

MCS TRANSFER TO: XXXX RSDHI CLAIMS APPLICATION APPL

[1-M]

NH NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

[2-M] [3-M]  
SSN: SSSSSSSS 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: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX 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  
4. DEPENDENT PARENT

APPLICANT (IF DIFFERENT)

[16-C]

NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

[17-C] [18-C] [19-C]  
SSN: 999999999 EIN: 999999999 WILL APPLICANT BE ENTERED IN RPS (Y/N): X

MCS CLAIM CONTACT METHOD DATA CCMD  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

SELECT CONTACT METHOD FOR ESTABLISHING APPLICATION:

[1-M]

CLAIM TYPE: SSSSSS

CLAIM TYPE: SSSSSS

CLAIM TYPE: SSSSSS

[2-C]

CONTACT METHOD: 99

CONTACT METHOD: 99

CONTACT METHOD: 99

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 APPROPRIATE CURRENTLY.

[3-C]

DO YOU WANT TO CHECK YOUR CLAIM STATUS USING THE INTERNET/PHONE? (Y/N) X

[4-C]

SELECT MAILING METHOD (BLIND NOTICE INFORMATON) TYPE: X

1=CERTIFIED MAIL 2=TELEPHONE CONTACT 3=REGULAR MAIL.

PF1 HELP AVAILABLE

MCS IDENTIFICATION 1 IDEN  
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

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

[2-M]

[3-C]

[4-C]

BIRTH CITY: XXXXXXXXXXXXXXXX BIRTH STATE: XX BIRTH COUNTRY: XX

[5-M]

[6-M]

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

[7-C]

OTHER NAMES USED: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX  
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX  
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX  
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX  
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

[8-M]

[9-M]

[10-M]

EVER MARRIED (Y/N): X CURRENTLY MARRIED (Y/N): X CHILD UNDER 18, STUDENT 18 TO 19,  
18 OR OLDER AND DISABLED BEFORE 22 (Y/N): X

[11-M]

WORK OR EARNINGS IN 20SS 20SS 20SS 20SS (Y/N): X

[12-M]

[13-C]

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

[14-C]

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

[15-M]

SELECT FILED OR INTEND TO FILE FOR SSI: 9

1. YES
2. NOT DISABLED, BLIND, OR WITHIN 2 MONTHS OF AGE 65 OR OLDER
3. DOES NOT WISH TO FILE

TRANSFER TO: XXXX

MCS IDENTIFICATION 2 IDN2  
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS  
[1-M] [2-M] [3-M]  
PRIOR APPLICATION FOR RSDI (Y/N): X FOR SSI (Y/N): X FOR MEDICARE (Y/N): X  
[4-C] [5-C]  
CROSS REFERENCE SSN: 999999999 STAT: XX SSN: 999999999 STAT: XX

[6-C]  
NH NAME IN PRIOR APPLICATION [7-C]  
FIRST NAME MI LAST NAME SSN  
XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX 999999999  
XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX 999999999

[8-C]  
MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

TRANSFER TO: XXXX

MCS TRANSFER TO: XXXX NH IDENTIFICATION NHID  
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

EVER MARRIED (Y/N): X

[2-M]

CHILD UNDER 18, STUDENT 18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22 (Y/N): X

[3-M]

NH DEP PARENTS (Y/N): X

[4-M]

WORK LAST YEAR OR THIS YEAR (Y/N): X

[5-M]

[6-M]

[7-M]

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

[8-C]

[9-C]

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

[10-C]

[11-C]

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX SSN: 999999999

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX SSN: 999999999

[12-C]

MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

[13-C]

OTHER NAMES: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX  
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX  
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX  
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX  
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

MCS TRANSFER TO: XXXX INFORMATION ABOUT THE DECEASED DECD

NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[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: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX

[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: XX

[16-C]

IF DUE TO ILLNESS, NATURE OF ILLNESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[17-C]

REASON ABSENCE BEGAN: XX

[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 SSSSSSSSS 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 3.4 NH MARRIAGE NMAR  
 NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS  
[1-M] [2-C] [3-M]  
 SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXXX MI: X LAST NAME: XXXXXXXXXXXXXXXXXXXX  
[4-C]  
 SPOUSE'S SSN: 999999999  
[5-C] [6-C]  
 SPOUSE'S BIRTHDATE (MMDDYYYY): 99999999 IF BIRTHDATE UNKNOWN, AGE: 999  
[7-M] [8-M]  
 MARRIAGE DATE (MMDDCCYY): 99999999 PROOF (Y/N): X  
[9-M] [10-M]  
 MARRIAGE CITY: XXXXXXXXXXXXXXXX MARRIAGE STATE/FOREIGN COUNTRY: XX  
  
[11-C]  
 SELECT MARRIAGE TYPE: 9 1=CLERGY/PUBLIC OFFICIAL  
 2=COMMON LAW  
 3=OTHER CEREMONIAL  
 4= DEEMED  
  
[12-M] [13-C] [14-C]  
 MARRIAGE ENDED (Y/N): X MARRIAGE END DATE (MMDDCCYY): 99999999 PROOF (Y/N): X  
[15-C] [16-C]  
 MARRIAGE ENDED CITY XXXXXXXXXXXXXXXX MARRIAGE ENDED STATE OR FOREIGN COUNTRY: XX  
[17-C]  
 SELECT REASON: 9 1=DEATH  
 2=DIVORCE  
 3=ANNULMENT OR VOIDABLE  
 4=PUTATIVE  
 5=VOID/VOIDED  
  
[18-C]  
 IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999  
[19-M] [20-C]  
 OTHER MARRIAGES (Y/N): X DELETE SCREEN (Y/N): X  
[21-D] [22-C]  
 PAGE: S TRANSFER TO: XXXX



MCS CLAIMANT MAILING ADDRESS CADR  
NH: SSSSSSSSS SSSSS SSSSSSSSSS CL: SSSSSSSSS SSSSS SSSSSSSSSS  
[1-M]  
\*ADDRESS 1: PFFFFFFFFFFFFFFFFFFFFFFF ADDRESS 2: PFFFFFFFFFFFFFFFFFFFFFFF  
ADDRESS 3: PFFFFFFFFFFFFFFFFFFFFFFF ADDRESS 4: PFFFFFFFFFFFFFFFFFFFFFFF  
[2-M] [3-C] [4-C]  
\*CITY: PFFFFFFFFFFFFFFFFFFFFFFF STATE: PP ZIP: PFFFF  
[5-C] [6-C]  
STATE & COUNTY CODE: PFFFF COUNTY: XXXXXXXXXXXXXXXX  
[7-C] [8-C]  
COUNTRY: PFFFFFFFFFFFFFFFFFFFFFFF CONSULAR CODE: PPP  
[9-C]  
FOREIGN POSTAL ZONE: PFFFFFFFFFFFFFFFFF  
[10-M] [11-M]  
\*BANK ACCOUNT (Y/N): X \*DIRECT EXPRESS (Y/N): X  
[12-C] [13-C]  
DIRECT DEPOSIT ROUTING TRANSIT NUMBER: 999999999 ACCOUNT TYPE (C/S): A  
[14-C]  
DEPOSITOR ACCOUNT NUMBER: 999999999999999999  
[15-C] [16-C]  
DOMESTIC PHONE: PFFFFFFFFF FOREIGN PHONE: PFFFFFFFFFFFFFFF  
[17-C]  
ENTER PHONE CODE: X 1= HOME 2= WORK 3=NONE 4=UNKNOWN 5=OTHER 6=ATTORNEY 7=MOBILE

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: XXXXXXXXXXXXXXXX MIDDLE: X \*LAST: XXXXXXXXXXXXXXXXXXXX  
[7-O]  
SPOUSE'S SSN: XXXXXXXXXX  
[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: XXXXXXXXXXXXXXXX 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.  
[20-O] [21-C]  
MARRIAGE ENDED CITY: XXXXXXXXXXXXXXXX MARRIAGE ENDED STATE/FOREIGN COUNTRY: XX  
[22-O]  
IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999  
[23-M]  
\*OTHER MARRIAGES (Y/N): X  
[24-O]  
DELETE THIS OCCURRENCE OF DATA (Y/N): X  
[25-O] [26-O]  
ADD NEW OCCURRENCE (Y/N): X REVIEW PRIOR OCCURRENCES (Y/N): X  
[27-D] [28-O]  
PF1 HELP AVAILABLE TRANSFER TO: XXXX

