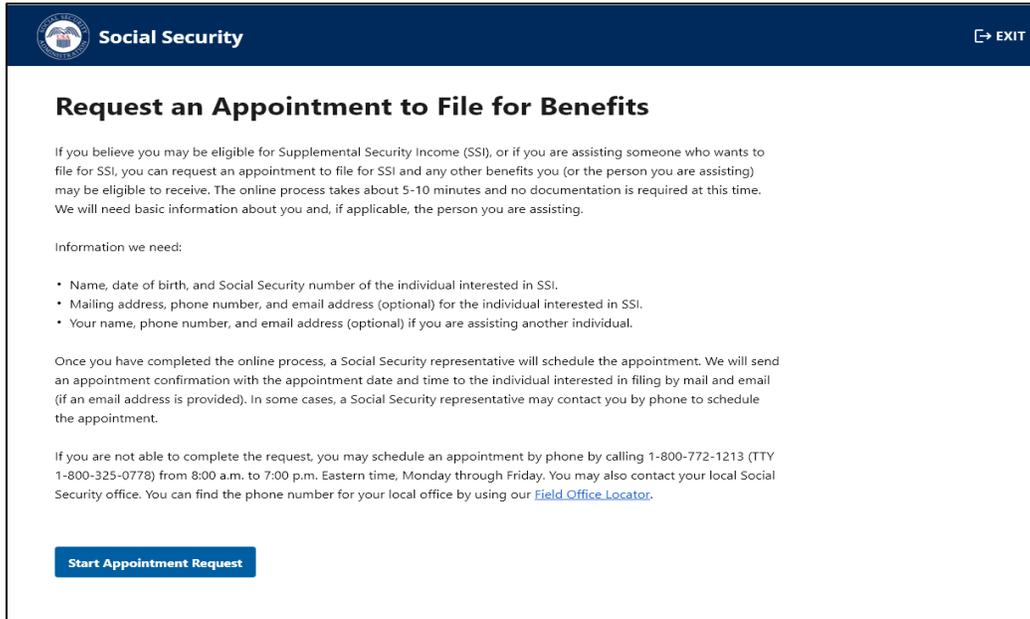


**Important** - The Third-Party Path follows the identical flow and screen description as the path for the first party users, except for an additional screen (screen # 8 part of this package). The additional screen requests contact information of the individual providing the information for the potential claimant. Individuals can distinguish these screens by looking at the message located at the top of the pages (e.g., “For the person you are assisting...”) Both, the first and third party/Assistor paths are also available to mobile users.

### Screen #1 – SSA.gov Landing Page



The screenshot shows the SSA.gov landing page for requesting an appointment to file for benefits. The page has a dark blue header with the Social Security logo and the text "Social Security" on the left, and a "EXIT" button on the right. The main content area is white and contains the following text:

#### Request an Appointment to File for Benefits

If you believe you may be eligible for Supplemental Security Income (SSI), or if you are assisting someone who wants to file for SSI, you can request an appointment to file for SSI and any other benefits you (or the person you are assisting) may be eligible to receive. The online process takes about 5-10 minutes and no documentation is required at this time. We will need basic information about you and, if applicable, the person you are assisting.

Information we need:

- Name, date of birth, and Social Security number of the individual interested in SSI.
- Mailing address, phone number, and email address (optional) for the individual interested in SSI.
- Your name, phone number, and email address (optional) if you are assisting another individual.

Once you have completed the online process, a Social Security representative will schedule the appointment. We will send an appointment confirmation with the appointment date and time to the individual interested in filing by mail and email (if an email address is provided). In some cases, a Social Security representative may contact you by phone to schedule the appointment.

If you are not able to complete the request, you may schedule an appointment by phone by calling 1-800-772-1213 (TTY 1-800-325-0778) from 8:00 a.m. to 7:00 p.m. Eastern time, Monday through Friday. You may also contact your local Social Security office. You can find the phone number for your local office by using our [Field Office Locator](#).

[Start Appointment Request](#)

Individuals visiting the SSA website to learn about [Supplemental Security Income \(SSI\)](#) payments will be provided with a description of the SSI program and information about how to file an application. In the informational section, individuals will be able to access the link “**Request an Appointment to File for Benefits**” which will direct them to the “Landing Page” shown above. This page informs individuals about the information needed prior to accessing the online tool, the process for the request, and what to expect next once the information is submitted.

## Screen #2 – Welcome/Starting Page

The screenshot shows the 'Request an Appointment to File for Benefits' page. At the top left is the Social Security Administration logo and the text 'Social Security'. At the top right is an 'EXIT' button with a right-pointing arrow. The main heading is 'Request an Appointment to File for Benefits'. Below this is a sub-heading 'Answer a few questions to schedule an appointment'. The text explains that the user will be asked questions to schedule an appointment for Supplemental Security Income (SSI) and other potential Social Security benefits, which may take 5-10 minutes. It also states that the date of submission will be used as the application date if the appointment is kept. A note specifies that this is NOT an application for benefits, and a formal determination of eligibility or entitlement must be filed with the SSA. There are links for 'Frequently Asked Questions', 'Terms of Service', and 'Privacy Act Statement'. At the bottom are 'Start' and 'Exit' buttons.

This is the “Starting page” where individuals receive information about the process. It informs them that we may use the date of this request as their date of the application if they submit the requested information and keep an appointment to file an application for benefits. The page also offers links to the Frequently Asked Questions (FAQ), the Terms of Service (ToS), and the Privacy Act (PA) statement. The FAQ link directs individuals to a SSA.gov page where individuals can find different SSA topics, which includes information about appointments and ways to contact us to reschedule an appointment when needed.

Individuals selecting the ToS link receive the pop-up message below.

The screenshot shows a pop-up message titled 'Terms of Service'. The text reads: 'I understand that I am entering a U.S. Government System to request an appointment with the Social Security Administration. I understand that I need to provide the Social Security Administration information in order to request an appointment. I understand that failing to agree to the statements below will prevent me from requesting an appointment online for me or for the person for whom I am requesting an appointment.' Below this, it says 'I understand that:' followed by a bulleted list: 'my activities may be monitored within this site.', 'use of the online form may protect an application filing date but is not itself an application for any benefit.', and 'any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.' There is also a section for 'Information about Social Security's Online Policies' which states: 'We are committed to protecting individual privacy and securing the personal information made available to us when you visit our website, SSA.gov. Our Internet Privacy Policy explains our online information practices.' At the bottom are 'Back' and 'Exit' buttons. A link to 'view our Privacy Act Statement' is visible at the very bottom of the pop-up.

## Screen #2 – (Cont.) Welcome/Starting Page

The ToS link informs individuals of various privacy and security aspects before the individual enters the Government information system. The ToS acknowledges that we may monitor activity within the online system. Individuals can either select “Back” to go back to the online tool, or “Exit” to leave the tool.

The pop-up message also provides a direct link to SSA’s Internet Privacy Policy that explains the agency’s online information practices.

Individuals selecting the PA statement link will receive the message below.

**Privacy Act Statement: Collection and Use of Information**

Sections 202, 205, 223, 226, 806, 1611(c), 1616, 1631(d) and (e), 1634(a), and 1837 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 us from scheduling an appointment.

We will use the information you submit to schedule an appointment to determine a potential claimant’s eligibility for benefits. We may also share your information and the information you submit on behalf of a potential claimant for the following purposes, called routine uses:

- To third party contacts (e.g., employers and private pension plans) in situations where the party to be contacted has, or is expected to have, information relating to the individual’s capability to manage his or her benefits or payments, or his or her eligibility for or entitlement to benefits or eligibility for payments, under the Social Security program when: (a) The individual is unable to provide information being sought; OR (b) the data is necessary to establish the validity of evidence or to verify the accuracy of information presented by the individual; and
- To contractors, cooperative agreement awardees, State agencies, Federal agencies and Federal congressional support agencies for research and statistical activities that are designed to increase knowledge about present or alternative Social Security programs; are of importance to the Social Security program or the Social Security beneficiaries; or are for an epidemiological project that relates to the Social Security program or beneficiaries. We will disclose information under this routine use

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 Notice (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019 at 84 FR 58422. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

**Back** **Exit**

Individuals must select the link and view the PA statement before continuing otherwise they will receive the following alert:

**Social Security** EXIT

**Request an Appointment to File for Benefits**

**⚠ Please correct the following information:**

- Error: Privacy Act Statement

We will ask a series of questions about you (or someone you are assisting) and schedule an appointment to file for Supplemental Security Income (SSI) and other potential Social Security benefits. Answering the questions may take approximately 5-10 minutes.

**Screen #3 Selecting path for users**

The screenshot shows a web interface for the Social Security Administration. At the top left is the Social Security logo and the text 'Social Security'. At the top right is a button labeled 'EXIT'. The main heading is 'Request an Appointment to File for Benefits'. Below this is a progress bar with '1 of 9' steps, and the current step is 'Who is scheduling'. There are two asterisks (\*) indicating required information. The first question is '\*Who are you answering these questions about?'. It has three radio button options: 'Yourself', 'A minor child (including your own) for whom you are a caretaker or for whom a court has appointed you the legal representative', and 'An incompetent adult whose care you are responsible for or for whom a court has appointed you the legal representative'. Below these is the word 'OR'. The second question is '\*Indicates required information' and has three radio button options: 'Your spouse', 'Someone else who is with you as you answer these questions', and 'Someone else who is not with you but has a good reason why they cannot sign their own SSI application at this time'. At the bottom are two buttons: 'Next' and 'Exit'.

We ask individuals to indicate who they are answering the questions about. If the individual selects any option other than “Yourself” or “Someone else who is with you as you answer these questions”, the system presents the third-party/Assistor path.

All fields with an asterisk (\*) are mandatory fields and individuals must enter a response in order to proceed to the next screen. If an individual does not enter or select a response, the system provides an alert for individuals to take action and correct the information.

## Screen #4 Personal Information

 **Social Security** EXIT

## Request an Appointment to File for Benefits

**2** of 9 **Personal Information**

\*Indicates required information

**For the person you are assisting...**

\*First name  Middle name  \*Last name  Suffix

\*Phone type

U.S.  
 International

\*Phone number

\*Mailing address

Street address  Street address line 2

Street address line 3  Street address line 4

City  State  ZIP Code

Email

ⓘ Their phone number and address are being collected so we have a number to contact them about their appointment and an address where we can mail an appointment confirmation. We will also send their appointment confirmation electronically if an email is provided above.

## Screen #4 (Cont.) Personal Information


Social Security
EXIT

## Request an Appointment to File for Benefits

2
of 9 Personal Information

**⚠ Please correct the following information:**

- [Error: First name](#)
- [Error: Last name](#)
- [Error: Phone number](#)
- [Error: Mailing address](#)

\* Indicates required information

**For the person you are assisting...**

\* First name Middle name \* Last name Suffix

Please enter a first name.  Please enter a last name.

Select one... ▾

\* Phone type

U.S.

International

\* Phone number

Please enter 10 digits (Example: 999-999-9999)

\* Mailing address

The entered ZIP Code must match the street address, city and state entered.

Street address

Street address line 2

Street address line 3

Street address line 4

City

State

MD ▾

ZIP Code

Email

**i** Their phone number and address are being collected so we have a number to contact them about their appointment and an address where we can mail an appointment confirmation. We will also send their appointment confirmation electronically if an email is provided above.

Next

Previous

Exit

Individuals who do not provide all the required information will receive an alert prompting them to either enter the missing information or to enter the information in the proper format. For example, phone number must be numeric and 10 digits, and the zip code must match the city and state based on the postal service directory. At any point, individuals can choose to exit the tool by selecting the “Exit” button. To ensure that the individual does want to exit the tool, the system provides the following alert.

×

Are you sure you want to exit?

You have entered information that will be lost if not submitted.

Exit without submitting

Go back

## Screens #5 Date of Birth and #6 Social Security Number

**Social Security** [EXIT]

## Request an Appointment to File for Benefits

3 of 9 **Date of Birth**

\* Indicates required information

**For the person you are assisting...**

\* What is their date of birth?  
Example: 4 21 1975

Month Day Year

<input type="text" value="12"/>	<input type="text" value="29"/>	<input type="text" value="1966"/>
---------------------------------	---------------------------------	-----------------------------------

**Next** **Previous** **Exit**

**Social Security** [EXIT]

## Request an Appointment to File for Benefits

4 of 9 **Social Security Number**

\* Indicates required information

**For the person you are assisting...**

\* What is their Social Security Number (SSN)?  
Example: 111-11-1111

**i** If they do not have an SSN, please review the [SSI eligibility requirements](#) or learn more about [obtaining an SSN](#).

**Next** **Previous** **Exit**

Upon entering the personal contact information for the person they are assisting and selecting next, the individual is asked to provide the date of birth and social security number of the person they are assisting. We require this information to establish the appointment under the correct record and to alert us if there are special internal indicators that need further evaluation.

## Screen #7 Disability Information

**Social Security** EXIT

## Request an Appointment to File for Benefits

5 of 9 **Disability**

\* Indicates required information

**For the person you are assisting...**

\* Do they have a physical or mental disabling condition that has lasted or can be expected to last at least 12 months or result in death?

Yes  
 No

\* Are they blind or do they have low vision even with glasses or contacts?

Yes  
 No

\* What date did the physical or mental disabling condition begin?

**i** We know it can be hard to identify a specific date for many people. If you do not know the specific day but you know the month, you can enter the first day of the month. If you do not know the specific month, try to make your best guess based on your memory.

Example: 4 21 1975  
Month Day Year

**i** There are several ways to receive information from us if they are blind or have a visual impairment. They can request special notice options at the conclusion of this request for an appointment.

**Next** **Previous** **Exit**

The Supplemental Security Income (SSI) program provides monthly payments to certain adults and children with a disability or blindness, and individuals age 65 and older without a disability. Therefore, we request individuals to indicate if they have a disability or if they are blind. If they select “Yes” to the first question, the system presents the third question to provide us with an estimated date of when the condition began. This information, along with the date of birth, helps us to determine the type of appointment needed (e.g., aged, adult, or child appointment). In addition, we provide a message about the option to request special notices for those with a visual impairment.

Individuals selecting “No” to the first two questions, receive the following alert advising them of the SSI eligibility requirement. The alert does not prevent individuals from continuing to request an appointment, as individuals are able to file an application to obtain a formal determination from SSA about whether they may be entitled to benefits

**i** Please review the answers before clicking next. To be eligible for SSI benefits, they must be disabled, blind, or over the age of 65.

**i** There are several ways to receive information from us if they are blind or have a visual impairment. They can request special notice options at the conclusion of this request for an appointment.

**Next** **Previous** **Exit**

**Screens #8 Information about You (Parent/Spouse/Someone Else)**

The screenshot shows the Social Security Administration's online appointment tool interface. At the top, the Social Security logo and 'Social Security' text are on the left, and an 'EXIT' button is on the right. The main heading is 'Request an Appointment to File for Benefits'. Below this is a progress bar with 9 steps, and step 6 is highlighted, labeled '6 of 9 Your Information'. A red circle highlights the text '\* Indicates required information' and 'This is information about you...'. The form fields are: '\* First name' (Robert), '\* Middle initial' (J), '\* Last name' (Doe), and 'Suffix' (Select one...). Below these are radio buttons for '\* Phone type' (U.S. selected, International unselected) and a text box for '\* Phone number' (123-456-7890). An 'Email' field contains 'thirdpartyhelper@mail.com'. A light blue information bar states: 'We will use your email address to send you an appointment request receipt.' At the bottom are three buttons: 'Next', 'Previous', and 'Exit'.

This screen is to collect information about the individual using the tool. We request this information to contact the individual that requested the appointment (if needed) and evaluate if they are the parent of a child or legal representative of an incompetent adult whose care they are responsible for. Their response helps us to determine to who address the appointment mail notices and determine who is receiving the appointment (e.g., parent, legal guardian, etc.,).

## Screen #9 Language Preference

The screenshot shows the Social Security website interface for 'Request an Appointment to File for Benefits'. The page is titled '7 of 9 Language Preference'. It includes a progress bar at the top, a 'Social Security' logo, and an 'EXIT' button. The main content area contains a heading 'Request an Appointment to File for Benefits', a progress indicator '7 of 9 Language Preference', and a list of required information. The first question is 'What language do they prefer for speaking?' with a dropdown menu set to 'English'. A light blue information box explains that this language is used for the application process with a representative and that an interpreter can be arranged at no cost. The second question is 'What language do they prefer for reading?' with a dropdown menu also set to 'English'. At the bottom, there are three buttons: 'Next', 'Previous', and 'Exit'.

**Social Security** [EXIT]

### Request an Appointment to File for Benefits

7 of 9 **Language Preference**

\*Indicates required information

**For the person you are assisting...**

\*What language do they prefer for speaking?

English [X] [v]

**i** This is the language used while they go through the application process with a representative. We can arrange for an interpreter at no cost to them.

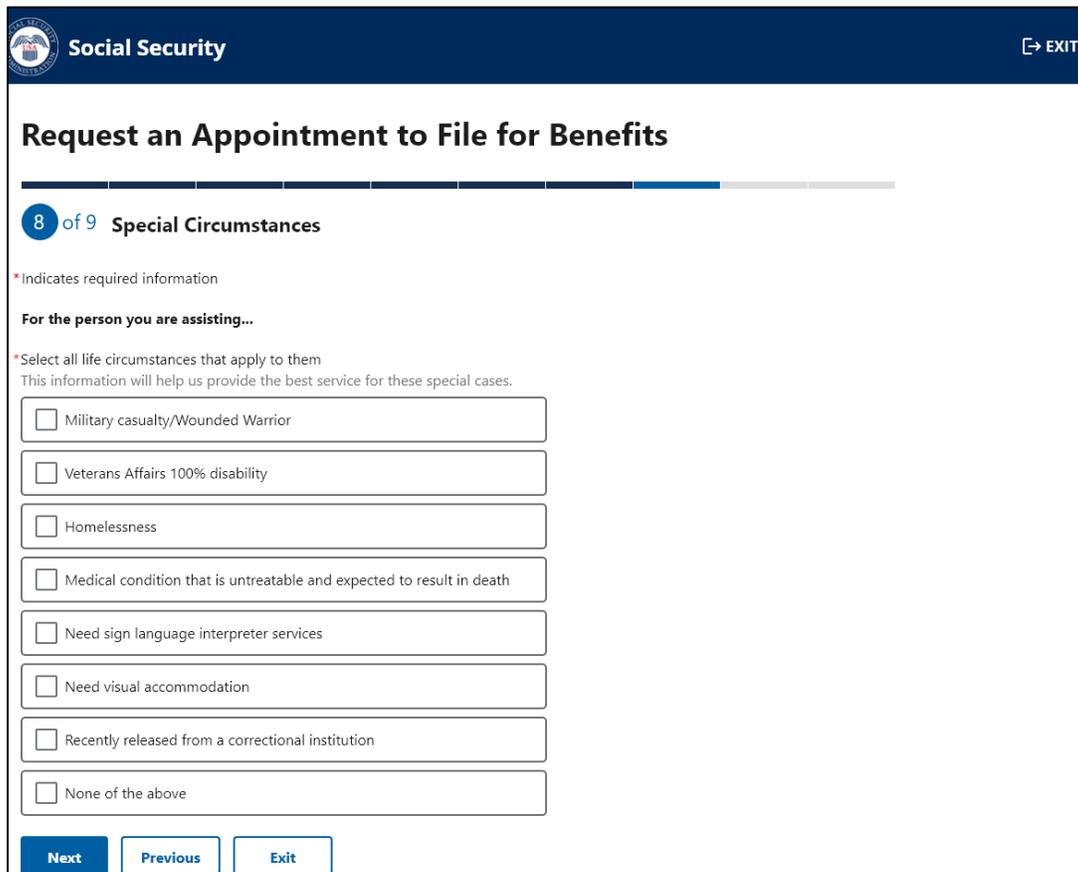
\*What language do they prefer for reading?

English [X] [v]

**Next** **Previous** **Exit**

This screen provides a scroll down with 89 languages and an option for “other” for the individual to indicate the language preference for the person they are assisting. We use the information about the speaking language preference to provide interpreters during the appointment interview. We use the information about reading language preference to provide reading materials (if available) about our programs and certain notices.

## Screen #10 Special Circumstances



**Social Security** EXIT

## Request an Appointment to File for Benefits

8 of 9 **Special Circumstances**

\*Indicates required information

**For the person you are assisting...**

\*Select all life circumstances that apply to them  
This information will help us provide the best service for these special cases.

- Military casualty/Wounded Warrior
- Veterans Affairs 100% disability
- Homelessness
- Medical condition that is untreatable and expected to result in death
- Need sign language interpreter services
- Need visual accommodation
- Recently released from a correctional institution
- None of the above

**Next** **Previous** **Exit**

This screen offers the option for individuals to choose from a list of special circumstances that may apply to the person they are assisting. We use this information to provide either expedited appointments or additional assistance as needed during the appointment interview.

## Screen #11 Review and Submit

 **Social Security** EXIT

## Request an Appointment to File for Benefits

9 of 9 **Review and Submit**

**Information about who you are assisting** —

Are you answering these questions about yourself? **No**

Who are you answering these questions about? **Someone else**

First name **John**  
Middle name **Albert**  
Last name **Doe**  
Suffix **No answer**

Phone Type **U.S.**  
Phone number **444-444-4444**

Mailing address  
Street address **123 Test St**  
City **Baltimore**  
State **MD**  
Zip Code **21231**

Email  **johndoe@mail.com**

What is their Date of Birth? **07/26/1966**

What is their Social Security Number (SSN)? **\*\*\*.\*\*.\*\*\*\*** [Show SSN](#)

Do they have a physical or mental disabling condition that has lasted or can be expected to last at least 12 months or result in death? **No**

Are they blind or do they have low vision even with glasses or contacts? **No**

**Your Information** —

First name **Robert**  
Middle initial **J**  
Last name **Doe**  
Suffix **No answer**

Phone Type **U.S.**  
Phone number **123-456-7890**  
Email **thirdpartyhelper@mail.com**

**Appointment Information** —

What language do they prefer for speaking? **English**

What language do they prefer for reading? **English**

Select all life circumstances that apply to them **None**

**1 Electronic Signature Agreement**

I understand and agree that my request will be signed electronically when I select the check box below. I understand that my electronic signature has the same legal meaning, validity, and effect as my handwritten signature. I have provided the Social Security Administration with truthful and accurate information.

I agree with the Electronic Signature Agreement above.

**i** You can select the "Previous" button below to go back and make changes if needed. If the information is correct, select the "Submit" button to complete the process and send all collected information to us.

**Submit****Previous****Exit**

This screen provides the opportunity for the individual to review all the provided information prior to submission. If individuals need to correct any information, they can go back to the previous pages to edit the answers.

## Screen #11 (Cont.) Review and Submit

 Social Security
EXIT

## Request an Appointment to File for Benefits

9 of 9 **Review and Submit**

**⚠ Please correct the following information:**

- [Error: Electronic Agreement Signature](#)

**Information about who you are assisting**

Are you answering these questions about yourself? **No**

Who are you answering these questions about? **Someone else**

First name **John**  
 Middle name **Albert**  
 Last name **Doe**  
 Suffix **No answer**

Phone Type **U.S.**  
 Phone number **444-444-4444**

Mailing address  
 Street address **123 Test St**  
 City **Baltimore**  
 State **MD**  
 Zip Code **21231**

Email **johndoe@mail.com**

What is their Date of Birth? **07/26/1966**

What is their Social Security Number (SSN)? **123-45-6789** [Hide SSN](#)

Do they have a physical or mental disabling condition that has lasted or can be expected to last at least 12 months or result in death? **No**

Are they blind or do they have low vision even with glasses or contacts? **No**

**Your Information**

First name **Robert**  
 Middle initial **J**  
 Last name **Doe**  
 Suffix **No answer**

Phone Type **U.S.**  
 Phone number **123-456-7890**  
 Email **thirdpartyhelper@mail.com**

**Appointment Information**

What language do they prefer for speaking? **English**

What language do they prefer for reading? **English**

Select all life circumstances that apply to them **None**

**ⓘ Electronic Signature Agreement**

I understand and agree that my request will be signed electronically when I select the check box below. I understand that my electronic signature has the same legal meaning, validity, and effect as my handwritten signature. I have provided the Social Security Administration with truthful and accurate information.

**⊗ Please click the Electronic Signature Agreement to continue.**

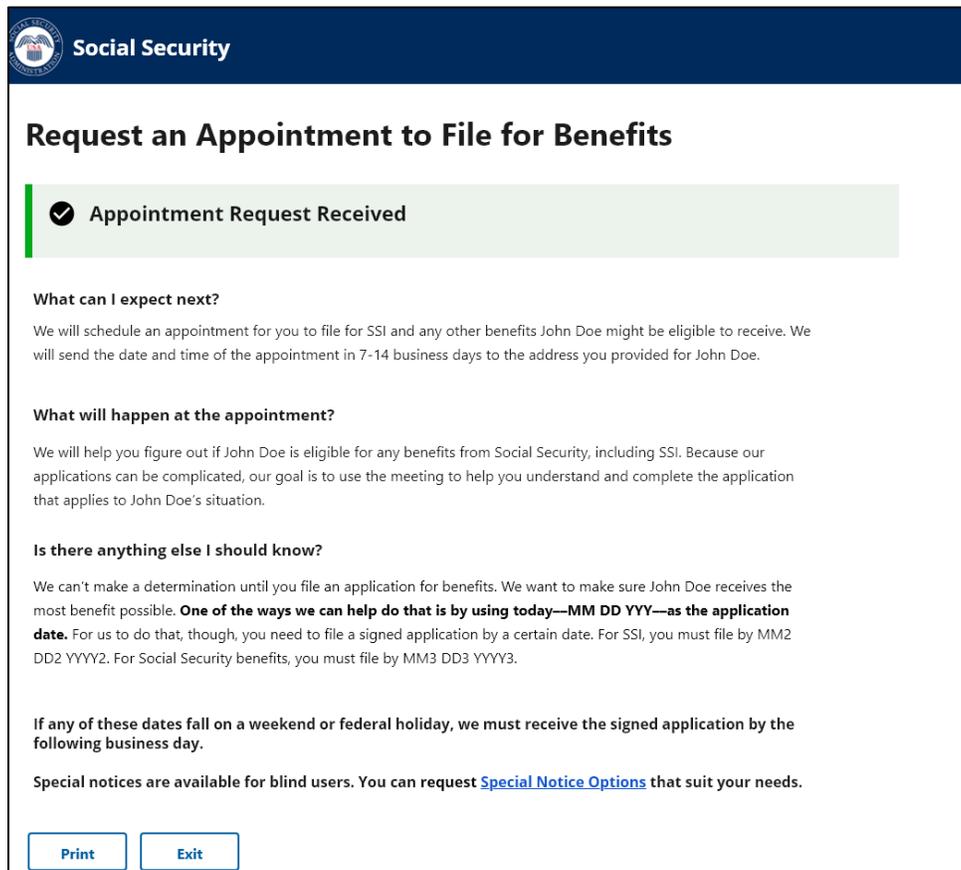
\*I agree with the Electronic Signature Agreement above.

**ⓘ** You can select the "Previous" button below to go back and make changes if needed. If the information is correct, select the "Submit" button to complete the process and send all collected information to us.

Submit
Previous
Exit

If the information is correct and no changes are needed, individuals can agree with the electronic signature agreement and select “Submit” to transmit the information to us. Individuals must agree with the electronic signature agreement to submit the information, otherwise they will receive an alert message.

## Screen #12 Information submitted and Alert



 Social Security

## Request an Appointment to File for Benefits

 Appointment Request Received

**What can I expect next?**

We will schedule an appointment for you to file for SSI and any other benefits John Doe might be eligible to receive. We will send the date and time of the appointment in 7-14 business days to the address you provided for John Doe.

**What will happen at the appointment?**

We will help you figure out if John Doe is eligible for any benefits from Social Security, including SSI. Because our applications can be complicated, our goal is to use the meeting to help you understand and complete the application that applies to John Doe's situation.

**Is there anything else I should know?**

We can't make a determination until you file an application for benefits. We want to make sure John Doe receives the most benefit possible. **One of the ways we can help do that is by using today—MM DD YYYY—as the application date.** For us to do that, though, you need to file a signed application by a certain date. For SSI, you must file by MM2 DD2 YYYY2. For Social Security benefits, you must file by MM3 DD3 YYYY3.

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

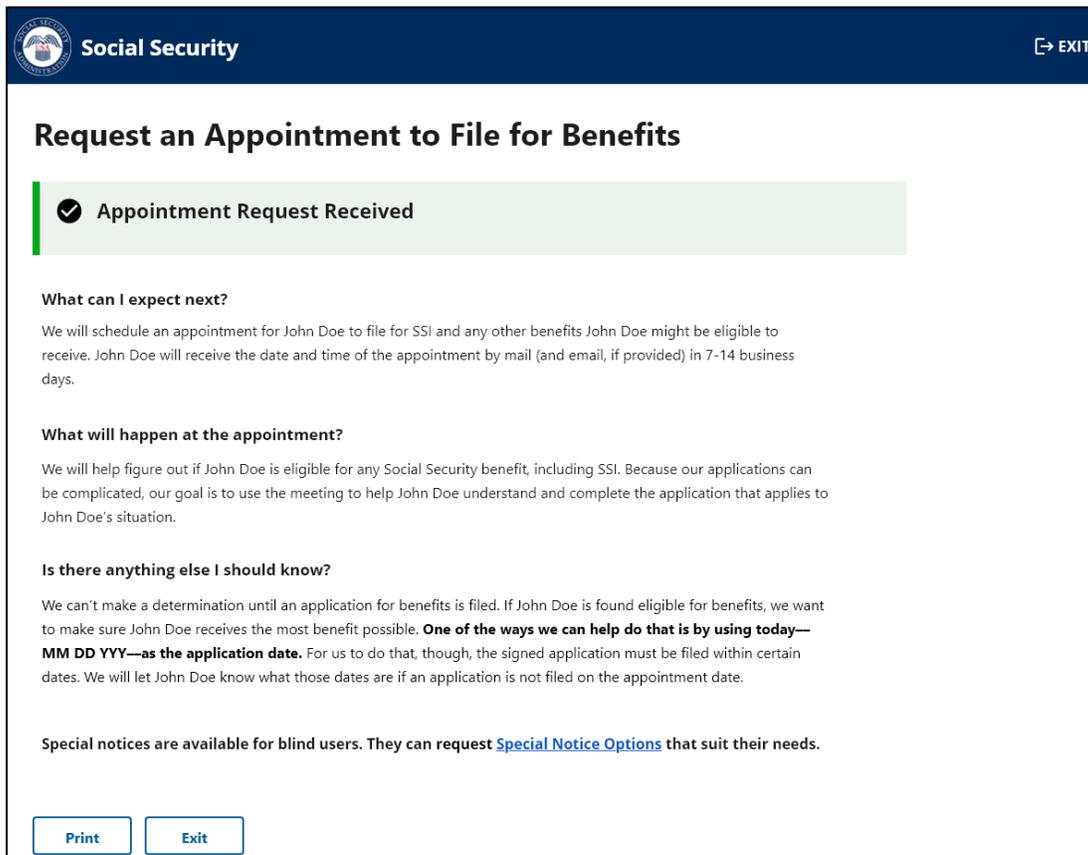
Special notices are available for blind users. You can request [Special Notice Options](#) that suit your needs.

[Print](#) [Exit](#)

Individuals that selected the option #2 (“A minor child...” or “An incompetent adult whose care...”) will receive the message above providing the specific dates that an application must be submitted by to avoid losing benefits.

All other individuals will receive the message below with information about the appointment request.

## Screens #12 (Cont.) Information submitted and Alert



**Social Security** EXIT

## Request an Appointment to File for Benefits

**✔ Appointment Request Received**

**What can I expect next?**  
We will schedule an appointment for John Doe to file for SSI and any other benefits John Doe might be eligible to receive. John Doe will receive the date and time of the appointment by mail (and email, if provided) in 7-14 business days.

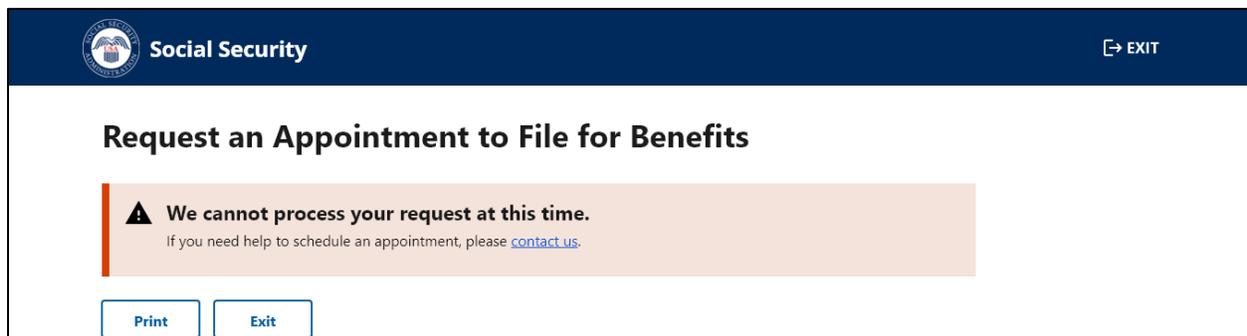
**What will happen at the appointment?**  
We will help figure out if John Doe is eligible for any Social Security benefit, including SSI. Because our applications can be complicated, our goal is to use the meeting to help John Doe understand and complete the application that applies to John Doe's situation.

**Is there anything else I should know?**  
We can't make a determination until an application for benefits is filed. If John Doe is found eligible for benefits, we want to make sure John Doe receives the most benefit possible. **One of the ways we can help do that is by using today—MM DD YYYY—as the application date.** For us to do that, though, the signed application must be filed within certain dates. We will let John Doe know what those dates are if an application is not filed on the appointment date.

Special notices are available for blind users. They can request [Special Notice Options](#) that suit their needs.

[Print](#) [Exit](#)

If the information provided does not pass the internal checks, the system provides the following alert informing the individual that we cannot process the request and they can call us.

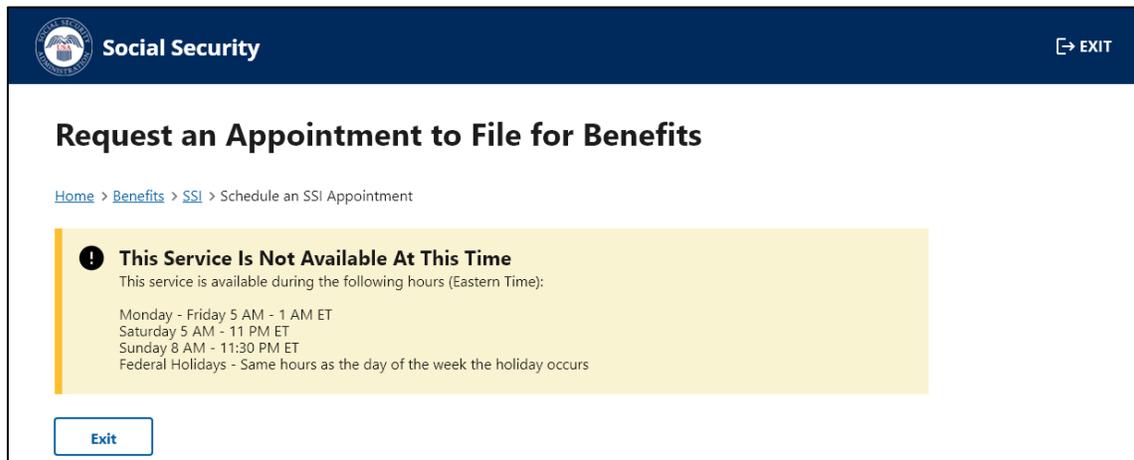


**Social Security** EXIT

## Request an Appointment to File for Benefits

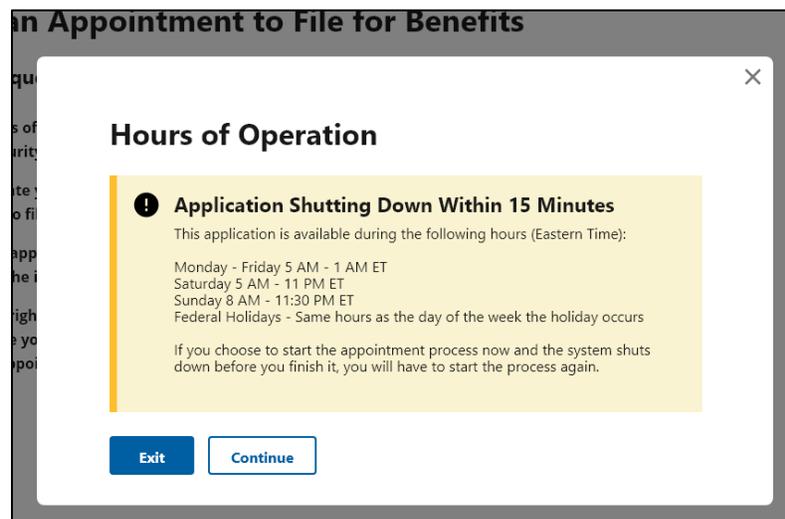
**⚠ We cannot process your request at this time.**  
If you need help to schedule an appointment, please [contact us](#).

[Print](#) [Exit](#)

**Screens #13 Alert –Online Tool Unavailable or Tool shutting down – 15 minutes**

Our systems undergo daily maintenance during certain timeframes. During this “downtime” our systems may be interrupted and unavailable. Individuals trying to use the tool during the “downtime” will receive the message above.

Individuals attempting to use this online tool within 15 minutes of the “downtime” will receive the screen below to alert them about the system interruption.



### Screen #14 Email Confirmation Messages

Subject: Online Appointment Request

The Social Security Administration has received your request for an appointment for John Doe. We will send the date and time of the appointment in 7-14 business days to the address you provided for John Doe.

If you are interested in applying for benefits on behalf of John Doe, we may use today—MM DD YYYY—as the application date, but only if you file a signed application by a certain date. For Supplemental Security Income (SSI), you must file by MM2 DD2 YYYY2. For Social Security benefits, you must file by MM3 DD3 YYYY3.

We are here to help. If you have questions about this message, please call us at 1-800-772-1213.

Please do not reply to this email, as we are unable to respond to messages sent to this address.

Once the information is transmitted to SSA, and if an email is provided, the system will release an email to the individual who provided the information to acknowledge the submission. The email will contain the language above providing information about the appointment and time frames for filing an application.

The system will also email the potentially eligible individual to alert them of the appointment request. The email sample is shown below.

Subject: Online Appointment Request

The Social Security Administration has received a request for an appointment for you. You will receive the date and time of the appointment by mail and email in 7-14 business days.

If you are interested in applying for benefits, we may use today—MM DD YYYY—as the application date, but only if you file a signed application at your appointment or by the dates we will provide if you do not file on your appointment date.

We are here to help. If you have questions about this message, please call us at 1-800-772-1213.

Please do not reply to this email, as we are unable to respond to messages sent to this address.