SSI\)](#), you need to send your application to us by **10/12/2012** or you may lose SSI benefits. You cannot apply for SSI over the internet. Please call us to arrange an appointment to apply for SSI.

If any of these dates fall on the weekend or is a federal holiday, we must receive the signed application by the following business day.

[Next](#)

[Previous](#)


[Save & Exit](#)

This page was previously shown as the “Application Number” screen. We changed the current term “Application Number” to “Re-entry Number” since this number will now be used to allow the user to return either to the iClaim application or to the i3368 medical form.

Modified Screen #6

Re-entry Number (SSI Definition display)

Text Size Accessibility Help



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Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

Identification General Other Benefits Remarks Review & Sign

You must print this page or write down the re-entry number.

Re-entry Number: **26748727**

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[Print this Page](#)

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If any of these dates fall on a business day, we will use the following business day.

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Supplemental Security Income

Supplemental Security Income or SSI is a federal program that provides monthly payments to people who have limited income and assets and:

- who are blind; or
- who have a disability; or
- who are age 65 or older.

For more information about the SSI program, please read the pamphlet, [Supplemental Security Income](#).

In this section...

- Information About You
- Contact Information
- Birth and Citizenship
- Re-entry Number
- Other SSNs and Names

We currently offer a link to “click” for more information about the SSI program. We changed the link to a “hovering informational display.” Now, applicants can hover over the underlined language and have the SSI information automatically displayed, rather than clicking and being taken to another page.

Modified Screen #7

Return to Saved Application Process

| Text Size  | Accessibility Help



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Apply for Benefits

Return to Saved Application Process

Provide Re-entry Number and the Social Security Number to return to where you left off.


Re-entry Number:

Applicant's Social Security Number (SSN):

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We changed the current term “Application Number” to “Re-entry Number” since this screen will now be displayed to all applicants who are returning either to the iClaim application or to the i3368 medical form. We made this change based on recommendations to differentiate from the application and the form.

Modified Screen #8 Children

| Text Size  | Accessibility Help



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Children for Kelly Anderson

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. **Note:** If a child reached the age limit within the last six months, please answer "Yes."

Do you have any children?

- Yes No

Did any of your children become disabled prior to the age of 22?

- Yes No

Are any of your children unmarried and under age 18?

- Yes No

Are any of your children unmarried, aged 18 to 19, and still attending elementary or secondary school (below college level) full time?

- Yes No

In this section...

- Marriage Information
- Prior Marriages
- Children
- Military Details
- Employer Details
- Self-employment
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
- Direct Deposit Details

Next

Previous

Save & Exit

We currently don't have a leading question to determine if the applicant has children, therefore we automatically ask for the children information. We added new functionality within the leading question to avoid asking the subsequent information if unnecessary. If the applicant answers "yes" to the first question then the following conditional questions are displayed. Presently, we have the same language and information shown above; the change was made only to make it more dynamic.

Modified Screen #9 Supplemental Information

| Text Size  | Accessibility Help



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Apply for Benefits

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- Remarks
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Foreign Social Security for Kelly Anderson

Did you ever work outside the United States? [More Info](#)

Yes No

Did your spouse or prior spouse work outside the United States? [More Info](#)

Yes No

Social Security Statement

Do you agree with your earnings history as shown on your Social Security Statement? [More Info](#)

Yes

No

Not sure or I do not have a statement

Corporate Officer

Are you a Corporate Officer of your employer? [More Info](#)

Yes No

Are you related to a Corporate Officer of your employer? [More Info](#)

Yes No

Do you receive earnings from a Family Corporation or other closely held corporation? [More Info](#)

Yes No

Authorization

Do we have your permission to contact your employer(s) if necessary? [More Info](#)

Yes No

In this section...

Marriage Information

Prior Marriages

Children

Military Details

Employer Details

Self-employment

Supplemental Information

Total Earnings

Other Pensions/Annuities


Direct Deposit Details

Removed

We currently ask for information about corporate work. We removed the Corporate Officer questions because of a recent policy change.

Modified Screen #10

Ability to Work

| Text Size  | Accessibility Help



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- Other Benefits
- Remarks
- Review & Sign

Ability To Work for Kelly Anderson

Please list the illnesses, injuries or conditions that limit your ability to work. [? More Info](#)
Include mental or emotional conditions.

(57 characters maximum)

} Removed

Are these illnesses, injuries or conditions related to work in any way?

- Yes No

Are you now able to work?

- Yes No

What is the date you became able to work?

-- --

Month Year

In this section...

Benefit Information

- Disability Questions
- Ability to Work
- Disability Payments
- Dependents
- Authorization

We currently ask for “The Disability Conditions” a claimant has (e.g. broken leg, depression, etc.); however, the “description of the condition” is not needed as part of the application because the i3368 asks the same information. We removed this question from this page and the paper application to eliminate duplicate data entry.

Modified Screen #11 Authorization

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Benefit Application

Identification General **Other Benefits** Remarks Review & Submit Next Steps

Please read the following statements before answering the question below:

In order to make a decision about **your** disability claim, we need to have medical information that shows you have a disability.

You must authorize **your** medical sources to disclose any medical records or other information about **your** disability. We **may not** be able to approve **your** disability claim without this written authorization.

Authorization for Joan Public

I authorize disclosure of medical information. [More Info](#)

Yes No

In this section...

- Benefit Information
- Disability Questions
- Ability to Work
- Disability Payments
- Dependents
- Authorization**


Removed

We currently present a “yes” or “no” option for the following statement “I authorize disclosure of medical information”; however, the SSA 827 collects the same information. We removed this question from this page and the paper application to eliminate duplicate data entry.

Modified Screen #12

Review and Sign

Text Size | Accessibility Help

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Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

✔ Identification ✔ General ✔ Other Benefits ✔ Remarks ○ Review & Sign

Review Information for Kelly Anderson
If you need to make any changes, please select the "Edit" button to return to that page.

Identification

Edit ✔ Information About You

Your Name: **Kelly G. Anderson**
Social Security Number: **988771234**
Gender: **Female**
Date of Birth: **February 19, 1966**
Blind: **No**
Disabled: **Yes**
Start Date of Disability: **February 29, 2012**

Contact Information

Edit ✔ Contact Information

Mailing Address
Your Address: **400 Cathedral Street, Apt 7A, Baltimore, MD 21201**
Reside at this address: **Yes**

Phone and email
Daytime telephone number: **443 644 6789**
Type of phone: **Home**
Best time to call: --
Email address: **KGAnderson@yahoo.com**

Language preferences
Preferred language for speaking: **English**
Preferred language for reading: **English**

Birth and Citizenship Information

Edit ✔ Birth and Citizenship Information

Born in the United States or a U.S. territory: **Yes**
City of Birth: **Baltimore**
State of Birth: **MARYLAND**
US Citizen: **Yes**
Type of Citizenship: **US Citizen born inside US**

We currently display this as “review and submit” at the top of the screen (next to remarks). The term is now “review and sign.” We made this change to make a smooth transition to the next page which is the starting point of the i3368.


Modified Screen #13 Electronic Signature

Electronic Signature Agreement

Please read and accept the following agreement before continuing the disability process. If you are helping someone apply, then the person filing for benefits must read and accept this agreement by checking the box themselves.

I understand and agree that my application will be signed electronically when I select the check box below. I also understand that my electronic signature means that I intend to apply for benefits and have provided the Social Security Administration with accurate information. I declare under penalty of perjury that I have examined all the information provided and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

I agree with the Electronic Signature Agreement above.

 **You will no longer be able to change this information once you continue to Step 2.**

When you select "Accept & Continue" below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct.

Accept & Continue to Step 2

Previous


Save & Exit

The current language in this page refers to the disability application only. We updated the language on this page to reflect the connection of the iClaim and the i3368 form. We also changed the button at the bottom of the page "Accept and Continue to Step 2" so that applicants realize that they are done with this portion of the application, but additional steps remain.

New Screen #14

Transition from Spanish iClaim to i3368

Text Size Accessibility Help

 **Social Security**
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Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation


About the Remaining Steps

We apologize for the inconvenience, but at this time, the rest of the application process is only available in English. If you are not able to complete the process in English at this time, we will provide you a receipt on the next page for the information you've already sent to us.

You can return later to your saved application process with someone to continue in English. We will provide you with a re-entry number and instructions on the next page to access your information.

What would you like to do?

- I want to continue the application process in English.
- I want to return later to my saved application process to continue in English.
- I do not want to continue at this time.

 **A Social Security representative will contact you within 10 working days. You can also make an appointment for help by contacting Social Security.**

[Next](#)

Spanish applicants receive this page if they indicate they don't want to proceed with the i3368 in English.