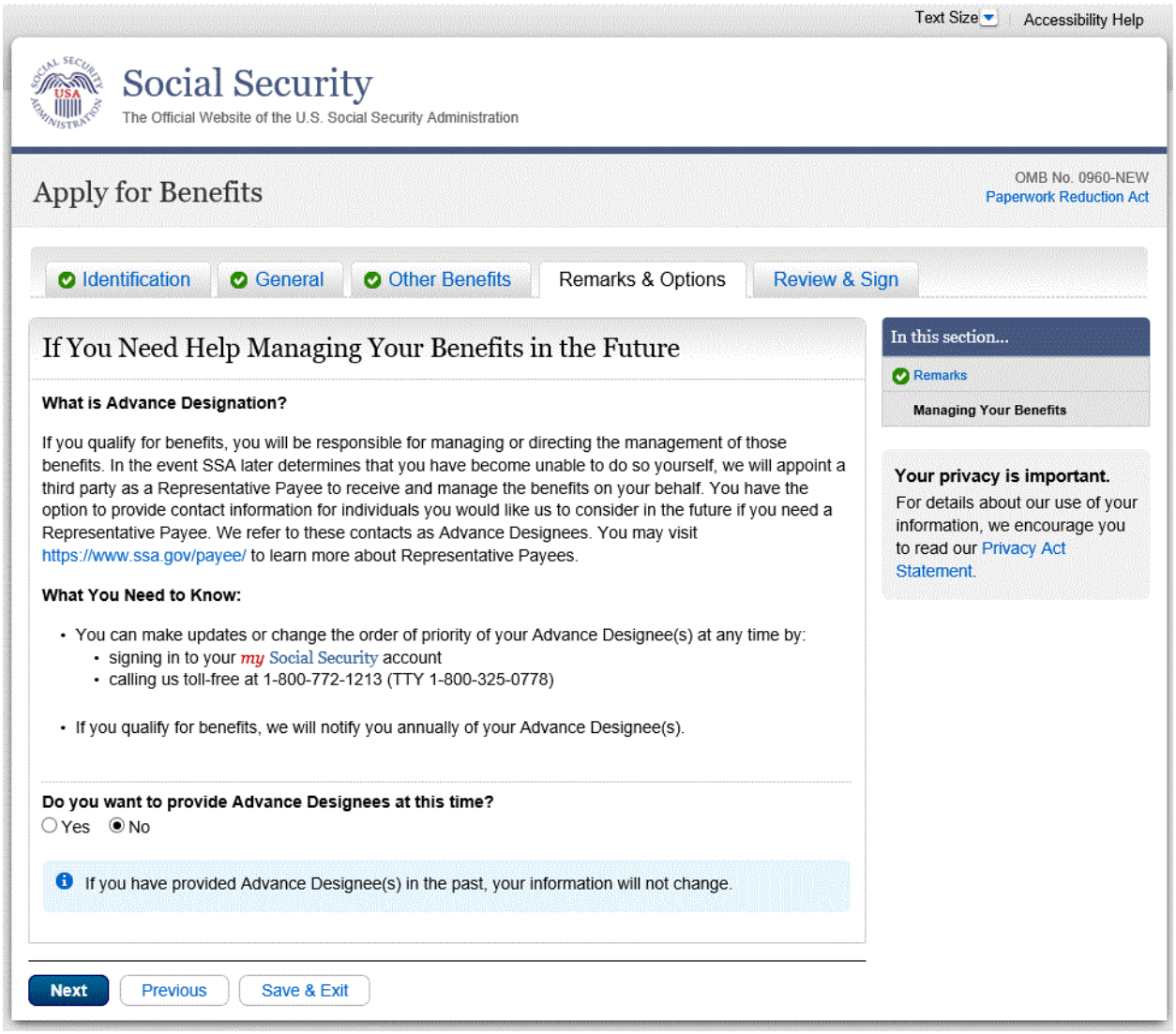
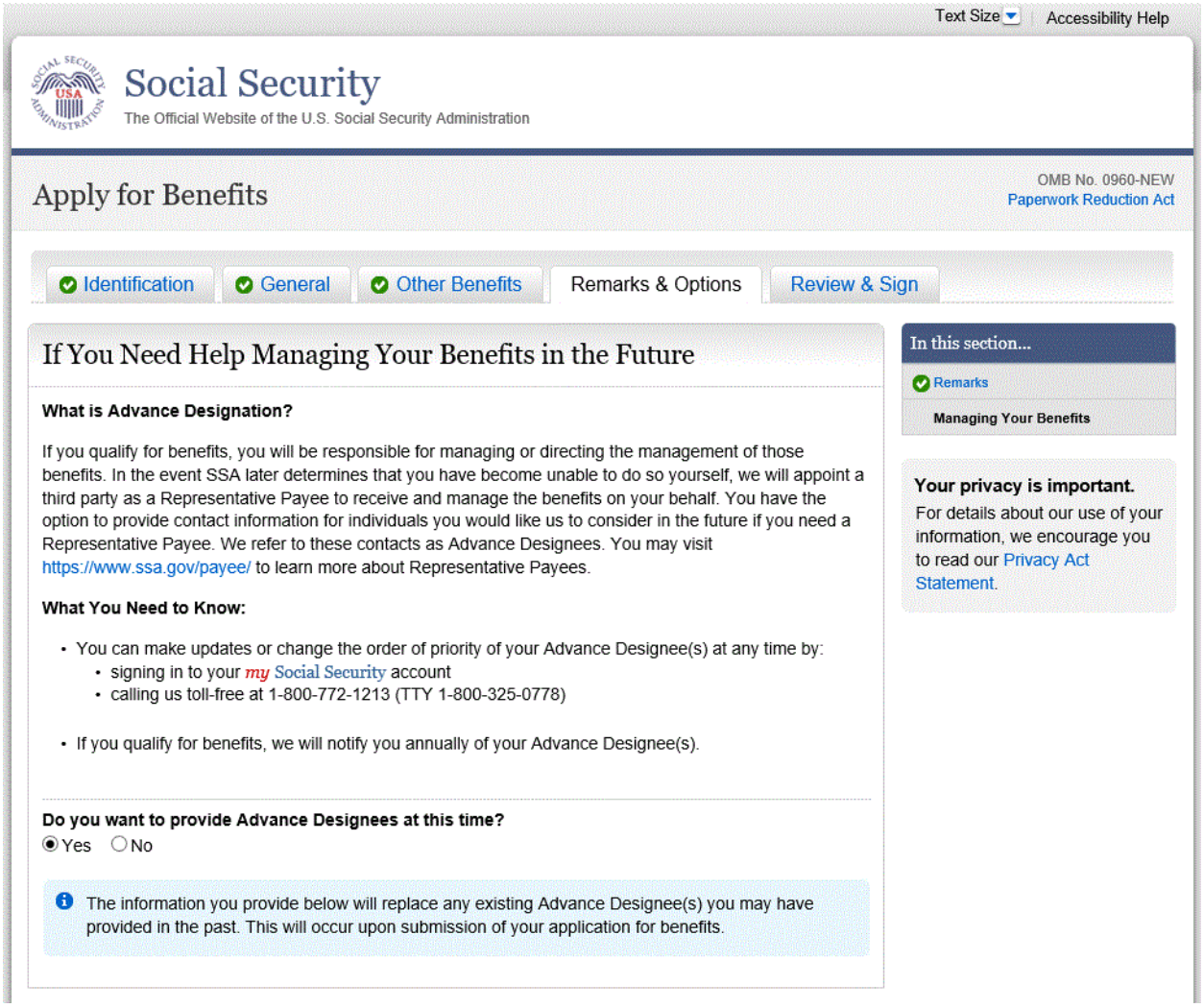
The Advance Designation screen will appear at the end of the iClaim pathway for filers who do not have a representative payee. The screen will provide a "yes" or "no" option.

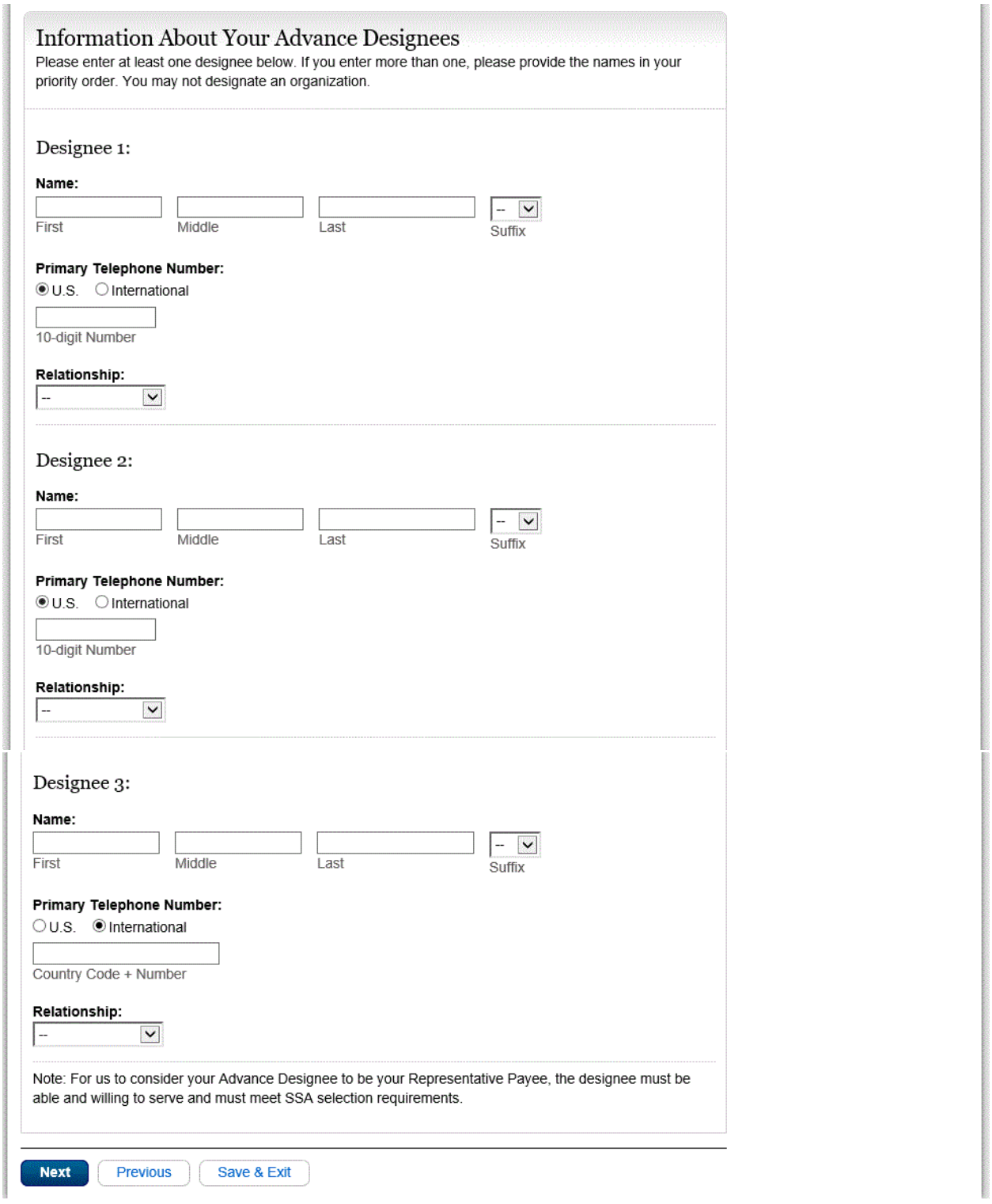
Advance Designation – "No, Do Not Provide AD Now"



Advance Designation – “Yes, Provide AD Now”

(Screen split into 3 images below)





Providing “relationship” is optional, but the user must provide an answer to this field. “No response” is an option to select if the user does not want to provide relationship.

Advance Designation – *“Restart – AD No Longer Applies”

Overall Summary – “No, Do Not Provide AD Now”

Covered under a Group Health Plan: **No**

Remarks & Options

Edit ✔ Remarks

The following are your remarks: **I did not have any earnings in 2016.**

Edit ✔ Managing Your Benefits

Advance Designation

Provide Advance Designees at this time: **No**

Electronic Signature Agreement

Congratulations, you’re just about ready to complete your application for retirement benefits.

Please read and accept the following statement to finish the application. 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 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.**

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

Submit Now Previous Save & Exit

Overall Summary– “Yes, Provide AD Now”

Covered under a Group Health Plan: **No**

Remarks & Options

Edit ✔ Remarks

The following are your remarks: **I did not have any earnings in 2016.**

Edit ✔ Managing Your Benefits

Advance Designation

Provide Advance Designees at this time: **Yes**

Designee 1

Name: **Bob Smith**

Primary Telephone Number: **(804) 664-1234**

Relationship: **Brother**

Designee 2

Name: **John Doe**

Primary Telephone Number: **(919) 460-7890**

Relationship: **Brother**

Designee 3

Name: **Brad Smith Jr.**

Primary Telephone Number: **(410) 717-4321**

Relationship: **Son**

Electronic Signature Agreement

Congratulations, you’re just about ready to complete your application for retirement benefits.

Please read and accept the following statement to finish the application. 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 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.**

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

Submit Now Previous Save & Exit

Overall Summary – *“Restart – AD No Longer Applies”

Covered under a Group Health Plan: **No**

Remarks & Options

Edit ✔ Remarks

The following are your remarks: **I did not have any earnings in 2016.**

View ✔ Managing Your Benefits

Advance Designation

This information is no longer required. We have removed your previous response. **Select "View" for more information.**

Electronic Signature Agreement

Congratulations, you're just about ready to complete your application for retirement benefits.

Please read and accept the following statement to finish the application. 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 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.**

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

Submit Now Previous Save & Exit

* “Restart – AD No Longer Applies” screen provides information to an iClaim user in the following possible scenario:

- The iClaim user is eligible to see the Advance Designation option screens when completing the iClaim, but leaves the claim without submitting it.
- Upon re-entry into iClaim, the iClaim user now has a representative payee and is no longer eligible to see the Advance Designation option screens.
- iClaim will remove the Advance Designation option screens, along with any information previously input by the filer, and will display this screen instead. The language on this screen is intentionally broad because iClaim is not allowed to disclose information from our records to the iClaim user, including the presence of a newly selected representative payee.

The final screens in the mock-up show how the responses will display in the iClaim summary, where the applicant will sign. The iClaim receipt is the same screen as the summary, but without the signature agreement.