FACSIMILE: APPL - RSDHI CLAIMS APPLICATION

MCS TRANSFER TO: XXXX RSDHI CLAIMS APPLICATION **APPL**

[1-M]

NH NAME: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX 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

[7-C] 3. SURVIVOR 6. LUMP SUM

ABBREVIATED APPLICATION: X

CLAIMANT (IF DIFFERENT)

[8-C]

NAME: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX 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

APPLICANT (IF DIFFERENT) 4. DEPENDENT PARENT

[16-C]

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

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

FACSIMILE: ADDB - ADDITIONAL BENEFITS

mcs TRANSFER TO: XXXX ADDITIONAL BENEFITS **ADDB**

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] [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: XXXXXXXXXX IF COVERED

[8-C] [9-C]

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

[10-C] [11-C]

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

[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-M]

CLAIMANT HAS CHILD OF NH IN CARE(Y/N): X

[21-C]

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

[22-C]

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

[23-M]

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

FACSIMILE: ADDR - APPLICANT MAILING ADDRESS

MCS   TRANSFER TO: XXXX   APPLICANT MAILING ADDRESS   **ADDR**

NH SSSSSSSSS   SSSSS SSSSSSSSSS   CL SSSSSSSSS   SSSSS SSSSSSSSSS

APPLICANT NAME: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

[1-M]

ADDRESS: PPPPPPPPPPPPPPPPPPPPPP   PPPPPPPPPPPPPPPPPPPPPP
PPPPPPPPPPPPPPPPPPPPPP   PPPPPPPPPPPPPPPPPPPPPP

[2-M]   [3-C]   [4-C]

CITY: PPPPPPPPPPPPPPPPPPPPPP   STATE: PP   ZIP: PPPPP

[5-C]   [6-C]

STATE & COUNTY CODE: PPPPPP   COUNTY: XXXXXXXXXXXXXXX

[7-C]   [8-C]

COUNTRY: PPPPPPPPPPPPPPPPPPPPPPPP   CONSUL CODE: PPP

[9-C]

foreign POSTAL ZONE: PPPPPPPPPPPPPPP

[10-C]

address explanation:
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

[11-C]   [12-C]

Domestic Phone: XXXXXXXXXX   foreigh phone: xxxxxxxxxxxxxxx

[13-C]

enter phone code: x   1= home 2=work 3=none 4=unk 5=other 6=attorney 7=mobile

transfer to: PPPP

FACSIMILE: CLMR - CL MILITARY RETIREMENT/FEDERAL BENEFIT

MCS 2.5 TRANSFER TO: XXXX CL MILITARY RETIREMENT/FEDERAL BENEFIT **CLMR**

NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-C]

IF RETIRED FROM MILITARY, BASIS OF RETIREMENT: 9

1. LENGTH OF SERVICE 3. RESERVE SERVICE PAYABLE AT AGE 60
2. DISABILITY 4. OTHER

[2-C]

IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXX

[3-C]

IF RETIRED AND SERVICE AFTER DEC 31, 1956, INDICATE BRANCH OF SERVICE PAYING

BENEFIT: 9

1. ARMY 5. COAST GUARD
2. NAVY 6. PUBLIC HEALTH SERVICE
3. AIR FORCE 7. COASTAL/GEODETIC SURVEY
4. MARINE CORPS 8. OTHER

[4-C]

IF OPTION 8 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXX

[5-C]

WAIVED ALL/PART OF RETIREMENT TO GET VA OR OTHER FED CREDIT (Y/N): X

[6-C]

IF ELIGIBLE FOR CIVILIAN FEDERAL AGENCY BENEFITS, INDICATE BENEFIT TYPE: 9

1. SERVICE 2. SURVIVOR 3. DISABILITY 4. OTHER

[7-C]

IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXX

[8-C]

NAME OF FED AGENCY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

YEARS EMPLOYED: 99 DATE CLAIM FILED: 999999 CLAIM NO.: XXX999999999

[12-C]

MOST RECENT AGENCY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[13-C] [14-C] [15-C]

CITY: XXXXXXXXXXXX STATE: XX LAST WORKED: 999999

FACSIMILE: CLMS - CL MILITARY SERVICE PAGE 1

MCS CL MILITARY SERVICE **CLMS**

NH: SSSSSSSSS SSSSS SSSSSSSSSS CL: SSSSSSSSS SSSSS SSSSSSSSSS

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

FIRST NAME USED IN SERVICE: XXXXXXXXXX MI: X LAST NAME: XXXXXXXXXXXXXXXXXXX

[4-C]

SERVICE NO: XXXXXXXXX

[5-M]

*RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT (SELECT ONE): x

1=CIVILIAN 2=MILITARY 3=BOTH 4=NONE.

[6-C] [7-C] [8-C] [9-C] [10-C] [11-C] [12-C]

[A/R BRANCH OF SERVICE START END N/E RANK PROOF

| X XXXXXXXXXXXXXXXXX 999999 999999 X XXXXXXXXXXXXXX XXX

| X XXXXXXXXXXXXXXXXX 999999 999999 X XXXXXXXXXXXXXX XXX

| X XXXXXXXXXXXXXXXXX 999999 999999 X XXXXXXXXXXXXXX XXX

| X XXXXXXXXXXXXXXXXX 999999 999999 X XXXXXXXXXXXXXX XXX

| X XXXXXXXXXXXXXXXXX 999999 999999 X XXXXXXXXXXXXXX XXX

| X XXXXXXXXXXXXXXXXX 999999 999999 X XXXXXXXXXXXXXX XXX

| X XXXXXXXXXXXXXXXXX 999999 999999 X XXXXXXXXXXXXXX XXX

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| X XXXXXXXXXXXXXXXXX 999999 999999 X XXXXXXXXXXXXXX XXX

| X XXXXXXXXXXXXXXXXX 999999 999999 X XXXXXXXXXXXXXX XXX

[13-C] [14-C] [15-C] [16-C]

[JAPANESE INTERNEE START END PROOF HOURLY WAGE

| 999999 999999 X 99999999

| 999999 999999 X 99999999

[17-C]

PF1 FOR HELP MORE (Y/N): X PAGE: 1 TRANSFER TO: XXXX

FACSIMILE: CLRR - CL RAILROAD EMPLOYMENT

MCS 2.5 TRANSFER TO: XXXX CL RAILROAD EMPLOYMENT **CLRR**

NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

RR EMPLOYEE: SSSSSSSSSS S SSSSSSSSSSSSSSSSSS SSN: SSSSSSSSS

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

MONTHS WORKED IN RR AFTER 1936: 999 BEFORE 1937: 999 LAST 18 MOS (Y/N): X

[4-M] [5-C]

EVER FILE FOR RRB RET/DISAB (Y/N): X IF YES, CLAIM NO: XXXXXXXXXXX

[6-C]

IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N): X

[7-C]

IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N): X

[8-C]

EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N): X

IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS:

[9-C]

RR EMPLOYER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[10-C]

WORK LOCATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[11-C]

DEPT+OCCUPATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

IF CLAIMANT EVER RECEIVED RRB BENEFITS:

[12-C]

RR APPLICANT: SSSSSSSSSS S SSSSSSSSSSSSSSSSS CLAIM NO: XXXXXXXXXXX

[13-C] [14-C]

RR EMPLOYEE NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXX SSN: 999999999

[15-C]

RELATIONSHIP: XXXXXXXXXX

[16-C]

BENEFIT TYPE: 9 SELECT 1. MONTHLY 2. LUMP-SUM 3. RESIDUAL

[17-C]

HAS RRB NOTIFIED APPLICANT THAT RRB MAY BE AFFECTED BY ENTITLEMENT TO

SOCIAL SECURITY BENEFITS (Y/N): X

FACSIMILE: DEPC - DEPENDENT CHILDREN OF NH

MCS 2.5 TRANSFER TO: XXXX   DEPENDENT CHILDREN OF NH   **DEPC**

NH SSSSSSSSS   SSSSS SSSSSSSSSS   CL SSSSSSSSS SSSSS SSSSSSSSSS

LIST ALL CHILDREN OF NH: UNDER 18

18-19 AND ATTENDING SECONDARY SCHOOL

[1-M]   DISABLED/HANDICAPPED PRIOR TO 22

NAME:

XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX
XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX
XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX
XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX
XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX
XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX
XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX
XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX
XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX
XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX

FACSIMILE: DISB - DISABILITY INFORMATION

TRANSFER TO: XXXX DISABILITY INFORMATION **DISB**

NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

DISABLING CONDITION:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[2-M] [3-C]

STILL DISABLED (Y/N): X IF NO, DATE DISABILITY ENDED (MMYY): 9999

[4-M] [5-M]

BLIND (Y/N): X FREEZE (Y/N): X

[6-M]

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (Y/N): X

[7-M]

FILED OR INTEND TO FILE FOR: 9 9 9 1. VA 2. WC/Public disability Benefits 3. NOT FILING

[8-M] [9-C]

DISABILITY WORK RELATED (Y/N):X REASON NOT FILING: XXXXXXXXXXXXXXXXXXXXXXXXX

[10-M] [11-C]

MONEY FROM EMPLOYER AFTER ONSET DATE (Y/N): X AMOUNT: 99999999

[12-C]

TYPE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[13-M] [14-C]

ADDITIONAL MONEY EXPECTED FROM EMPLOYER (Y/N): X AMOUNT: 99999999

[15-C]

TYPE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[16-M] [17-C]

NUMBER OF CHILD CARE YRS: 9 ACTUAL CHILD CARE YRS: 99 99 99 99 99 99

IF PARENT RECEIVED 1/2 SUPPORT AT TIME OF ONSET OF DISABILITY COMPLETE

[18-C]

NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXX

[19-C]

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[20-C]

NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXX

[21-C]

ADDRESS:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX

FILED OR INTEND TO FILE FOR OTHER DISABILITY (Y/N): S
SPECIFY:SSSSSSSSSSSSSS

FACSIMILE: EARN - EARNINGS

MCS EARNINGS **EARN**

NH SSSSSSSSS SSSSS SSSSSSSSS CL SSSSSSSS SSSSS SSSSSSSSS

LIST ALL EARNINGS AND TYPES FOR SSSS SSSS SSSS

EARNINGS TYPES ARE:1=FICA WAGES 2=SEI 3=EMPLOYEE REPORTED TIPS 4=RR LAG.

PROOF CODES ARE: P=PROVEN R=READILY AVAILABLE N=NOT AVAILABLE D=DELETED LAG.

	[1-C]	[2-C]	[3-C]	[4-C]
[EARNINGS		YEAR	TYPE	AMOUNT PROOF
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X
|	99	9	9999999.99	X

[5-C]

COMPUTE BENEFITS AND COMPLETE CLAIM WITHOUT LAG EARNINGS (Y/N): X

TRANSFER TO :XXXX