

TRANSFER TO: XXXX RSDHI CLAIMS APPLICATION APPL

[1-M]

NH NAME: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XXXX

[2-M] [3-M]

SSN: SSSSSSSSS SEX: X NH BIRTHDATE: 99999999

[4-M] [5-C]

PROOF (A/B/C/F/Q): X PROOF TYPE (P/H/N/O): X

[6-M]

SELECT CLAIM TYPE(S): 9 9 9 1. RETIREMENT 4. AUXILIARY 7. AGE 72

2. DISABILITY 5. UNINS MED ONLY 8. ESRD

3. SURVIVOR 6. LUMP SUM

[7-C] ABBREVIATED APPLICATION: X

CLAIMANT (IF DIFFERENT)

[8-C]

NAME: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XXXX

[9-C] [10-C] [11-C]

SSN: 999999999 SEX: X BIRTHDATE: 99999999

[12-C] [13-C]

PROOF (A/B/C/F/Q): X PROOF TYPE (P/H/N/O): X

[14-C]

[15-C]

RELATIONSHIP TO NH: 9 1. SPOUSE (SUBSEQUENT CLAIM: 9) 1. RIB

2. SPOUSE WITH CHILD IN CARE 2. DIB

3. CHILD

APPLICANT (IF DIFFERENT) 4. DEPENDENT PARENT

[16-C]

NAME: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XXXX

[17-C] [18-C] [19-C]

SSN: 999999999 EIN: 999999999 WILL APPLICANT BE ENTERED IN RPS (Y/N): X

MCS  
NH:

CLAIM CONTACT METHOD DATA

CCMD

SELECT CONTACT METHOD FOR ESTABLISHING APPLICATION

\*CLAIM TYPE: PARENT CONTACT METHOD 1: 02

CLAIM TYPE: CONTACT METHOD 2: —

CLAIM TYPE: CONTACT METHOD 3: —

1=TELEPHONE -CLAIM INITIATED OVER THE PHONE, USUALLY BY APPOINTMENT  
2=VISIT -CLAIM INITIATED IN PERSON WITH THE CLAIMANT

3=MAIL -RECEIVED PAPER APPLICATION IN THE MAIL AND LOADED IN MCS

4=INTERNET -CLAIM STARTED AND COMPLETED ON THE INTERNET

5=ICT -CLAIM ORIGINATED THROUGH 800 NUMBER AND REFERRED TO ICT UNIT

6=OTHER -NO OTHER CM VALUE IS CURRENTLY APPROPRIATE.

UNSATISFIED FELONY WARRANTS FOR YOUR ARREST? (Y/N): —  
UNSATISFIED FEDERAL/STATE WARRANTS FOR VIOLATION OF PROBATION/PAROLE? (Y/N): —

\*IF AWARDED DO YOU WANT A PASSWORD TO USE THE INTERNET/PHONE SERVICES? (Y/N): N

SELECT MAILING METHOD (BLIND NOTICE INFORMATION) TYPE: —  
1=CERTIFIED MAIL 2=TELEPHONE CONTACT 3=REGULAR MAIL.

PER FOR HELP  
TRANSFER TO: —

MCS TRANSFER TO: XXXX IDENTIFICATION IDEN  
NH SSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): X

BIRTH CITY: XXXXXXXXXXXXXXXXXXXX BIRTH STATE: XX BIRTH COUNTRY: XX

RECORD OF BIRTH BEFORE AGE 5: PUBLIC (Y/N): X RELIGIOUS (Y/N): X

OTHER NAMES USED: XX

XX  
XX  
XX  
XX  
XX

EVER MARRIED (Y/N): X CURRENTLY MARRIED (Y/N): X DEP CHILDREN (Y/N): X

WORK OR EARNINGS IN 1988 1989 1990 (Y/N): X

DISABLED IN LAST 14 MONTHS (Y/N): X ONSET DATE: 99999999

IF YES, APPLYING FOR DISABILITY ON THIS ACCOUNT (Y/N): X

PRIOR APPLICATION FOR RSDI (Y/N): X FOR SSI (Y/N): X FOR MEDICARE (Y/N): X

CROSS REFERENCE SSN: 999999999 STAT: XX SSN: 999999999 STAT: XX

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX SSN: 999999999

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX SSN: 999999999

MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

mcs TRANSFER TO: XXXX ADDITIONAL BENEFITS      ADDR

NH SSSSSSSSS    SSSSS    SSSSSSSSSSS    CL SSSSSSSSS    SSSSS    SSSSSSSSSSS

[1-M]

ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939 (Y/N): X

[2-M]

[3-C]

WORKED IN RR FOR 5 YEARS OR MORE (Y/N): X      SPOUSE (Y/N): X

[4-M]

[5-C]

RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): X    SPOUSE (Y/N): X

[6-M]

[7-C]

COVERED UNDER FOREIGN SSA (Y/N): X    COUNTRY: XXXXXXXXXXXX    IF COVERED,

[8-C]

[9-C]

FILING FOR FOREIGN SSA (Y/N): X    REQUIRES FOREIGN QCS FOR US FILING (Y/N): X

[10-C]

[11-C]

SPOUSE COVERED UNDER SSA OF OTHER COUNTRY (Y/N): X    COUNTRY: XXXXXXXXXXXX

[12-M]

[13-C]

CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): X    SPOUSE (Y/N): X

[14-M]

[15-C]

JAPANESE INTERNEE (Y/N): X    VOW OF POVERTY (Y/N):

[16-M]

QUALIFY FOR US FED/STATE/LOCAL GOVT PENSION BASED ON ANY WORK YOU PERFORMED  
which was NOT COVERED UNDER SSA (Y/N): X

[17-M]

CURRENTLY ENTITLED TO A PENSION NOT COVERED UNDER SSA (Y/N): X

[18-C]

IF NO, DO YOU EXPECT TO BE ENTITLED TO A PENSION NOT COVERED UNDER SSA IN THE FUTURE (Y/N): X

[19-C]

IF YES, SHOW FUTURE ENTITLEMENT DATE (MMYY): 9999

[20-C]

FILING FOR MEDICARE ONLY, RESTRICTING MONTHLY BENEFITS (Y/N): X

[21-C]

WILL MEDICARE APPLY: 9 1. YES 2. NO 3. ALREADY ENROLLED ON ANOTHER SSN

[22-M]

IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT  
FILING FOR BENEFITS ON OWN RECORD (Y/N): X



MCS TRANSFER TO: XXXX INFORMATION ABOUT THE DECEASED DECD  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M] [2-M] [3-C]

DATE OF DEATH: 99999999 PROOF (P/N): X TYPE OF PROOF (P/O): X

[4-M]

DOMICILE AT DEATH: XXXXXXXXXXXXXXXX

[5-M]

PLACE OF DEATH (CITY/STATE): XXXXXXXXXXXXXXXX

[6-M]

[7-C]

DISABLED AT TIME OF DEATH (Y/N): X DISABILITY BEGAN: 999999

[8-C]

WAS CLAIMANT ELIGIBLE AS WIDOW(ER) PRIOR TO 1985 ON ANY SSN (Y/N): X

[9-C]

SURVIVING SPOUSE (Y/N): X

[10-C]

NAME: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

[11-C]

ADDRESS: XX  
XXX

[12-C]

SPOUSE LIVING WITH DECEASED AT TIME OF DEATH (Y/N): X

[13-C]

[14-C]

AWAY FROM HOME: 9 1. DECEASED DATE LAST HOME: 999999  
2. SPOUSE

[15-C]

REASON FOR SEPARATION AT DEATH:  
XXX

[16-C]

IF DUE TO ILLNESS, NATURE OF ILLNESS:  
XXX

[17-C]

REASON ABSENCE BEGAN:  
XXX

[18-C]

IS SPOUSE: 9 1. LIVING IN SAME HOUSEHOLD 2. ELIGIBLE OR ENTITLED TO BENS  
3. NOT ENTITLED TO LSDP

MCS 2.7 TRANSFER TO: XXXX NH ADDITIONAL BENEFITS  
NHAB

NH SSSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939  
(Y/N): X

[2-M]

WORKED IN RR FOR 7 YEARS OR MORE (Y/N): X

[3-M]

RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): X

[4-M]

[5-C]

[6-C]

COVERED UNDER FOREIGN SSA (Y/N): X COUNTRY: XXXXXXXXXXXX IF  
COVERED,

[7-C]

FILING FOR FOREIGN SSA (Y/N): X REQUIRES FOREIGN QC'S FOR US FILING  
(Y/N): X

[8-M]

CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): X

[9-M]

[10-M]

JAPANESE INTERNEE (Y/N): X

VOW OF POVERTY (Y/N): X

MCS 3.6 TRANSFER TO: XXXX WORK DEDUCTIONS/ELECTION OPTION DEME  
NH SSSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSSS SSSSS SSSSSSSSSS  
LIST TYPES, AMOUNTS, PRFS, AND NON-SERVICE MONTHS FOR SSSSS SSSSS SSSSS  
TYPES ARE: 1=WAGES 2=SEI 3=WAGES AND SEI PRF: P=PERM  
NON-SERVICE MONTHS PLACE AN X UNDER ALL, NONE, OR EACH MONTH THAT APPLIES

[1-C] [2-C] [3-C] [4-C][5-C]  
YEAR TYPE AMOUNT ALL NONE 01 02 03 04 05 06 07 08 09 10 11 12 PRF FY ENDS  
SS S SSSSSSSSSS X X X X X X X X X X X X X X X 99  
SS S SSSSSSSSSS X X X X X X X X X X X X X X X 99  
SS S SSSSSSSSSS X X X X X X X X X X X X X X X 99

[6]  
IF OVER MAX OR NONCOVERED EARNINGS INVOLVED, CORRECT ABOVE AMOUNTS.  
[7-M]  
SPECIAL PAYMENTS INVOLVED (Y/N): X IF YES, CORRECT ABOVE

[9-C]  
[8-C] FOREIGN WORK SERVICE MONTHS  
(YY) ALL 01 02 03 04 05 06 07 08 09 10 11 12  
99 X X X X X X X X X X X X X X X  
99 X X X X X X X X X X X X X X X  
99 X X X X X X X X X X X X X X X

[10-M] [11-C]  
ELECTION/ENTITLEMENT OPTION: X DATE(MMY): 9999  
A. MOST ADVANTAGEOUS MONTH B. EARLIEST MONTH WITHOUT REDUCTION  
C. CLAIMANT'S CHOSEN MONTH D. UNREDUCED CLAIMANT  
E. NOT APPLICABLE (DIB AUX SPOUSE WHO MEETS CRITERIA)  
F. OTHER: SPECIAL REASON SSS



MCS 3.2 TRANSFER TO: XXXX CL DEPENDENT PARENT CPAR  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS  
SSSSSSSSSS

DEPENDENT PARENTS:

NAME: SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSSSSSS

[1-M]

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[2-M]

PARENT TYPE: 9 1. NATURAL 2. STEPPARENT 3. ADOPTIVE

[3-C]

IF STEPPARENT, DATE OF STEP-RELATIONSHIP: 999999

[4-C]

IF ADOPTIVE PARENT, DATE OF ADOPTION: 999999

IF PARENT IS ALSO THE CLAIMANT ANSWER THE FOLLOWING

[5-M]

DID THE CLAIMANT RECEIVE 1/2 SUPPORT FROM THE DECEASED (Y/N): X

[6-C]

PROOF OF SUPPORT PREVIOUSLY FILED (Y/N): X

[7-C]

IF NO, PROOF FURNISHED NOW (Y/N): X

[8C]

PROOF OF PARENT RELATIONSHIP (Y/N): X

[9-C]

HAS CLAIMANT REMARRIED SINCE NUMBER HOLDER DIED (Y/N): X

COMM CITIZENSHIP (U.S. AND/OR FOREIGN) CLCZ

[1-D] [2-D] [3-D]  
NH: SSSSSSSSS SSSSS SSSSSSSSSS BN: SSSSSSSSS SSSSS  
SSSSSSSSSS PIC: SSS

[4-M]  
\*COUNTRY/TERRITORY OF CITIZENSHIP: xx

[5-C]  
SELECT U.S. TYPE IF CITIZENSHIP COUNTRY IS U.S.: 9  
1= BIRTH IN U.S. 2= U.S. CITIZEN BORN OUTSIDE U.S. 3=  
NATURALIZATION

[6-C]  
SELECT U.S. PROOF IF CITIZENSHIP COUNTRY IS U.S.: 9  
1= ENUMERATION 4=DEVELOPMENT PENDING  
2= TITLE 2/18 5=NO PROOF  
3= TITLE 16 6=PRESUMED - SYSTEMS GENERATED ONLY

[7-M]  
\*CITIZENSHIP START DATE (MMDDCCYY): 999999999

[8-O]  
CITIZENSHIP STOP DATE (MMDDCCYY): 999999999

[9-O]  
IS LAWFUL PRESENCE DATA NEEDED (Y/N): X

[10-O]  
DELETE THIS OCCURRENCE OF DATA (Y/N): X

[11-O] [12-O]  
ADD NEW OCCURRENCE (Y/N): X REVIEW PRIOR  
OCCURRENCES (Y/N): X

[13-D] [14-O]  
PFI HELP AVAILABLE TRANSFER TO: XXXX



Current CADR Screen:

Ln	No	1	2	3	4	5	6	7	8
0	1	234567890123456789012345678901234567890123456789012345678901234567890							
1	C	MCS			CLAIMANT MAILING ADDRESS			CADR SC90	
2	0	NH: SSSSSSSSSS	SSSSS	SSSSSSSSSSSS	CL: SSSSSSSSSS	SSSSS	SSSSSSSSSSSS		
3	L								
4	U								
5	M								
6	N	*ADDRESS 1: P	P	P	P	P	P	P	P
7	*	ADDRESS 3: P	P	P	P	P	P	P	P
8	O	*CITY: P	P	P	P	P	P	P	P
9	N	STATE & COUNTY CODE: P	P	P	P	P	P	P	P
10	E								
11		COUNTRY: P	P	P	P	P	P	P	P
12	R	FOREIGN POSTAL ZONE: P	P	P	P	P	P	P	P
13	E								
14	S								
15	E								
16	R	DIRECT DEPOSIT ROUTING TRANSIT NUMBER: 9999999999							
17	V	DEPOSITOR ACCOUNT NUMBER: 9999999999999999							
18	E								
19	D								
20		DOMESTIC PHONE: P	P	P	P	P	P	P	P
21									
22									
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****							
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****							

TRANSFER TO: XXXX

ACCOUNT TYPE (C/S): A

CONSULAR CODE: PPP

ADDRESS 2: P

ADDRESS 4: P

STATE: PP

ZIP: PPPP

COUNTY: XXXXXXXXXXXXXXXX



BMAR-BENEFICIARY MARRIAGE

COMM BENEFICIARY MARRIAGE BMAR

[1-D] [2-D] [3-D]

NH: SSSSSSSSS SSSSS SSSSSSSSSSS BN: SSSSSSSSS SSSSS SSSSSSSSSSS PIC: SSS

[4-M] [5-M] [6-M]

\*SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXXXXXXX MIDDLE: X \*LAST: XXXXXXXXXXXXXXXXXXXX

[7-O]

SPOUSE'S SSN: XXXXXXXXXXXX

[8-O] [9-O]

SPOUSE'S BIRTHDATE (MMDDCCYY): 99999999 IF BIRTHDATE UNKNOWN, AGE: 999

[10-M] [11-M]

\*MARRIAGE DATE (MMDDCCYY): 99999999 \*PROOF (Y/N): x

[12-O] [13-O]

MARRIAGE CITY: XXXXXXXXXXXXXXXXXXXX MARRIAGE STATE/FOREIGN COUNTRY: XX

[14-M]

\*SELECT MARRIAGE TYPE: 9 1=CLERGY/PUBLIC OFFICIAL 3=OTHER CEREMONIAL

2=COMMON LAW 4=DEEMED.

[15-O]

SELECT SPECIAL RELATIONSHIP: 9 1=216B1 2=216F1 3=202C2 4=216K 5=216C2/G2.

[16-O]

PROTECTED MARRIAGE (Y/N): x

[17-O] [18-C]

MARRIAGE END DATE (MMDDCCYY): 99999999 PROOF (Y/N): x

[19-C]

SELECT MARRIAGE END REASON: 9

1=DEATH 2=DIVORCE 3=ANNULMENT OF VOIDABLE 4=PUTATIVE 5=VOID/VOIDED.

BMAR

[20-01] [21-C] MARRIAGE ENDED CITY: XXXXXXXXXXXXXXXXXXXX MARRIAGE ENDED STATE/FOREIGN COUNTRY: XX

[22-01] IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999

[23-M] \*OTHER MARRIAGES (Y/N): x

[24-01] DELETE THIS OCCURRENCE OF DATA (Y/N): x

[25-01] [26-01] ADD NEW OCCURRENCE (Y/N): x REVIEW PRIOR OCCURRENCES (Y/N): x

[27-D1] [28-01] PF1 HELP AVAILABLE TRANSFER TO: XXXX

