

iClaim Screen Package

The Internet Claim (iClaim) is an online platform that mirrors the MCS format. The public can use iClaim to apply for retirement, wife or husband, and disability insurance benefits. iClaim is institutive and depending on the initial answer, iClaim presents applicants with interactive screens, ensuring they only respond to relevant questions based on his or her situation. iClaim also provides the option to use the retirement application as an application for wife's or husband's benefits. After completing the Internet application, claimants or their third-party respondents can submit it electronically to SSA, avoiding the need to visit an SSA office. **Third-party iClaim respondents** are individuals who complete and submit an online claim for a claimant to create a protective filing. A third-party iClaim respondent cannot electronically sign the online application for the claimant.

First-party iClaim respondents are individuals (claimants) who complete the benefit application questions, electronically sign, and submit the application online on their own behalf. Technician will then review the information and contact (if needed) the claimant to submit supplementary supporting documents (e.g., medical evidence for disability benefits applications) to finalize the process.

Third-party respondents follow the same process to answer and complete the answers in the Internet application except for 1) providing information about who is filling out the information (see page #5) and 2) signing on behalf of the claimant (see page #33). Upon submission, SSA mails the paper application summary directly to the claimant. The claimant must review, correct any erroneous information, sign the application summary and mail it back to SSA. That process confirms the information and their intent to file for benefits. The application summary also provides instructions for individuals to contact us via telephone to verify and confirm the information instead of mailing the paper version back. If a claimant opts to call us, the technician will attest that he or she spoke to the claimant and provided verbal confirmation of the information (i.e. signature by attestation).

The following screen are specific to the first-party respondents as the third-party screens are the same questions but using a different pronoun when asking the question (e.g., what is your mailing address? vs. what is John Doe mailing address?)

Welcome Page



Social Security

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

Apply for Benefits

OMB No. 0960-0618
Paperwork Reduction Act



Please Note:

We will ask you to create or sign in to your [my Social Security](#) account when you start the application. You will receive an additional Terms of Service if you need to create an account.

Apply Online for Retirement/Medicare 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 [Retirement/Medicare](#);
2. [Gather all of the information you need](#) to complete the application process.



Apply & Complete

After signing in to your [my Social Security](#) account, applying for Retirement/Medicare may take between **10 to 30 minutes** to complete depending on your situation. You can save your application as you go, so you can take a break at any time.

[Start a New Application](#)

or

[Return to Saved Application Process](#)



Follow Up

Once you have submitted your application, a representative may contact you with updates or questions about your application. You may check the status of your completed online application by signing in to [my Social Security](#).



Video Introduction

[Helpful hints for applying online](#)
1 minute

More Information

- [When to Start Receiving Retirement Benefits](#)
- [Other Ways To Apply for Benefits](#)
- [Your Right to Representation](#)
- [Information in Other Languages](#)

Your privacy is important.

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

This is the welcome page a user will see when they indicate he or she wants to file for benefits online or return to an application the user previously started and saved.

iClaim Privacy Act Statement



Social Security

SEARCH

Privacy Act Statement

Collection and Use of Information From the Application

Sections 202(a), 205(a), 1631(e) and 1872 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 and could result in the loss of some benefits.

We will use the information to make a determination of eligibility for benefits for you and your dependents. We may also share your information for the following purposes, called routine uses:

1. To State audit agencies for auditing State supplementation payments and Medicaid eligibility considerations;
2. To third party contacts where necessary to establish or verify information provided by representative payees or payee applicants;
3. To a Social Security beneficiary or claimant when a claim is filed by another individual on the same record which is adverse to the beneficiary, but only information concerning the facts relevant to the interests of each party in a claim; and
4. To Federal, State or local agencies for administering cash or non-cash income maintenance or health maintenance programs.

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 Notices (SORNs) 60-0059, entitled Earnings Recording and Self-Employment Income System; 60-0089, entitled Claims Folders Systems; 60-0090, entitled Master Beneficiary Record; and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Close

Apply for Benefits – Applicant Information Page (1st Party)



Social Security

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

Apply for Benefits

Information About Applicant

Your Name:

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

John	Q	Public	--
First	Middle	Last	Suffix

Social Security Number (SSN):

***-**-3405

Date of Birth:

February 1, 1953

Gender:

☐ Male ☐ Female

Are you blind or do you have low vision even with glasses or contacts?

☐ 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

Next

Exit

This screen is completed by the applicant. The questions on this screen establishes the claim type and collects the application questions that identify the applicant.

Apply for Benefits – Preparer's Contact Information (3rd Party)



Social Security

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

Apply for Benefits

Identification

General

Other Benefits

Remarks & Options

Review & Sign

Preparer's Contact Information

The information entered on this page refers to the person preparing the application and **not** the person applying for benefits.

Preparer's Name:

First

Middle

Last

Suffix

Relationship to Applicant:

Preparer's Address:

Country:

Street Address:

Street Line 1:

Street Line 2:

[Add Line](#)

City/Town:

State/Territory:

ZIP Code:

Preparer's Daytime Phone Number:

☒ U.S. ☐ International

10-digit Number

Ext

In this section...

☒ Applicant Identification

Preparer's Contact Information

Contact Information

Birth and Citizenship

Medicare Information

Re-entry Number

Other SSNs and Names



From this point onwards questions are written so you can read them directly to the applicant.
The questions are meant to collect applicant's information.

Next

[Previous](#)

This screen is completed by the preparer (3rd party) to collect questions that identify the preparer, also identified as the 3rd party.

Apply for Benefits – Contact Information Page (1st Party)



Social Security

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

Apply for Benefits

⚠ Identification

General

Other Benefits

Remarks & Options

Review & Sign

Contact Information for John Public

Mailing Address:

Country:

United States or U.S. Territory

Street Address:

Street Line 1:

Street Line 2:

[+ Add Line](#)

City/Town:

State/Territory:

ZIP Code:

Do you live at this address?

☐ Yes ☐ No

Daytime Phone 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.

Confirm Email Address:

Please retype to confirm your email address.

In this section...

✓ Applicant Identification

Contact Information

Birth and Citizenship

Medicare Information

Re-entry Number

Other SSNs and Names

Language Preferences

Language preferred for speaking:

--

Language preferred for reading:

--

Next

Previous

This information is provided by the applicant on identifying information.

Apply for Benefits – You have additional options page



Social Security

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

Apply for Benefits



You have additional options.

You indicated that you prefer a language other than English. You may continue with this application in English, or you can contact us to apply for benefits in another language.

Scheduling an Appointment

If you live within the U.S., our territories or commonwealths, you may schedule a [phone interview or in-office Appointment](#) with a Social Security Office.

Other Options

We offer a variety of servicing options for conducting business with Social Security. For further assistance, please [contact us](#).

[Continue Application](#)

[Schedule an Appointment](#)

[Exit](#)

This screen comes up only when the user selects a non-English language as their preferred language in the contact information screen (see page#6). The screen provides the option to continue in English or additional options to file for benefits such as scheduling an online appointment with iAppointment or calling us.

Re-entry Number (1st party)



Social Security

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

Apply for Benefits

⚠ Identification

General

Other Benefits

Remarks & Options

Review & Sign



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

Re-entry Number: **56811458**

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 your re-entry number, sign into your [my Social Security](#) account, or register for an account, to view your re-entry number. Social Security employees will never ask for your re-entry number, or will have access to it. This is to protect your privacy.



Print this page

In this section...

✓ Applicant Identification

✓ Contact Information

✓ Birth and Citizenship

✓ Medicare Information

Re-entry Number

Other SSNs and Names

Things you should know about your application

We may use **03/14/2020** as the official date of your application for Social Security benefits. In order to use **03/14/2020**, we must receive the signed application by **09/15/2020 or you may lose Social Security benefits.**

If you intend to apply for Supplemental Security Income (SSI) benefit payments, we may use **03/14/2020** as the official date of your SSI application. In order to use **03/14/2020**, we must receive the signed application by **05/13/2020 or you may lose SSI benefit payments.**

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

Next

Save & Exit

This screen comes up after the user provided all the basic contact information and the system creates the re-entry number to save the information if he or she wants to come back to the application to complete the process.

Birth and Citizenship Information (1st Party)

 **Social Security**
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Apply for Benefits

Identification General Other Benefits Remarks & Options Review & Sign

Birth and Citizenship Information for John Public

Place of Birth: [More Info](#)
Provide place of birth as it was known at the time of your birth.
☒ United States or U.S. Territory ☐ Other

City/TownState/Territory

Are you a U.S. citizen? [More Info](#)
☐ Yes ☐ No

NextPrevious

In this section...

- Applicant Identification
- Contact Information
- Birth and Citizenship**
- Medicare Information
- Re-entry Number
- Other SSNs and Names

The applicant provides birth and citizenship information.

Apply for Benefits – Disability Only request for reduced Retirement Benefits (1st Party)

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

Apply for Benefits

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

Identification General Other Benefits Remarks & Options Review & Sign

Disability Benefits for Joan Public

Do you want to receive reduced Retirement benefits while waiting for the disability decision?
[Things to Consider](#)
☐ Yes ☐ No

NextPreviousSave & Exit

In this section...

- Applicant Identification
- Contact Information
- Birth and Citizenship
- Re-entry Number
- Other SSNs and Names
- Disability**

The applicant, if filing for Disability Benefits only, may request reduced retirement benefits if between the age 61 and 8 months and month before full retirement age.

Marriage Information (1st Party)

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

Apply for Benefits

IdentificationGeneralOther BenefitsRemarks & OptionsReview & Sign

Prior Marriages for John Public

Did you have any prior marriages? [More Info](#)

☒ Yes ☐ No

Did you have any prior marriage that lasted at least 10 years?

☐ Yes ☒ No

Did you have any prior marriage that ended due to your spouse's death?

☒ Yes ☐ No

Details of Prior Marriages

Please provide information about the prior marriages for which you answered "Yes." List the most recent marriage first (regardless of how long it lasted), and work backwards. If you are not sure of the marriage date, please enter your best guess and explain in the **Remarks** section near the end of the application.

Status	Spouse Name	Date of Birth or Age	Date of Marriage	Actions
	Jane Ex	January 2, 1950	April 17, 1973 to October 5, 1986	Edit Delete

Add

In this section...

Marriage Information

Prior Marriages

Children

Military Details

Employer Details

Self-Employment Details

Supplemental Information

Total Earnings

Other Pensions/Annuities

When to Start Retirement Benefits

Direct Deposit Details

NextPreviousSave & Exit

The applicant answers questions as to current and prior marriages that lasted at least 10 years, or ended in death.

Prior Marriage Details (1st Party)

Apply for Benefits

Prior Marriage Details

Please provide information about the prior marriages for which you answered "yes." List the most recent marriage first (regardless of how long it lasted), and work backwards. If you are not sure of the marriage date, please enter your best guess and explain in the **Remarks** section near the end of the application.

Prior Spouse's Name:

Provide name at birth.

First

Last

Prior Spouse's Social Security Number (SSN):

☐ Prior Spouse's Social Security Number Unknown

Do you know your prior spouse's date of birth?

☐ Yes ☐ No

Date Marriage Started:

Estimate if not sure.

Month

Day

Year

Place of Marriage:

☒ United States or U.S. Territory ☐ Other

City/Town

State/Territory

Marriage Type: [More Info](#)

Date Marriage Ended:

Estimate if not sure.

Month

Day

Year

Place Marriage Ended: [More Info](#)

☒ United States or U.S. Territory ☐ Other

City/Town

State/Territory

How did the marriage end?

Save

Cancel

The applicant provides information about the prior marriages for which they answered yes to the Marriage Information questions.

Children of NH filing for either Retirement or Disability Benefits (1st Party)



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Apply for Benefits

✓ Identification

General

Other Benefits

Remarks & Options

Review & Sign

Children for John Public

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

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Save & Exit

In this section...

✓ Marriage Information

✓ Prior Marriages

Children

Military Details

Employer Details

Self-Employment Details

Supplemental Information

Total Earnings

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When to Start Retirement Benefits

Direct Deposit Details

Military Details (1st Party)

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

Apply for Benefits

✔ Identification

General

Other Benefits

Remarks & Options

Review & Sign

Military Details for John Public

Were you in the U.S. Military Service prior to 1968? [More Info](#)

☒ Yes ☐ No

Are you receiving or eligible to receive a military or civilian Federal agency benefit?

☐ Yes ☒ No

Details of Military Service

Status	Type of Duty	Branch	Service Period	Actions
✔	Active	Navy	September 20, 1970 to September 21, 1975	EditDelete

Add

Next

Previous

Save & Exit

In this section...

✔ Marriage Information

✔ Prior Marriages

✔ Children

✔ Military Details

Employer Details

Self-Employment Details

Supplemental Information

Total Earnings

Other Pensions/Annuities

When to Start Retirement Benefits

Direct Deposit Details

Upon approval of the renewal of the OMB Package, we will be removing the question, “Were you in the U.S. Military Service Prior to 1968?” and removing subsequent request for details of military service. This question is no longer required in the application.

Employer Details (1st Party)



Social Security

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

Apply for Benefits

☒ Identification

General

Other Benefits

Remarks & Options

Review & Sign

Employer Details for John Public

Did you work for an employer in 2019? [More Info](#)

☒ Yes ☐ No

Did you work or will you work for an employer in 2020? [More Info](#)

☒ Yes ☐ No

Details of Employer Information

Please add all employers for 2019 and 2020.

If you do not have any more employers to enter, click the **Next** button.

Status	Employer Name	Dates of Employment	Actions
☒	Mega Corp	April 1988 to September 2020	Edit Delete

In this section...

☒ Marriage Information

☒ Prior Marriages

☒ Children

☒ Military Details

☒ Employer Details

Self-Employment Details

Supplemental Information

Total Earnings

Other Pensions/Annuities

When to Start Retirement Benefits

Direct Deposit Details

The applicant answers questions on if they worked for an employer in the past two years.



Social Security

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

Apply for Benefits

Employer Details for John Public

Employer's Name:

Employer's Address:

Country:

Street Address:

Street Line 1:

Street Line 2:

[+ Add Line](#)

City/Town:

State/Territory:

ZIP Code:

Start Date of Employment:

Month

Year

End Date of Employment:

Month

Year

☐ Employment has not ended

Save

Cancel

If the applicant answers “yes” to working in the current year or prior year, the applicant will answer questions on the Employer.

Self Employment Details (1st Party)



Social Security

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

Apply for Benefits

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

Self-employment Details for John Public

Were you self-employed in 2019? [More Info](#)

☐ Yes ☐ No

Were you self-employed in 2020? [More Info](#)

☐ Yes ☐ No

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

In this section...

- [Marriage Information](#)
- [Prior Marriages](#)
- [Children](#)
- [Military Details](#)
- [Employer Details](#)
- Self-Employment Details**
- [Supplemental Information](#)
- [Total Earnings](#)

The applicant provides a “yes” or “no” answer if they were self-employed in the current year or prior year.

Supplemental Information – Foreign Social Security (1st party)

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

Apply for Benefits

Identification

General

Other Benefits

Remarks & Options

Review & Sign

Foreign Social Security

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

In this section...

✓ Marriage Information

✓ Prior Marriages

✓ Children

✓ Military Details

✓ Employer Details

✓ Self-Employment Details

Supplemental Information

Total Earnings

Other Pensions/Annuities

When to Start Retirement Benefits

Direct Deposit Details

Next

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Save & Exit

This screen is for the user to provide information about foreign Social Security benefits, if they answer yes, a technician will contact the user to develop for evidence of those benefits.

Total Earnings (1st Party)



Social Security

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

Apply for Benefits

☒ Identification

General

Other Benefits

Remarks & Options

Review & Sign

Total Earnings for 2019

Show the total of all wages and tips earned in 2019. [More Info](#)

Estimate if necessary.

\$

Did you earn more than \$1470 a month in wages and tips in every month of 2019? [More Info](#)

☐ Yes ☐ No

Did you work outside the United States for salary, wages, or self-employment in 2019?

☐ Yes ☐ No

Total Earnings for 2020

Show the total of all wages and tips that will be earned in 2020. [More Info](#)

Estimate if necessary.

\$

Will you earn more than \$1520 a month in wages and tips in every month of 2020? [More Info](#)

☐ Yes ☐ No

Are you working outside the United States for salary, wages, or self-employment in 2020?

☐ Yes ☐ No

Special Payments

Do any of the total earnings include special payments paid in one year but earned in another? [More Info](#)

☐ Yes ☐ No

In this section...

- ☒ Marriage Information
- ☒ Prior Marriages
- ☒ Children
- ☒ Military Details
- ☒ Employer Details
- ☒ Self-Employment Details
- ☒ Supplemental Information

Total Earnings

Other Pensions/Annuities

When to Start Retirement Benefits

Direct Deposit Details

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Save & Exit

If the applicant answered “yes” on the Employer Details screen to having earnings in the current year or prior year, the applicant must indicate the total wages for each year.

Other Pensions or Annuities Not Covered By Social Security or Railroad questions (1st Party)

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

Apply for Benefits

✔ Identification

General

Other Benefits

Remarks & Options

Review & Sign

Work Not Covered By Social Security for John Public

Did you ever work in a job where U.S. Social Security taxes were not deducted or withheld?

[More Info](#)

☐ Yes ☐ No

Railroad Employment

Did you work for the Railroad 5 years or more? [More Info](#)

☐ Yes ☐ No

Did your spouse or prior spouse work for the Railroad 5 years or more? [More Info](#)

☐ Yes ☐ No

In this section...

✔ Marriage Information

✔ Prior Marriages

✔ Children

✔ Military Details

✔ Employer Details

✔ Self-Employment Details

✔ Supplemental Information

✔ Total Earnings

Other Pensions/Annuities

When to Start Retirement Benefits

Direct Deposit Details

Next

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Save & Exit

The applicant answers if they ever worked in a job where Social Security taxes were not deducted. The applicant also answers the questions about work for the Railroad (if he or she indicated that was married, the spouse or prior spouse question generates)

Reduced Benefits – Retirement Benefits only (1st Party)

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

Apply for Benefits

✓ Identification

General

Other Benefits

Remarks & Options

Review & Sign

Reduced Benefits for Jane Public

Reduced Benefits: [More Info](#)

☐ I want the earliest month possible without a permanent age-related reduction

☐ I will accept an age-related reduction

In this section...

✓ [Marriage Information](#)

✓ [Prior Marriages](#)

✓ [Children](#)

✓ [Employer Details](#)

✓ [Self-Employment Details](#)

✓ [Supplemental Information](#)

✓ [Total Earnings](#)

✓ [Other Pensions/Annuities](#)

Reduced Benefits

[When to Start Retirement Benefits](#)

[Direct Deposit Details](#)

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Save & Exit

The applicant, when filing for Retirement Benefits, can select reduced benefits. Depending on the response, the next screen will appear for him or her to select the month they want to start benefits.

When to Start Retirement Benefits – Retirement Only (1st Party)



Social Security

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

Apply for Benefits

✓ Identification

General

Other Benefits

Remarks & Options

Review & Sign

When to Start Retirement Benefits for John Public

It's your choice when to start retirement benefits. The earlier the date you start your benefits, the smaller your benefit. The later the date you start to receive benefits, the larger your benefit. This is an important decision, with several factors to consider before you choose the month your benefits should start. [More Info](#)

If you have applied for, or are currently receiving, Supplemental Security Income (SSI), you must select the earliest possible month that you are eligible for benefits. An SSI recipient is required to pursue all other benefits when first eligible.

We have an estimator that can show you what your benefit amount will be under various scenarios. You may wish to end this session and go there now. You will be able to return and continue where you left off. The information you have already entered will be saved.

Go to Estimator

We need to know when you want to start benefits.

Do you want benefits to start in 03/2020?

☐ Yes ☐ No (Your other available options are 04/2020 to 07/2020.)

If you are eligible for both retirement benefits and spouse's benefit, do you want to delay receipt of retirement benefit? [More Info](#)

If you are full retirement age and we determine that you are eligible to receive both a retirement benefit and a spouse's benefit, you may choose to delay receiving your own retirement benefit and receive only the spouse's benefit for now.

☐ Yes ☐ No

In this section...

✓ Marriage Information

✓ Prior Marriages

✓ Children

✓ Military Details

✓ Employer Details

✓ Self-Employment Details

✓ Supplemental Information

✓ Total Earnings

✓ Other Pensions/Annuities

When to Start Retirement Benefits

Direct Deposit Details

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Save & Exit

The applicant, when filing for Retirement Benefits, has a default benefit start date, but has options to choose another benefit start date.

Direct Deposit (1st Party)



Social Security

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

Apply for Benefits

✓ Identification

General

Other Benefits

Remarks & Options

Review & Sign

Direct Deposit Details for John Public

Direct Deposit is Safe, Quick and Convenient [More Info](#)

Do you own or co-own a bank account that you can use for Direct Deposit? [More Info](#)

☐ Yes ☐ No

Next

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Save & Exit

In this section...

- ✓ Marriage Information
- ✓ Prior Marriages
- ✓ Children
- ✓ Military Details
- ✓ Employer Details
- ✓ Self-Employment Details
- ✓ Supplemental Information
- ✓ Total Earnings
- ✓ Other Pensions/Annuities
- ✓ When to Start Retirement Benefits

Direct Deposit Details

The applicant answers “yes” or “no” to owning a bank account.

Benefit Information (1st party) With everyone in household filing for SSI

Text Size Accessibility Help

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

OMB No. 0960-0444
[Paperwork Reduction Act](#)

Apply for Benefits

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

☒ Identification ☒ General ☐ Other Benefits ☐ Remarks ☐ Review & Sign

Supplemental Security Income (SSI) for Kelly Anderson

The SSI program pays benefits to people age 65 and older or blind or disabled adults under 65 who have limited income and resource. [More Info](#)

Do you intend to apply for Supplemental Security Income?
☒ Yes ☐ No

Is everyone in your household receiving or applying for Supplemental Security Income?
☒ Yes ☐ No

Supplemental Nutrition Assistance Program (SNAP)

If you meet certain conditions, SNAP benefits may be available to help you buy food. For more information about SNAP benefits, read Supplemental Nutrition Assistance Program Facts ([Publication No. 05-10101](#)).

If you want to file for SNAP benefits now, you can:

- Apply online at <http://www.fns.usda.gov/snap/apply>;
- Apply in person or by telephone at your local Social Security office and an employee will help you complete your SNAP application. Find your local office at: <https://secure.ssa.gov/ICON/main.jsp>
- Apply by mail. First, download and complete your state form at <http://www.fns.usda.gov/snap/snap-application-and-local-office-locators> and then mail the form to your local SNAP office; or
- Apply at any local SNAP office.

 [Print this Information](#)

Previous Application for Medicare, Social Security Benefits, or Supplemental Security Income (SSI)

Have you previously applied for Medicare, Social Security Benefits, or Supplemental Security Income (SSI)?
☐ Yes ☐ No

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

In this section...

- ☐ Benefit Information
- ☐ Ability to Work
- ☐ Disability Payments
- ☐ Dependents

When the applicant selects “yes” for the question, “Do you intend to file for SSI” the second question about the SSI household will populate to the screen. A new message that contains required filing and benefit information for SNAP will appear by answering “yes” to this question.

Medicare Coverage (1st Party)



The screenshot shows the 'Apply for Benefits' page for Medicare Coverage (1st Party). The page header includes the Social Security Administration logo and the text 'Social Security The Official Website of the U.S. Social Security Administration'. The main heading is 'Apply for Benefits'. Below this is a navigation bar with tabs: 'Identification' (checked), 'General' (checked), 'Other Benefits', 'Remarks & Options', and 'Review & Sign'. The main content area is titled 'Medicare Coverage for Jane Public'. It contains a question: 'Are you already enrolled in Medicare Part B?' with a 'More Info' link and radio buttons for 'Yes' and 'No'. Below this is another section titled 'Other Health Insurance Coverage' with a question: 'Are you receiving Medicaid (state health insurance)?' with a 'More Info' link and radio buttons for 'Yes' and 'No'. At the bottom are buttons for 'Next', 'Previous', and 'Save & Exit'. On the right side, there is a sidebar titled 'In this section...' with links: 'Benefit Information' (checked), 'Health Insurance', and 'Group Health Plan'.

If the applicant is 64 years and 8 months or older, the system generates the Medicare screen for the user to answer questions to Medicare Part B coverage and Medicaid coverage.

Group Health Plan Information if Claimant is 64 years 8 months or older (1st Party)



The screenshot shows the 'Apply for Benefits' page for Group Health Plan Information (1st Party). The page header includes the Social Security Administration logo and the text 'Social Security The Official Website of the U.S. Social Security Administration'. The main heading is 'Apply for Benefits'. Below this is a navigation bar with tabs: 'Identification' (checked), 'General', 'Other Benefits', 'Remarks & Options', and 'Review & Sign'. The main content area is titled 'Group Health Plan Information for Joan Public'. It contains a question: 'Are you covered under a Group Health Plan?' with a 'More Info' link and radio buttons for 'Yes' and 'No'. At the bottom are buttons for 'Next', 'Previous', and 'Save & Exit'. On the right side, there is a sidebar titled 'In this section...' with links: 'Health Insurance Information' (checked), 'Medicaid Information' (checked), and 'Group Health Plan'.

If the applicant is 64 years 8 months or older, the applicant answers question, “are you covered under a Group Health Plan?”

Ability to Work – Disability Benefits Only (1st Party)



Social Security

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

Apply for Benefits

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

✓ Identification

✓ General

Other Benefits

Remarks & Options

Review & Sign

Ability To Work for Joan Public

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

☐ Yes ☐ No

Are you now able to work?

☐ Yes ☐ No

In this section...

✓ Benefit Information

Ability to Work

Disability Payments

Dependents

Next

Previous

Save & Exit

This screen only populates if the user indicated that he or she had a disability under the Applicant Information Page (see page #4).

Workers' Compensation/ Public Disability Benefits for Disability Only (1st Party)

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

Apply for Benefits

1 Provide Background Information

2 Provide Disability Information

3 Sign Medical Release

4 Confirmation

☒ Identification

☒ General

Other Benefits

Remarks & Options

Review & Sign

Workers' Compensation/Public Disability Benefits for Joan Public

Have you applied or intend to apply for any workers' compensation or other public disability benefits? [More Info](#)
☐ Yes ☐ No

Money from Employer

Have you received money from your employer on or after the date you became unable to work?
☐ Yes ☐ No

Do you expect to receive any money from your employer in the future?
☐ Yes ☐ No

In this section...

☒ Benefit Information

☒ Ability to Work

Disability Payments

Dependents

Next

Previous

Save & Exit

This screen propagates if the user answers “yes” on the Ability to Work Screen question, “Are your illnesses, injuries, or conditions related to work in any way?” The applicant answers questions regarding workers’ compensation and public disability benefits.

Other Dependents for Disability Benefits Only (1st Party)

The screenshot shows the Social Security Administration's online application interface. At the top, the SSA logo and 'Social Security' text are visible, along with the tagline 'The Official Website of the U.S. Social Security Administration'. Below this is a header 'Apply for Benefits'. A progress bar indicates four steps: 1. Provide Background Information (active), 2. Provide Disability Information, 3. Sign Medical Release, and 4. Confirmation. Under step 1, there are five tabs: Identification (checked), General (checked), Other Benefits (active), Remarks & Options, and Review & Sign. The main content area is titled 'Other Dependents for Joan Public'. It contains a question: 'Do you have a parent who receives one-half support from you?' with radio button options for 'Yes' and 'No'. At the bottom of this section are three buttons: 'Next' (dark blue), 'Previous' (light blue), and 'Save & Exit' (light blue). On the right side, a sidebar titled 'In this section...' lists three items: 'Benefit Information' (checked), 'Ability to Work' (checked), and 'Disability Payments' (checked). Below these is a section labeled 'Dependents'.

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

Apply for Benefits

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

✓ Identification ✓ General Other Benefits Remarks & Options Review & Sign

Other Dependents for Joan Public

Do you have a parent who receives one-half support from you?

☐ Yes ☐ No

Next Previous Save & Exit

In this section...

- ✓ Benefit Information
- ✓ Ability to Work
- ✓ Disability Payments

Dependents

This screen populates if the user indicates that he or she has children as we need information about the one-half support to determine if the child qualifies for benefits.

Overall Summary for Benefit Application

Apply for Benefits

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

Review Information for John Public

If you need to make any changes, please select the "Edit" button to return to that page.

In this section...
Overall Summary

Identification

Edit

☒ Applicant Identification

Name: **John Q Public**

Social Security Number: *****--**0307**

Date of Birth: **November 3, 1949**

Gender: **Male**

Blind or low vision: **No**

Disabled: **No**

Preparer's Contact Information

Edit

☒ Preparer's Contact Information

Name: **Mike Smith**

Relationship to Applicant: **Other**

Description of Other Relationship: **Neighbor**

Address: **123 Main Street, Baltimore, Maryland, 21244**

Phone: **(410) 555-1234**

Applicant's Contact Information

Edit

☒ Applicant's Contact Information

Contact Information

Mailing Address: **234 First Street, Silver Spring, Maryland, 20901**

Reside at this address: **Yes**

Phone: **(301) 555-7890 Home**

Best time to call: **Noon to 5 p.m.**

Language Preferences

Preferred language for speaking: **English**

Preferred language for reading: **English**

Birth and Citizenship Information

Edit

☒ Birth and Citizenship Information

Place of Birth: **Silver Spring, Maryland**

U.S. Citizen: **Yes**

Type of Citizenship: **US citizen born inside US**

Medicare Election

Edit

☒ Medicare Election

Wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time: **No**

View	✔ Re-entry Number
The Re-entry Number is: 88917472 (The Re-entry Number cannot be edited.)	
Edit	✔ Other Social Security Numbers and Names
Other Social Security Numbers Any other Social Security Numbers used: Yes Other SSN 1: 743-99-0000 Other Names Any other names used: Yes Other Name 1: Johnny Other	
General	
Edit	✔ Marriage Information
Currently married: Yes Spouse's Name: Sally Maiden Spouse's Social Security Number: 743-99-0000 Know Spouse's date of birth: No Spouse's age: 61 Date of Marriage: June 24, 1990 Place of Marriage: Columbia, Maryland Marriage Type: Married by Clergy or Public Official	
Edit	✔ Prior Marriages
Any prior marriages: No	
Edit	✔ Children
Have any children: Yes Any children who became disabled prior to age 22: No Any unmarried children under age 18: Yes Any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: No Child 1: Junior Smith More than 10 children: No	
Edit	✔ Military Details
Military service prior to 1968: No	
Edit	✔ Employer Details
Worked or will work for an employer in 2017: No Will work for an employer in 2018: No	

Edit	Self-Employment Details
Self-employed in 2017: Yes 2017 self-employment type of business: Internet Sales 2017 self-employment net income greater than \$400: Yes Self-employed in 2018: Yes 2018 self-employment type of business: Internet Sales 2018 self-employment net income greater than \$400: Yes	
Edit	Supplemental Information
Worked outside the US: No Spouse worked outside the US: No Agree with earnings history as shown on Social Security statement: Yes	
Edit	Total Earnings
Total of all wages and tips including net income from self-employment in 2017: \$45000 Earned net income from self-employment over \$3740 or performed substantial services in self-employment in all months of 2017: Yes Worked outside the United States for salary, wages, or self-employment in 2017: No Total of all wages and tips including net income from self-employment in 2018: \$45000 Earned net income from self-employment over \$3840 or performed substantial services in self-employment in all months of 2018: Yes Worked outside the United States for salary, wages, or self-employment in 2018: No Total earnings include any special payments paid in one year but earned in another: No	
Edit	Other Pensions/Annuities
Ever work in a job where U.S. Social Security taxes were not deducted or withheld: No Spouse worked for the Railroad 5 years or more: No Worked for the Federal Government in January 1983: No Spouse worked for the Federal Government in January 1983: No	
Edit	Reduced Benefits
Reduced Benefits: Will accept a permanent age-related reduction	
Edit	When to Start Retirement Benefits
Benefits should start in: 6/2017 The specific reason this start date was selected: No longer working If eligible for both retirement and spouse's benefits, delay receipt of retirement benefit: No	
Edit	Direct Deposit Details
Own or co-own a bank account to use for Direct Deposit: No	
Other Benefits	

Other Benefits	
Edit	✔ Benefit Information
Intend to apply for Supplemental Security Income benefits: No	
Any previous application(s) for Medicare, Social Security, or Supplemental Security Income benefits: No	
Edit	✔ Health Insurance
Already enrolled in Medicare Part B: No	
Want to enroll in Medicare Part B: No	
Receiving Medicaid (state health insurance): No	
Edit	✔ Group Health Plan Information
Covered under a Group Health Plan: No	
Remarks	
Edit	✔ Remarks
The following are your remarks:	

This screen provides a summary of the information provided in the application.

Electronic Signature Agreement (1st party)

Electronic Signature Agreement

Please read and accept the following statement 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 agree to notify the Social Security Administration promptly if I (or any person for whom I receive benefits) become employed or self-employed while outside the United States, change citizenship, or go (for 30 days or more) to any country other than the residence address I have entered in this application.

I agree that, if the Social Security Administration determines that I am disabled for Supplemental Security Income (SSI) purposes, I will give the Social Security Administration information about my income, resources, living arrangements, and the other items listed here: <https://www.ssa.gov/ssi/text-report-ussi.htm>, so that the Social Security Administration can determine my SSI eligibility and payment amount.

I understand and agree that this information will be subject to verification.

I agree to notify the Social Security Administration promptly of changes in this information while my application for SSI benefits is pending and at any time when I am eligible for SSI benefits.

I agree to return any payments which are not due.

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 on this application 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 the next step.

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 before continuing. Once you complete the remaining steps in the process, you will receive a receipt containing all of the information you have provided.

This screen appears at the bottom of the Overall Summary for Benefit Application Screen. When **a first party applicant** reviews the information and agrees to the information provided, the applicant reviews the agreement and checks the box "I agree with the Electronic Signature Agreement above"

Electronic Agreement (3rd party)

Electronic Agreement

Congratulations, you're just about ready to complete **John Public's** application for retirement benefits.

Please read and accept the following statement.

I understand and agree that by selecting "**Submit Now**" below, this information will be sent electronically to Social Security. An application will be mailed to **John Public** for his signature and the application must be submitted to a Social Security office before processing can begin.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge.

[Submit Now](#) [Previous](#) [Save & Exit](#)

This screen appears at the bottom of the Overall summary for Benefit Application Screen after the **3rd party responder** reviews the information provided. The 3rd party then has the option to submit the application by clicking "Submit Now", "Save and Exit" to return at a later time, or "Previous" to return to the summary page.