

MCS

RSDHI CLAIMS APPLICATION

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789	0							0
1	C	MCS	TRANSFER TO: XXXX	RSDHI CLAIMS APPLICATION				APPL SC0		5
2	0									
3	L	NH NAME: XX								
4	U	SSN: SSSSSSSSS	SEX: X	BIRTHDATE: 99999999						
5	M	PROOF (A/B/C/F/Q): X		PROOF TYPE (P/H/N/O): X						
6	N	SELECT CLAIM TYPE(S): 9 9 9	1. RETIREMENT	4. AUXILIARY	7. AGE 72					
7	*		2. DISABILITY	5. UNINS MED ONLY	8. ESRD					
8	O	ABBREVIATED APPLICATION: X	3. SURVIVOR	6. LUMP SUM						
9	N	FILING FOR SELF ONLY								
10	E	CLAIMANT (IF DIFFERENT)								
11		NAME: XX								
12	R	SSN: 999999999	SEX: X	BIRTHDATE: 99999999						
13	E	PROOF (A/B/C/F/Q): X		PROOF TYPE (P/H/N/O): X						
14	S	RELATIONSHIP TO NH: 9	1. SPOUSE	(SUBSEQUENT CLAIM: X)	1. RIB					
15	E		2. SPOUSE WITH CHILD IN CARE		2. DIB					
16	R		3. CHILD							
17	V	APPLICANT (IF DIFFERENT)	4. DEPENDENT PARENT							
18	E	NAME: XX								
19	D	SSN: 999999999	EIN: 999999999	WILL APPLICANT BE ENTERED IN RPS (Y/N): X						
20		SELECT TYPE OF CHANGE: 9	1. NH NAME	4. CLAIM TYPE						
21			2. CL NAME	5. RELATIONSHIP TYPE						
22			3. APPLICANT NAME	6. SUBSEQUENT CLAIM INDICATOR						
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

MCS

CLAIM CONTACT METHOD DATA

Ln	0	1	2	3	4	5	6	7	7	8	
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0	
1	C	MCS								CCMD SC9	5
2	O	NH: SSSSSSSSSS	SSSSS	SSSSSSSSSSS		CL: SSSSSSSSSS	SSSSS	SSSSSSSSSSS			
3	L	SELECT CONTACT METHOD FOR ESTABLISHING APPLICATION									
4	U	*CLAIM TYPE: SSSSSS CONTACT METHOD 1: 99									
5	M	CLAIM TYPE: SSSSSS CONTACT METHOD 2: 99									
6	N	CLAIM TYPE: SSSSSS CONTACT METHOD 3: 99									
7	*	1=TELEPHONE -CLAIM INITIATED OVER THE PHONE, USUALLY BY APPOINTMENT									
8	O	2=VISIT -CLAIM INITIATED IN PERSON WITH THE CLAIMANT									
9	N	3=MAIL -RECEIVED PAPER APPLICATION IN THE MAIL AND LOADED IN MCS									
10	E	4=INTERNET -CLAIM STARTED AND COMPLETED ON THE INTERNET									
11		5=ICT -CLAIM ORIGINATED THROUGH 800 NUMBER CALL AND REFERRED TO ICT UNIT									
12	R	6=OTHER -NO OTHER CM VALUE IS CURRENTLY APPROPRIATE.									
13	E										
14	S										
15	E	UNSATISFIED FELONY WARRANTS FOR YOUR ARREST? (Y/N) A									
16	R	UNSATISFIED FEDERAL/STATE WARRANTS FOR VIOLATION OF PROBATION/PAROLE? (Y/N): A									
17	V	DO YOU WANT TO CHECK THE STATUS OF YOUR CLAIM USING THE INTERNET? (Y/N): A									
18	E	IF AWARDED, DO YOU WANT A PASSWORD TO USE SSA INTERNET/PHONE SERVICE? (Y/N): A									
19	D										
20		SELECT MAILING METHOD (BLIND NOTICE INFORMATION) TYPE: 9									
21		1=CERTIFIED MAIL 2=TELEPHONE CONTACT 3=REGUALR MAIL.									
22		PF1 FOR HELP TRANSFER TO: XXXX									
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****									
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****									

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MCS

**IDENTIFICATION**

Ln	0	1	2	3	4	5	6	7	7	8	
No	1	2345678901234567890123456789012345678901234567890123456789012345678901234567890123456789								0	
1	C	MCS			IDENTIFICATION				IDEN SC0	8	
2	0	NH SSSSSSSSS	SSSSS SSSSSSSSSS		CL SSSSSSSSS	SSSSS SSSSSSSSSS					
3	L	LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): X									
4	U	BIRTH CITY: XXXXXXXXXXXXXXXX			BIRTH STATE: XX		BIRTH COUNTRY: XX				
5	M	RECORD OF BIRTH BEFORE AGE 5			PUBLIC (Y/N): X		RELIGIOUS (Y/N): X				
6	N	OTHER NAMES USED: XXX									
7	*	XX									
8	O	XX									
9	N	XX									
10	E	XX									
11		EVER MARRIED (Y/N): P CURRENTLY MARRIED (Y/N): X									
12	R	*CHILD UNDER 18, STUDENT 18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22 (Y/N): X									
13	E	WORK OR EARNINGS IN SSSS SSSS SSSS SSSS (Y/N): X									
14	S										
15	E	DISABLED IN LAST 14 MONTHS (Y/N): X			ONSET DATE: 99999999						
16	R	IF YES, APPLYING FOR DISABILITY ON THIS ACCOUNT (Y/N): X									
17	V	*SELECT FILED OR INTEND TO FILE FOR SSI: 9									
18	E	1=YES									
19	D	2=NOT DISABLED, BLIND OR WITHIN W MONTHS OF AGE 65 OR OLDER									
20		3=DOES NOT WISH TO FILE.									
21											
22		TRANSFER TO: XXXX									
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****									
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****									

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**MCS**

**IDENTIFICATION SCREEN 2**

Ln	0	1	2	3	4	5	6	7	7	8
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789								0
1	C	MCS		IDENTIFICATION				IDN2	SC1	1
2	0	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSSSSS	
3	L									
4	U	PRIOR APPLICATION FOR RSDI (Y/N):	X	FOR SSI (Y/N):	X	FOR MEDICARE (Y/N):	X			
5	M	CROSS REFERENCE SSN:	9999999999	STAT:	XX	SSN:	9999999999	STAT:	XX	
6	N	[~NH NAME IN PRIOR APPLICATION								
7	*	[	FIRST NAME	MI	LAST NAME	SSN				
8	O		XXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX				
9	N		XXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX				
10	E	MULTIPLE SSN:	9999999999	9999999999	9999999999	9999999999	9999999999	9999999999		
11										
12	R									
13	E									
14	S									
15	E									
16	R									
17	V									
18	E									
19	D									
20										
21										
22								TRANSFER TO: XXXX		
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

MCS

ADDITIONAL BENEFITS

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0
1	C	MCS	TRANSFER TO:	ADDITIONAL BENEFITS				ADDB SC1		0
2	O	NH	SSSSSSSSSS	SSSSS	SSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSS	
3	L	ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939 (Y/N): N								
4	U	WORKED IN RR FOR 5 YEARS OR MORE (Y/N): N				SPOUSE (Y/N): N				
5	M	RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): N				SPOUSE (Y/N): N				
6	N	COVERED UNDER FOREIGN SSA (Y/N): N				COUNTRY:		IF COVERED,		
7	*	FILING FOR FOREIGN SSA (Y/N):				REQ FOREIGN QC'S FOR U.S. FILING (Y/N):				
8	O	SPOUSE COVERED UNDER SSA OF OTHER COUNTRY (Y/N):				COUNTRY:				
9	N	CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): N				SPOUSE (Y/N): N				
10	E	JAPANESE INTERNEE (Y/N): N				VOW OF POVERTY (Y/N): N				
11										
12	R	QUALITY FOR US FED/STATE/LOCAL GOVT PENSION BASED ON OWN WORK (Y/N): X								
13	E									
14	S	CURRENTLY ENTITLED TO A PENSION NOT COVERED UNDER SSA (Y/N): X								
15	E	IF NO, DO YOU EXPECT TO BE ENTITLED TO A PENSION NOT COVERED UNDER SSA								
16	R	IN THE FUTURE (Y/N): X				IF YES, SHOW FUTURE ENTITLEMENT DATE (MMYY): 9999				
17	V									
18	E	FILING FOR MEDICARE ONLY, RESTRICTING MONTHLY BENEFITS (Y/N): N								
19	D	WILL MEDICARE APPLY: 2 1. YES 2. NO 3. ALREADY ENROLLED ON ANOTHER SSN								
20										
21		IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT								
22		FILING FOR BENEFITS ON OWN RECORD (Y/N):								
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

**NH IDENTIFICATION**

Ln	0	1	2	3	4	5	6	7	7	8
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789								0
1	C	MCS			NH IDENTIFICATION			NHID SC0		6
2	O	NH SSSSSSSSS	SSSSS	SSSSSSSSSS		CL SSSSSSSSS	SSSSS	SSSSSSSSSS		
3	L									
4	U	EVER MARRIED (Y/N):	X							
5	M	CHILD UNDER 18, STUDENT 18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22 (Y/N):	X							
6	N	NH DEP PARENTS (Y/N):	X							
7	*									
8	O	WORK LAST YEAR OR THIS YEAR (Y/N):	X							
9	N	PRIOR APPLICATION FOR RSDI (Y/N):	X	FOR SSI (Y/N):	X	FOR MEDICARE (Y/N):	X			
10	E	CROSS REFERENCE	SSN: 999999999	STAT: XX	SSN: 999999999	STAT: XX				
11		NH NAME IN PRIOR APPLICATION:	XXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	SSN: 999999999				
12	R	NH NAME IN PRIOR APPLICATION:	XXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	SSN: 999999999				
13	E									
14	S	MULTIPLE SSN:	999999999	999999999	999999999	999999999	999999999			
15	E	OTHER NAMES:	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXX				
16	R		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXX				
17	V		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXX				
18	E		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXX				
19	D		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXX				
20										
21										
22								TRANSFER TO: XXXX		
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

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**MCS**

**INFORMATION ABOUT THE DECEASED**

Ln	0	1	2	3	4	5	6	7	7	8
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789								0
1	C	MCS	TRANSFER TO: XXXX	INFORMATION ABOUT THE DECEASED				DECD SC0		7
2	O	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSSSSS	
3	L									
4	U	DATE OF DEATH: 999999999	PROOF (P/N): X		TYPE OF PROOF (P/O): X					
5	M	DOMICILE AT DEATH: XXXXXXXXXXXXXXXX								
6	N	PLACE OF DEATH (CITY/STATE): XXXXXXXXXXXXXXXX								
7	*									
8	O	DISABLED AT TIME OF DEATH (Y/N): X			DISABILITY BEGAN: 999999					
9	N	WAS CLAIMANT ELIGIBLE AS WIDOW(ER) PRIOR TO 1985 ON ANY SSN (Y/N): X								
10	E	SURVIVING SPOUSE (Y/N): X								
11		NAME: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX								
12	R	ADDRESS: XX								
13	E	XXX								
14	S	SPOUSE LIVING WITH DECEASED AT TIME OF DEATH (Y/N): X								
15	E	AWAY FROM HOME: 9	1. DECEASED		DATE LAST HOME: 999999					
16	R		2. SPOUSE							
17	V	REASON FOR SEPARATION AT DEATH: XX								
18	E	IF DUE TO ILLNESS, NATURE OF ILLNESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
19	D	REASON ABSENCE BEGAN: XX								
20		IS SPOUSE: 9	1. LIVING IN SAME HOUSEHOLD		2. ELIGIBLE OR ENTITLED TO BEN				S	
21			3. NOT ENTITLED TO LSDP							
22										
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

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NH ADDITIONAL BENEFITS

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0
1	C	MCS	TRANSFER TO: XXXX		NH ADDITIONAL BENEFITS				NHAB SC3	2
2	O	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSSSSS	
3	L									
4	U		ACTIVE U.S. MILITARY/RESERVE/NATL	GUARD SERVICE	AFTER SEPT 7 1939	(Y/N):	X			
5	M		WORKED IN RR FOR 5 YEARS OR MORE	(Y/N):	X					
6	N		RECEIVING RR RETIREMENT PENSION/ANNUITY	(Y/N):	X					
7	*		COVERED UNDER FOREIGN SSA	(Y/N):	X	COUNTRY:	XXXXXXXXXX	IF COVERED,		
8	O		FILING FOR FOREIGN SSA	(Y/N):	X	REQUIRES FOREIGN QC'S	FOR US FILING	(Y/N):		X
9	N		CIVILIAN EMPLOYEE OF FEDERAL GOVT	IN JAN 1983	(Y/N):	X				
10	E		JAPANESE INTERNEE:	(Y/N):	X	VOW OF POVERTY	(Y/N):	X		
11										
12	R									
13	E									
14	S									
15	E									
16	R									
17	V									
18	E									
19	D									
20										
21										
22										
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								



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NH MARRIAGE

Ln	0	1	2	3	4	5	6	7	7	8
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789								0
1	C	MCS		NH MARRIAGE				NMAR SC4		3
2	O	NH: SSSSSSSSSS	SSSSS	SSSSSSSSSSS	CL: SSSSSSSSSS	SSSSS	SSSSSSSSSSS			
3	L	*SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXXXXXXX MI: X *LAST NAME: XXXXXXXXXXXXXXXXXXXX								
4	U	SPOUSE'S SSN: 9999999999								
5	M	SPOUSE'S BIRTHDATE (MMDDCCYY): 99999999 IF BIRTHDATE UNKNOWN, AGE: 999								
6	N	*MARRIAGE DATE (MMDDCCYY): 99999999 *PROOF (Y/N): A								
7	*	MARRIAGE CITY: XXXXXXXXXXXXXXXXXXXX MARRIAGE STATE/FOREIGN COUNTRY: XX								
8	O	SELECT MARRIAGE TYPE: 9 1=CLERGY/PUBLIC OFFICIAL								
9	N	2=COMMON LAW								
10	E	3=OTHER CEREMONIAL								
11		4=DEEMED.								
12	R	*MARRIAGE ENDED(Y/N): X MARRIAGE END DATE (MMDDCCYY): 99999999 PROOF (Y/N): A								
13	E	MARRIAGE ENDED CITY: XXXXXXXXXXXXXXXXXXXX MARRIAGE ENDED STATE/FOREIGN COUNTRY: XX								
14	S	SELECT REASON: 9 1=DEATH								
15	E	2=DIVORCE								
16	R	3=ANNULMENT OF VOIDABLE								
17	V	4=PUTATIVE								
18	E	5=VOID/VOIDED.								
19	D									
20		IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999								
21		*OTHER MARRIAGES: (Y/N): A DELETE SCREEN: (Y/N): A								
22		PAGE: 9 TRANSFER TO: XXXX								
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

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WORK HISTORY

Ln	0	1	2	3	4	5	6	7	7	8
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789								0
1	C	MCS	TRANSFER TO: XXX	WORK HISTORY				WORK SC1		6
2	O	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSSSSS	
3	L									
4	U	EMPLOYED IN	SSSS	SSSS	SSSS	SSSS	(Y/N): X	MMYY	MMYY	
5	M	EMPLOYER NAME & ADDRESS						START DATE	END DATE	N/E
6	N	1.	XX							
7	*		XX					9999	9999	X
8	O	2.	XX							
9	N		XX					9999	9999	X
10	E	3.	XX							
11			XX					9999	9999	X
12	R	AUTHORIZATION TO CONTACT EMPLOYERS (Y/N):	X							
13	E	CORPORATE OFFICER (Y/N):	X	RELATED TO CORPORATE OFFICER (Y/N):	X					
14	S	CLOSE/FAMILY CORPORATION (Y/N):	X							
15	E	SELF-EMPLOYED IN	SSSS	SSSS	SSSS	SSSS	(Y/N): X			
16	R	IF YES, SHOW: YEARS		TYPE OF BUSINESS				NET OVER \$400 (Y/N)		
17	V		99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				X		
18	E		99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				X		
19	D		99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				X		
20			99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				X		
21										
22		MORE (Y/N):	X	DELETE THIS PAGE (Y/N):	X			PAGE: S		
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

**EARNINGS**

Ln No	0	1	2	3	4	5	6	7	7	8
1	C	MCS	TRANSFER TO:		EARNINGS				EARN	
2	O	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSSSSS	
3	L									
4	U	LIST ALL EARNINGS AND TYPES FOR 2001 2002 2003								
5	M	TYPES ARE: 1=FICA WAGES 2=SEI 3=EMPLOYEE REPORTIED TIPS 4=RR LAG								
6	N	PROOF CODES ARE: P=PROVEN R=READILY AVAILABLE N=NOT AVAILABLE D=DELETED LAG								
7	*		YEAR	TYPE	AMOUNT	PRF				
8	O		99	9	99999.99	A				
9	N		99	9	99999.99	A				
10	E		99	9	99999.99	A				
11			99	9	99999.99	A				
12	R		99	9	99999.99	A				
13	E		99	9	99999.99	A				
14	S		99	9	99999.99	A				
15	E		99	9	99999.99	A				
16	R		99	9	99999.99	A				
17	V		99	9	99999.99	A				
18	E		99	9	99999.99	A				
19	D		99	9	99999.99	A				
20		DO YOU WISH US TO COMPUTE YOUR BENEFITS AND COMPLETE YOUR CLAIM WITHOUT USING								
21		UNPOSTED RECENT EARNINGS (Y/N) :								
22										
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

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**MCS**

**NH MILITARY SERVICE**

Ln	0	1	2	3	4	5	6	7	8
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789							0
1	C	MCS		NH MILITARY SERVICE				NHMS SC4	5
2	O	NH: SSSSSSSSSS SSSSS SSSSSSSSSSS		CL: SSSSSSSSSS SSSSS SSSSSSSSSSS					
3	L	FIRST NAME USED IN SERVICE: XXXXXXXXXXXX		MI: X		LAST NAME: SSSSSSSSSSSSSSSSSSSSS			
4	U	SERVICE NO: XXXXXXXXX							
5	M	*RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT (SELECT ONE):		<u>9</u>					
6	N			1=CIVILIAN		2=MILITARY		3=BOTH	4=NONE.
7	*	[ A/R	BRANCH OF SERVICE	START	END	N/E	RANK	PROOF	
8	O	X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX	
9	N	X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX	
10	E	X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX	
11		X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX	
12	R	X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX	
13	E	X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX	
14	S	X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX	
15	E	X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX	
16	R	X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX	
17	V	X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX	
18	E	IS DEVELOPMENT OF VA SURVIVOR PENSION REQUIRED (Y/N):		X					
19	D	[JAPANESE INTERNEE	START	END		PROOF		HOURLY WAGE	
20			999999	999999		X		99999999	
21			999999	999999		X		99999999	
22		PF1 FOR HELP	MORE (Y/N):	<u>X</u>		PAGE: 1		TRANSFER TO: XXXX	
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****							
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****							

SCREEN FR

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**MCS**

**NH MILITARY RETIREMENT/FEDERAL BENEFIT**

Ln	0	1	2	3	4	5	6	7	8
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789							0

1	C	MCS	TRANSFER TO: XXXX	NH MILITARY RETIREMENT/FEDERAL BENEFIT	NHMR SC4	6		
2	0	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSS	CL SSSSSSSSS	SSSSS	SSSSSSSSSS
3	L							
4	U		IF RETIRED FROM MILITARY, BASIS OF RETIREMENT: 9					
5	M		1. LENGTH OF SERVICE	3. RESERVE SERVICE PAYABLE AT AGE 60				
6	N		2. DISABILITY	4. OTHER				
7	*		IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
8	O		IF RETIRED AND SERVICE AFTER DEC 31, 1956, INDICATE BRANCH OF SERVICE PAYING					
9	N	BENEFIT: 9	1. ARMY	5. COAST GUARD				
10	E		2. NAVY	6. PUBLIC HEALTH SERVICE				
11			3. AIR FORCE	7. COASTAL/GEODETIC SURVEY				
12	R		4. MARINE CORPS	8. OTHER				
13	E		IF OPTION 8 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
14	S		WAIVED ALL/PART OF RETIREMENT TO GET VA OR OTHER FED CREDIT (Y/N): X					
15	E							
16	R		IF ELIGIBLE FOR CIVILIAN FEDERAL AGENCY BENEFITS, INDICATE BENEFIT TYPE: 9					
17	V		1. SERVICE	2. SURVIVOR	3. DISABILITY	4. OTHER		
18	E		IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
19	D		NAME OF FED AGENCY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
20			YEARS EMPLOYED: 99	DATE CLAIM FILED: 999999	CLAIM NO.: XXXXXXXXXXXX			
21			MOST RECENT AGENCY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
22			CITY: XXXXXXXXXXXXX	STATE: XX	LAST WORKED: 999999			
23			***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****					
24			***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****					

SCREEN FR

MSOM

MCS

**WORK DEDUCTIONS/ELECTION OPTION**

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0
1	C	MCS	TRANSFER TO: XXXX	WORK DEDUCTIONS/ELECTION OPTION				DEME	SC3	4
2	0	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSSSS	

3	L	
4	U	LIST TYPES, AMOUNTS, PRFS, AND NON-SERVICE MONTHS FOR SSSS SSSS SSSS
5	M	TYPES ARE: 1=WAGES 2=SEI 3=WAGES AND SEI PRF: P-PERM
6	N	NON-SERVICE MONTHS PLACE AN X UNDER ALL, NONE, OR EACH MONTH THAT APPLIES
7	*	YEAR TYPE AMOUNT ALL NONE 01 02 03 04 05 06 07 08 09 10 11 12 PRF FY END S
8	O	SS X XXXXXXXXXX X X X X X X X X X X X X X X X X X 99
9	N	SS X XXXXXXXXXX X X X X X X X X X X X X X X X X X 99
10	E	SS X XXXXXXXXXX X X X X X X X X X X X X X X X X X 99
11		IF OVER THE MAX OR NONCOVERED EARNINGS INVOLVED, CORRECT THE ABOVE AMOUNTS.
12	R	SPECIAL PAYMENTS INVOLVED (Y/N): X IF YES, CORRECT ABOVE
13	E	FOREIGN WORK SERVICE MONTHS
14	S	(YY) ALL 01 02 03 04 05 06 07 08 09 10 11 12
15	E	99 X X X X X X X X X X X X X X X
16	R	99 X X X X X X X X X X X X X X X
17	V	99 X X X X X X X X X X X X X X X
18	E	ELECTION/ENTITLEMENT OPTION: X DATE(MMY): 9999
19	D	A. MOST ADVANTAGEOUS MONTH B. EARLIEST MONTH WITHOUT REDUCTION
20		C. CLAIMANT'S CHOSEN MONTH D. UNREDUCED CLAIMANT
21		E. NOT APPLICABLE (DIB AUX SPOUSE WHO MEETS CRITERIA)
22		F. OTHER: SPECIAL REASON SSS
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****

MCS

CLAIMANT MAILING ADDRESS

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0
1	C	MCS		CLAIMANT MAILING ADDRESS				CADR SC9		0
2	O	NH: <u>SSSSSSSSSS</u>	<u>SSSSS</u>	<u>SSSSSSSSSSS</u>		CL: <u>SSSSSSSSSS</u>	<u>SSSSS</u>	<u>SSSSSSSSSSS</u>		
3	L									
4	U									
5	M									
6	N	*ADDRESS 1: <u>PPPPPPPPPPPPPPPPPPPPPP</u>				ADDRESS 2: <u>PPPPPPPPPPPPPPPPPPPPPP</u>				
7	*	ADDRESS 3: <u>PPPPPPPPPPPPPPPPPPPPPP</u>				ADDRESS 4: <u>PPPPPPPPPPPPPPPPPPPPPP</u>				
8	O	*CITY: <u>PPPPPPPPPPPPPPPPPPPPPP</u>				STATE: <u>PP</u>		ZIP: <u>PPPPP</u>		
9	N	STATE & COUNTY CODE: <u>PPPPPP</u>				COUNTY: <u>XXXXXXXXXXXXXXXXXX</u>				
10	E									
11		COUNTRY: <u>PPPPPPPPPPPPPPPPPPPPPP</u>				CONSULAR CODE: <u>PPP</u>				
12	R	FOREIGN POSTAL ZONE: <u>PPPPPPPPPPPPPP</u>								
13	E									
14	S	BANK ACCOUNT (Y/N): X				DIRECT EXPRESS (Y/N): X				
15	E									
16	R	DIRECT DEPOSIT ROUTING TRANSIT NUMBER: <u>999999999</u>				ACCOUNT TYPE (C/S): <u>A</u>				
17	V	DEPOSITOR ACCOUNT NUMBER: <u>9999999999999999</u>								
18	E									
19	D									
20		DOMESTIC PHONE: <u>PPPPPPPPPP</u>				FOREIGN PHONE: <u>PPPPPPPPPPPPPP</u>				
21										
22								TRANSFER TO: <u>XXXX</u>		
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

SCREEN FR

MSOM

MCS





**MISCELLANEOUS MEDICARE**

Ln	0	1	2	3	4	5	6	7	7	8
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789								0
1	C	MCS	TRANSFER TO: XXXX	MISCELLANEOUS MEDICARE				MEDI SC2		2
2	0	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSSSS	
3	L									
4	U		SPOUSE RECEIVING PENSION/ANNUITY FROM CIVIL SERVICE/OPM (Y/N): X							
5	M		IF YES, ENTER ANNUITY NUMBER: XXXXXXXXXX							
6	N		IF YES, SPOUSE ENROLLED IN SMI WITH SSA (Y/N): X							
7	*									
8	O	COMPLETE THE FOLLOWING QUESTIONS ONLY IF CLAIMANT OR SPOUSE EMPLOYED BY								
9	N	FEDERAL GOVERNMENT AFTER JUNE 1960:								
10	E	COVERED UNDER A MEDICAL PLAN PROVIDED BY FEHBA OF 1959 (Y/N): X								
11		IF NO, COMPLETE THE FOLLOWING:								
12	R	WERE CLAIMANT AND SPOUSE BARRED FROM COVERAGE BECAUSE								
13	E	EMPLOYMENT NOT LONG ENOUGH (Y/N): X								
14	S	IF BARRED FROM COVERAGE, EXPLAIN: XXX								
15	E	XX								
16	R	IF NOT BARRED FROM COVERAGE, CLAIMANT OR SPOUSE EMPLOYED BY								
17	V	FEDERAL GOVERNMENT AFTER FEBRUARY 15, 1965 (Y/N): X								
18	E									
19	D									
20										
21										
22										
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								



23	***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****
24	***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****

SCREEN FR

MSOM

**MCS**

**CL MILITARY RETIREMENT/FEDERAL BENEFIT**

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0
1	C	MCS	TRANSFER TO: XXXX	CL MILITARY RETIREMENT/FEDERAL BENEFIT	CLMR SC2					6
2	0	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSSSS	
3	L									
4	U		IF RETIRED FROM MILITARY, BASIS OF RETIREMENT: 9							
5	M		1. LENGTH OF SERVICE				3. RESERVE SERVICE PAYABLE AT AGE 60			
6	N		2. DISABILITY				4. OTHER			
7	*		IF OPTION 4 CHOSEN, ESPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX							
8	O		IF RETIRED AND SERVICE AFTER DEC 31, 1956, INDICATE BRANCH OF SERVICE PAYING							
9	N		BENEFIT: 9							
10	E		1. ARMY		5. COAST GUARD					
11	E		2. NAVY		6. PUBLIC HEALTH SERVICE					
12	R		3. AIR FORCE		7. COASTAL/GEODETIC SURVEY					
13	E		4. MARINE CORPS		8. OTHER					
14	S		IF OPTION 8 CHOSEN, ESPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX							
15	E		WAIVED ALL/PART OF RETIREMENT TO GET VA OR OTHER FED CREDIT (Y/N): X							
16	R		IF ELIGIBLE FOR CIVILIAN FEDERAL AGENCY BENEFITS, INDICATE BENEFIT TYPE: 9							
17	V		1. SERVICE		2. SURVIVOR		3. DISABILITY		4. OTHER	
18	E		IF OPTION 4 CHOSEN, ESPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX							
19	D		NAME OF FED AGENCY: XX							
20			YEARS EMPLOYED: 99		DATE CLAIM FILED: 999999		CLAIM NO.: XXXXXXXXXXXXXXX			
21			MOST RECENT AGENCY: XX							
22			CITY: XXXXXXXXXXXXXXX		STATE: XX		LAST WORKED: 999999			
23			***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****							
24			***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****							

**MCS**

**RECORD OF CHANGE**

Ln No	0	1	2	3	4	5	6	7	8	
1	C	MCS	TRANSFER TO:	RECORD OF CHANGE	CHNG	SC3			8	
2	O	NH	999999999	SSSSS SSSSSSSSSSS	CL	999999999	SSSSS SSSSSSSSSSS			
3	L									
4	U	ELEMENT CHANGED	OLD DATA		DATE	NAME	PO		S	
5	M									
6	N	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	SSSSSS	SSSSSSSS	S			S	
7	*	WHY:	XX							X
8	O									
9	N	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	SSSSSS	SSSSSSSS	S			S	
10	E	WHY:	XX							X
11										
12	R	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	SSSSSS	SSSSSSSS	S			S	
13	E	WHY:	XX							X
14	S									
15	E	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	SSSSSS	SSSSSSSS	S			S	
16	R	WHY:	XX							X
17	V									
18	E	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	SSSSSS	SSSSSSSS	S			S	
19	D	WHY:	XX							X
20										
21		MORE (Y/N):	Y			PAGE	01			
22										
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

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MSOM





MCS

NUMIDENT/DEATH ALERT

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0
1	C	MCS		NUMIDENT/DEATH ALERT				ERFA SC6		1
2	O	NH SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSS		CL SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSS						
3	L									
4	U	DATA ENTERED FOR NH		NUMIDENT DATA						
5	M	SSN: SSSSSSSSS								
6	N	NAME: SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSS		NAME: SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSS						S
7	*	DATE OF BIRTH: SSSSSS		DATE OF BIRTH: SSSSSS						
8	O	SEX: S		SEX: S						
9	N			DATE OF DEATH: SSSSSS						
10	E									
11										
12	R	DATA ENTERED FOR CL		NUMIDENT DATA						
13	E	SSN: SSSSSSSSS								
14	S	NAME: SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSS		NAME: SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSS						S
15	E	DATE OF BIRTH: SSSSSS		DATE OF BIRTH: SSSSSS						
16	R	SEX: S		SEX: S						
17	V			DATE OF DEATH: SSSSSS						
18	E									
19	D									
20										
21										
22										
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								



