

## **iClaim Screen Package**

The Internet Claim (iClaim) is an online platform that mirrors the MCS format. The public can use iClaim to apply for retirement, wife or husband, and disability insurance benefits. iClaim is institutive and depending on the initial answer, iClaim presents applicants with interactive screens, ensuring they only respond to relevant questions based on his or her situation. iClaim also provides the option to use the retirement application as an application for wife's or husband's benefits. After completing the Internet application, claimants or their third-party respondents can submit it electronically to SSA, avoiding the need to visit an SSA office. **Third-party iClaim respondents** are individuals who complete and submit an online claim for a claimant to create a protective filing. A third-party iClaim respondent cannot electronically sign the online application for the claimant.

**First-party iClaim respondents** are individuals (claimants) who complete the benefit application questions, electronically sign, and submit the application online on their own behalf. Technician will then review the information and contact (if needed) the claimant to submit supplementary supporting documents (e.g., medical evidence for disability benefits applications) to finalize the process.

**Third-party respondents** follow the same process to answer and complete the answers in the Internet application except for 1) providing information about who is filling out the information (see page #5) and 2) signing on behalf of the claimant (see page #33). Upon submission, SSA mails the paper application summary directly to the claimant. The claimant must review, correct any erroneous information, sign the application summary and mail it back to SSA. That process confirms the information and their intent to file for benefits. The application summary also provides instructions for individuals to contact us via telephone to verify and confirm the information instead of mailing the paper version back. If a claimant opts to call us, the technician will attest that he or she spoke to the claimant and provided verbal confirmation of the information (i.e. signature by attestation).

The following screen are specific to the first-party respondents as the third-party screens are the same questions but using a different pronoun when asking the question (e.g., what is your mailing address? vs. what is John Doe mailing address?)

# Welcome Page



**Social Security**

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

OMB No. 0960-0618  
Paperwork Reduction Act

### Please Note:

We will ask you to create or sign in to your [my Social Security](#) account when you start the application. You will receive an additional Terms of Service if you need to create an account.

## Apply Online for Retirement/Medicare Benefits



### Getting Ready

Before you start your application, we recommend that you take a moment to prepare yourself by reviewing a few items:

1. Make sure you meet the requirements to apply online for [Retirement/Medicare](#);
2. [Gather all of the information you need](#) to complete the application process.



### Apply & Complete

After signing in to your [my Social Security](#) account, applying for Retirement/Medicare may take between **10 to 30 minutes** to complete depending on your situation. You can save your application as you go, so you can take a break at any time.

[Start a New Application](#) or [Return to Saved Application Process](#)




### Follow Up





Once you have submitted your application, a representative may contact you with updates or questions about your application. You may check the status of your completed online application by signing in to [my Social Security](#).



### Video Introduction

 [Helpful hints for applying online](#)  
1 minute

### More Information

-  [When to Start Receiving Retirement Benefits](#)
-  [Other Ways To Apply for Benefits](#)
-  [Your Right to Representation](#)
-  [Information in Other Languages](#)

### Your privacy is important.

For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

This is the welcome page a user will see when they indicate he or she wants to file for benefits online or return to an application the user previously started and saved.

# iClaim Privacy Act Statement



Social Security

SEARCH

## Privacy Act Statement

### Collection and Use of Information From the Application

Sections 202(a), 205(a), 1631(e) and 1872 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 an accurate and timely decision on any claim filed and could result in the loss of some benefits.

We will use the information to make a determination of eligibility for benefits for you and your dependents. We may also share your information for the following purposes, called routine uses:

1. To State audit agencies for auditing State supplementation payments and Medicaid eligibility considerations;
2. To third party contacts where necessary to establish or verify information provided by representative payees or payee applicants;
3. To a Social Security beneficiary or claimant when a claim is filed by another individual on the same record which is adverse to the beneficiary, but only information concerning the facts relevant to the interests of each party in a claim; and
4. To Federal, State or local agencies for administering cash or non-cash income maintenance or health maintenance programs.

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 Notices (SORNs) 60-0059, entitled Earnings Recording and Self-Employment Income System; 60-0089, entitled Claims Folders Systems; 60-0090, entitled Master Beneficiary Record; and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

Close

# Apply for Benefits – Applicant Information Page (1<sup>st</sup> Party)



## Social Security

The Official Website of the U.S. Social Security Administration

### Apply for Benefits

#### Information About Applicant

**Your Name:**

Please provide the name as it appears on the most recent Social Security card.

<input type="text" value="John"/>	<input type="text" value="Q"/>	<input type="text" value="Public"/>	<input type="text" value="--"/>
First	Middle	Last	Suffix

**Social Security Number (SSN):**

\*\*\*-\*\*-3405

**Date of Birth:**

February 1, 1953

**Gender:**

Male  Female

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

Yes  No

**During the last 14 months, have you been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death? [? More Info](#)**

Yes  No

**Next**

Exit

This screen is completed by the applicant. The questions on this screen establishes the claim type and collects the application questions that identify the applicant.

# Apply for Benefits – Preparer's Contact Information (3<sup>rd</sup> Party)



**Social Security**

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

Identification

General

Other Benefits

Remarks & Options

Review & Sign

### Preparer's Contact Information

The information entered on this page refers to the person preparing the application and **not** the person applying for benefits.

#### Preparer's Name:

First Middle Last Suffix

#### Relationship to Applicant:

--

#### Preparer's Address:

##### Country:

United States or U.S. Territory

##### Street Address:

Street Line 1:

Street Line 2: [Add Line](#)

##### City/Town:

##### State/Territory:

--

##### ZIP Code:

#### Preparer's Daytime Phone Number:

U.S.  International

10-digit Number Ext

**!** From this point onwards questions are written so you can read them directly to the applicant. The questions are meant to collect applicant's information.

Next

Previous

This screen is completed by the preparer (3<sup>rd</sup> party) to collect questions that identify the preparer, also identified as the 3<sup>rd</sup> party.

#### In this section...

Applicant Identification

Preparer's Contact Information

Contact Information

Birth and Citizenship

Medicare Information

Re-entry Number

Other SSNs and Names

# Apply for Benefits – Contact Information Page (1<sup>st</sup> Party)



**Social Security**

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

⚠ Identification

General

Other Benefits

Remarks & Options

Review & Sign

### Contact Information for John Public

#### Mailing Address:

Country:

United States or U.S. Territory

Street Address:

Street Line 1:

Street Line 2:

+ Add Line

City/Town:

State/Territory:

ZIP Code:

Do you live at this address?

Yes  No

Daytime Phone Number:

U.S.  International

10-digit Number

Phone Type

What is the best time to call?

9 a.m. to Noon  Noon to 5 p.m.  Anytime between 9 a.m. and 5 p.m.

Email Address:

We will send an acknowledgement to this address.

Confirm Email Address:

Please retype to confirm your email address.

### Language Preferences

Language preferred for speaking:

--

Language preferred for reading:

--

#### In this section...

✔ Applicant Identification

Contact information

Birth and Citizenship

Medicare Information

Re-entry Number

Other SSNs and Names

Next

Previous

This information is provided by the applicant on identifying information.

## Apply for Benefits – You have additional options page



**Social Security**

The Official Website of the U.S. Social Security Administration

### Apply for Benefits



**You have additional options.**

You indicated that you prefer a language other than English. You may continue with this application in English, or you can contact us to apply for benefits in another language.

**Scheduling an Appointment**

If you live within the U.S., our territories or commonwealths, you may schedule a [phone interview or in-office Appointment](#) with a Social Security Office.

**Other Options**

We offer a variety of servicing options for conducting business with Social Security. For further assistance, please [contact us](#).

[Continue Application](#)

[Schedule an Appointment](#)

[Exit](#)

This screen comes up only when the user selects a non-English language as their preferred language in the contact information screen (see page#6). The screen provides the option to continue in English or additional options to file for benefits such as scheduling an online appointment with iAppointment or calling us.

# Re-entry Number (1<sup>st</sup> party)



Social Security

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

Identification

General

Other Benefits

Remarks & Options

Review & Sign

**You must print this page or write down the re-entry number.**

Re-entry Number: **56811458**

If something causes you to exit or you choose to save and return at a later time, you must use this number to continue your saved application process.

If you lose your re-entry number, sign into your [my Social Security](#) account, or register for an account, to view your re-entry number. Social Security employees will never ask for your re-entry number, or will have access to it. This is to protect your privacy.

[Print this page](#)

### In this section...

Applicant Identification

Contact Information

Birth and Citizenship

Medicare Information

**Re-entry Number**

Other SSNs and Names

### Things you should know about your application

We may use **03/14/2020** as the official date of your application for Social Security benefits. In order to use **03/14/2020**, we must receive the signed application by **09/15/2020 or you may lose Social Security benefits.**

If you intend to apply for Supplemental Security Income (SSI) benefit payments, we may use **03/14/2020** as the official date of your SSI application. In order to use **03/14/2020**, we must receive the signed application by **05/13/2020 or you may lose SSI benefit payments.**

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

Next

Save & Exit

This screen comes up after the user provided all the basic contact information and the system creates the re-entry number to save the information if he or she wants to come back to the application to complete the process.



## Birth and Citizenship Information (1<sup>st</sup> Party)

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### Apply for Benefits

Identification | General | Other Benefits | Remarks & Options | Review & Sign

#### Birth and Citizenship Information for John Public

**Place of Birth:** [More Info](#)  
Provide place of birth as it was known at the time of your birth.

United States or U.S. Territory  Other

City/Town:  State/Territory:

**Are you a U.S. citizen?** [More Info](#)  
 Yes  No

[Next](#) [Previous](#)

**In this section...**

- Applicant Identification
- Contact Information
- Birth and Citizenship**
- Medicare Information
- Re-entry Number
- Other SSNs and Names

The applicant provides birth and citizenship information.

## Apply for Benefits – Disability Only request for reduced Retirement Benefits (1<sup>st</sup> Party)

**Social Security**  
The Official Website of the U.S. Social Security Administration

### Apply for Benefits

1 Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

Identification | General | Other Benefits | Remarks & Options | Review & Sign

#### Disability Benefits for Joan Public

**Do you want to receive reduced Retirement benefits while waiting for the disability decision?**  
[Things to Consider](#)

Yes  No

[Next](#) [Previous](#) [Save & Exit](#)

**In this section...**

- Applicant Identification
- Contact Information
- Birth and Citizenship
- Re-entry Number
- Other SSNs and Names
- Disability**

The applicant, if filing for Disability Benefits only, may request reduced retirement benefits if between the age 61 and 8 months and month before full retirement age.

# Marriage Information (1<sup>st</sup> Party)



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## Apply for Benefits

Identification

General

**Other Benefits**

Remarks & Options

Review & Sign

### Prior Marriages for John Public

Did you have any prior marriages? [More Info](#)

Yes  No

Did you have any prior marriage that lasted at least 10 years?

Yes  No

Did you have any prior marriage that ended due to your spouse's death?

Yes  No

#### In this section...

[Marriage Information](#)

**[Prior Marriages](#)**

[Children](#)

[Military Details](#)

[Employer Details](#)

[Self-Employment Details](#)

[Supplemental Information](#)

[Total Earnings](#)

[Other Pensions/Annuities](#)

[When to Start Retirement Benefits](#)

[Direct Deposit Details](#)

### Details of Prior Marriages

Please provide information about the prior marriages for which you answered "Yes." List the most recent marriage first (regardless of how long it lasted), and work backwards. If you are not sure of the marriage date, please enter your best guess and explain in the **Remarks** section near the end of the application.

Status	Spouse Name	Date of Birth or Age	Date of Marriage	Actions
<input checked="" type="checkbox"/>	Jane Ex	January 2, 1950	April 17, 1973 to October 5, 1988	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

The applicant answers questions as to current and prior marriages that lasted at least 10 years, or ended in death.

## Prior Marriage Details (1<sup>st</sup> Party)

### Apply for Benefits

#### Prior Marriage Details

Please provide information about the prior marriages for which you answered "yes." List the most recent marriage first (regardless of how long it lasted), and work backwards. If you are not sure of the marriage date, please enter your best guess and explain in the **Remarks** section near the end of the application.

**Prior Spouse's Name:**

Provide name at birth.

<input type="text"/>	<input type="text"/>
First	Last

**Prior Spouse's Social Security Number (SSN):**

Prior Spouse's Social Security Number Unknown

**Do you know your prior spouse's date of birth?**

Yes  No

**Date Marriage Started:**

Estimate if not sure.

--	<input type="text"/>	<input type="text"/>
Month	Day	Year

**Place of Marriage:**

United States or U.S. Territory  Other

<input type="text"/>	--
City/Town	State/Territory

**Marriage Type:** [More Info](#)

**Date Marriage Ended:**

Estimate if not sure.

--	<input type="text"/>	<input type="text"/>
Month	Day	Year

**Place Marriage Ended:** [More Info](#)

United States or U.S. Territory  Other

<input type="text"/>	--
City/Town	State/Territory

**How did the marriage end?**

Save

Cancel

The applicant provides information about the prior marriages for which they answered yes to the Marriage Information questions.

# Children of NH filing for either Retirement or Disability Benefits (1<sup>st</sup> Party)



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## Apply for Benefits

[Identification](#)

[General](#)

[Other Benefits](#)

[Remarks & Options](#)

[Review & Sign](#)

### Children for John Public

These questions also apply to children born out of wedlock, adopted children, and step-children. In certain cases, [grandchildren](#) and [step-grandchildren](#) who live with you may qualify for benefits. **Note:** If a child reached the age limit within the last six months, please answer "Yes."

Do you have any children?

Yes  No

[Next](#)

[Previous](#)

[Save & Exit](#)

#### In this section...

[Marriage Information](#)

[Prior Marriages](#)

#### Children

[Military Details](#)

[Employer Details](#)

[Self-Employment Details](#)

[Supplemental Information](#)

[Total Earnings](#)

[Other Pensions/Annuities](#)

[When to Start Retirement Benefits](#)

[Direct Deposit Details](#)

# Military Details (1<sup>st</sup> Party)

**Social Security Administration**  
The Official Website of the U.S. Social Security Administration

## Apply for Benefits

Identification | General | **Other Benefits** | Remarks & Options | Review & Sign

### Military Details for John Public

Were you in the U.S. Military Service prior to 1968? [More Info](#)  
 Yes  No

Are you receiving or eligible to receive a military or civilian Federal agency benefit?  
 Yes  No

### Details of Military Service

Status	Type of Duty	Branch	Service Period	Actions
<input checked="" type="checkbox"/>	Active	Navy	September 20, 1970 to September 21, 1975	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

#### In this section...

- Marriage Information
- Prior Marriages
- Children
- Military Details**
- Employer Details
- Self-Employment Details
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
- When to Start Retirement Benefits
- Direct Deposit Details

Upon approval of the renewal of the OMB Package, we will be removing the question, “Were you in the U.S. Military Service Prior to 1968?” and removing subsequent request for details of military service. This question is no longer required in the application.

# Employer Details (1<sup>st</sup> Party)



Social Security

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## Apply for Benefits

- Identification
- General
- Other Benefits
- Remarks & Options
- Review & Sign

### Employer Details for John Public

Did you work for an employer in 2019? [More Info](#)

Yes  No

Did you work or will you work for an employer in 2020? [More Info](#)

Yes  No

#### In this section...

- Marriage Information
- Prior Marriages
- Children
- Military Details
- Employer Details
- Self-Employment Details
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
- When to Start Retirement Benefits
- Direct Deposit Details

### Details of Employer Information

Please add all employers for 2019 and 2020.

If you do not have any more employers to enter, click the **Next** button.

Status	Employer Name	Dates of Employment	Actions
<input checked="" type="checkbox"/>	Mega Corp	April 1988 to September 2020	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

The applicant answers questions on if they worked for an employer in the past two years.



## Apply for Benefits

### Employer Details for John Public

Employer's Name:

Employer's Address:

Country:

Street Address:

Street Line 1:

Street Line 2:

[+ Add Line](#)

City/Town:

State/Territory:

ZIP Code:

Start Date of Employment:

Month

Year

End Date of Employment:

Month

Year

Employment has not ended

Save

Cancel

If the applicant answers “yes” to working in the current year or prior year, the applicant will answer questions on the Employer.

# Self Employment Details (1<sup>st</sup> Party)



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## Apply for Benefits

✔ Identification

General

Other Benefits

Remarks & Options

Review & Sign

### Self-employment Details for John Public

Were you self-employed in 2019? [More Info](#)

Yes  No

Were you self-employed in 2020? [More Info](#)

Yes  No

Next

Previous

Save & Exit

#### In this section...

✔ Marriage Information

✔ Prior Marriages

✔ Children

✔ Military Details

✔ Employer Details

#### Self-Employment Details

Supplemental Information

Total Earnings

The applicant provides a “yes” or “no” answer if they were self-employed in the current year or prior year.



# Supplemental Information – Foreign Social Security (1<sup>st</sup> party)



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## Apply for Benefits

Identification

General

Other Benefits

Remarks & Options

Review & Sign

### Foreign Social Security

Did you ever work outside the United States? [More Info](#)

Yes  No

Did your spouse or prior spouse work outside the United States? [More Info](#)

Yes  No

### Social Security Statement

Do you agree with your earnings history as shown on your Social Security Statement? [More Info](#)

[Info](#)

Yes  
 No  
 Not sure or I do not have a statement

#### In this section...

Marriage Information

Prior Marriages

Children

Military Details

Employer Details

Self-Employment Details

#### Supplemental Information

Total Earnings

Other Pensions/Annuities

When to Start Retirement Benefits

Direct Deposit Details

Next

Previous

Save & Exit

This screen is for the user to provide information about foreign Social Security benefits, if they answer yes, a technician will contact the user to develop for evidence of those benefits.

# Total Earnings (1<sup>st</sup> Party)



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## Apply for Benefits

Identification

General

**Other Benefits**

Remarks & Options

Review & Sign

### Total Earnings for 2019

Show the total of all wages and tips earned in 2019. [More Info](#)

Estimate if necessary.

\$

Did you earn more than \$1470 a month in wages and tips in every month of 2019? [More Info](#)

Yes  No

Did you work outside the United States for salary, wages, or self-employment in 2019?

Yes  No

### Total Earnings for 2020

Show the total of all wages and tips that will be earned in 2020. [More Info](#)

Estimate if necessary.

\$

Will you earn more than \$1520 a month in wages and tips in every month of 2020? [More Info](#)

Yes  No

Are you working outside the United States for salary, wages, or self-employment in 2020?

Yes  No

### Special Payments

Do any of the total earnings include special payments paid in one year but earned in another? [More Info](#)

Yes  No

Next

Previous

Save & Exit

#### In this section...

- Marriage Information
- Prior Marriages
- Children
- Military Details
- Employer Details
- Self-Employment Details
- Supplemental Information

#### Total Earnings

Other Pensions/Annuities

When to Start Retirement Benefits

Direct Deposit Details

If the applicant answered “yes” on the Employer Details screen to having earnings in the current year or prior year, the applicant must indicate the total wages for each year.

## Other Pensions or Annuities Not Covered By Social Security or Railroad questions (1<sup>st</sup> Party)

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### Apply for Benefits

Identification  General Other Benefits Remarks & Options Review & Sign

#### Work Not Covered By Social Security for John Public

Did you ever work in a job where U.S. Social Security taxes were not deducted or withheld? [More Info](#)

Yes  No

#### Railroad Employment

Did you work for the Railroad 5 years or more? [More Info](#)

Yes  No

Did your spouse or prior spouse work for the Railroad 5 years or more? [More Info](#)

Yes  No

[Next](#) [Previous](#) [Save & Exit](#)

#### In this section...

- Marriage Information
- Prior Marriages
- Children
- Military Details
- Employer Details
- Self-Employment Details
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities**
- [When to Start Retirement Benefits](#)
- [Direct Deposit Details](#)

The applicant answers if they ever worked in a job where Social Security taxes were not deducted. The applicant also answers the questions about work for the Railroad (if he or she indicated that was married, the spouse or prior spouse question generates)

## Reduced Benefits – Retirement Benefits only (1<sup>st</sup> Party)

The screenshot shows the Social Security Administration's 'Apply for Benefits' interface. At the top left is the SSA logo and the text 'Social Security The Official Website of the U.S. Social Security Administration'. Below this is a navigation bar with tabs: 'Identification' (checked), 'General', 'Other Benefits', 'Remarks & Options', and 'Review & Sign'. The main content area is titled 'Reduced Benefits for Jane Public'. It features a 'Reduced Benefits' section with a 'More Info' link and two radio button options: 'I want the earliest month possible without a permanent age-related reduction' and 'I will accept an age-related reduction'. Below these options are three buttons: 'Next', 'Previous', and 'Save & Exit'. On the right side, there is a vertical list titled 'In this section...' with items: 'Marriage Information', 'Prior Marriages', 'Children', 'Employer Details', 'Self-Employment Details', 'Supplemental Information', 'Total Earnings', 'Other Pensions/Annuities', 'Reduced Benefits', 'When to Start Retirement Benefits', and 'Direct Deposit Details'. The 'Reduced Benefits' item is currently selected.

The applicant, when filing for Retirement Benefits, can select reduced benefits. Depending on the response, the next screen will appear for him or her to select the month they want to start benefits.

# When to Start Retirement Benefits – Retirement Only (1<sup>st</sup> Party)



**Social Security**

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## Apply for Benefits

✔ Identification

General

Other Benefits

Remarks & Options

Review & Sign

### When to Start Retirement Benefits for John Public

It's your choice when to start retirement benefits. The earlier the date you start your benefits, the smaller your benefit. The later the date you start to receive benefits, the larger your benefit. This is an important decision, with several factors to consider before you choose the month your benefits should start. [More Info](#)

If you have applied for, or are currently receiving, Supplemental Security Income (SSI), you must select the earliest possible month that you are eligible for benefits. An SSI recipient is required to pursue all other benefits when first eligible.

We have an estimator that can show you what your benefit amount will be under various scenarios. You may wish to end this session and go there now. You will be able to return and continue where you left off. The information you have already entered will be saved.

[Go to Estimator](#)

We need to know when you want to start benefits.

Do you want benefits to start in 03/2020?

Yes  No (Your other available options are 04/2020 to 07/2020.)

If you are eligible for both retirement benefits and spouse's benefit, do you want to delay receipt of retirement benefit? [More Info](#)

If you are full retirement age and we determine that you are eligible to receive both a retirement benefit and a spouse's benefit, you may choose to delay receiving your own retirement benefit and receive only the spouse's benefit for now.

Yes  No

#### In this section...

✔ [Marriage Information](#)

✔ [Prior Marriages](#)

✔ [Children](#)

✔ [Military Details](#)

✔ [Employer Details](#)

✔ [Self-Employment Details](#)

✔ [Supplemental Information](#)

✔ [Total Earnings](#)

✔ [Other Pensions/Annuities](#)

**When to Start Retirement Benefits**

[Direct Deposit Details](#)

[Next](#)

[Previous](#)

[Save & Exit](#)

The applicant, when filing for Retirement Benefits, has a default benefit start date, but has options to choose another benefit start date.

# Direct Deposit (1<sup>st</sup> Party)



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## Apply for Benefits

Identification

General

**Other Benefits**

Remarks & Options

Review & Sign

### Direct Deposit Details for John Public

Direct Deposit is Safe, Quick and Convenient [More Info](#)

Do you own or co-own a bank account that you can use for Direct Deposit? [More Info](#)

Yes  No

**Next**

Previous

Save & Exit

#### In this section...


- Marriage Information
- Prior Marriages
- Children
- Military Details
- Employer Details
- Self-Employment Details
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
- When to Start Retirement Benefits

**Direct Deposit Details**

The applicant answers “yes” or “no” to owning a bank account.

## Benefit Information (1<sup>st</sup> party) With everyone in household filing for SSI

Text Size | Accessibility Help

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Apply for Benefits OMB No. 0960-0444  
[Paperwork Reduction Act](#)

1 Provide Background Information   2 Provide Disability Information   3 Sign Medical Release   4 Confirmation


Identification    General    Other Benefits    Remarks    Review & Sign

### Supplemental Security Income (SSI) for Kelly Anderson

The SSI program pays benefits to people age 65 and older or blind or disabled adults under 65 who have limited income and resource. [More Info](#)

**Do you intend to apply for Supplemental Security Income?**  
 Yes    No


**Is everyone in your household receiving or applying for Supplemental Security Income?**  
 Yes    No

 **Supplemental Nutrition Assistance Program (SNAP)**

If you meet certain conditions, SNAP benefits may be available to help you buy food. For more information about SNAP benefits, read Supplemental Nutrition Assistance Program Facts ([Publication No. 05-10101](#)).

If you want to file for SNAP benefits now, you can:

- Apply online at <http://www.fns.usda.gov/snap/apply>;
- Apply in person or by telephone at your local Social Security office and an employee will help you complete your SNAP application. Find your local office at: <https://secure.ssa.gov/ICON/main.jsp>
- Apply by mail. First, download and complete your state form at <http://www.fns.usda.gov/snap/snap-application-and-local-office-locators> and then mail the form to your local SNAP office; or
- Apply at any local SNAP office.

 [Print this Information](#)

### Previous Application for Medicare, Social Security Benefits, or Supplemental Security Income (SSI)

**Have you previously applied for Medicare, Social Security Benefits, or Supplemental Security Income (SSI)?**  
 Yes    No

[Next](#)   [Previous](#)   [Save & Exit](#)

When the applicant selects “yes” for the question, “Do you intend to file for SSI” the second question about the SSI household will populate to the screen. A new message that contains required filing and benefit information for SNAP will appear by answering “yes” to this question.

## Medicare Coverage (1<sup>st</sup> Party)

The screenshot shows the Social Security Administration's "Apply for Benefits" page. The page title is "Medicare Coverage (1<sup>st</sup> Party)". The navigation tabs are "Identification", "General", "Other Benefits", "Remarks & Options", and "Review & Sign". The "Identification" tab is selected. The main content area is titled "Medicare Coverage for Jane Public". It contains a question: "Are you already enrolled in Medicare Part B?" with radio buttons for "Yes" and "No", and a "More Info" link. Below this is another section titled "Other Health Insurance Coverage" with a question: "Are you receiving Medicaid (state health insurance)?" with radio buttons for "Yes" and "No", and a "More Info" link. On the right side, there is a sidebar titled "In this section..." with a list of items: "Benefit Information" (checked), "Health Insurance", and "Group Health Plan". At the bottom, there are three buttons: "Next", "Previous", and "Save & Exit".

If the applicant is 64 years and 8 months or older, the system generates the Medicare screen for the user to answer questions to Medicare Part B coverage and Medicaid coverage.

## Group Health Plan Information if Claimant is 64 years 8 months or older (1<sup>st</sup> Party)

The screenshot shows the Social Security Administration's "Apply for Benefits" page. The page title is "Group Health Plan Information if Claimant is 64 years 8 months or older (1<sup>st</sup> Party)". The navigation tabs are "Identification", "General", "Other Benefits", "Remarks & Options", and "Review & Sign". The "Identification" tab is selected. The main content area is titled "Group Health Plan Information for Joan Public". It contains a question: "Are you covered under a Group Health Plan?" with radio buttons for "Yes" and "No", and a "More Info" link. On the right side, there is a sidebar titled "In this section..." with a list of items: "Health Insurance Information" (checked), "Medicaid Information" (checked), and "Group Health Plan". At the bottom, there are three buttons: "Next", "Previous", and "Save & Exit".

If the applicant is 64 years 8 months or older, the applicant answers question, "are you covered under a Group Health Plan?"



# Ability to Work – Disability Benefits Only (1<sup>st</sup> Party)



**Social Security**

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

- 1 Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4 Confirmation

Identification

General

Other Benefits

Remarks & Options

Review & Sign

### Ability To Work for Joan Public

Are your illnesses, injuries or conditions related to work in any way?

Yes  No

Are you now able to work?

Yes  No

#### In this section...

Benefit Information

Ability to Work

Disability Payments

Dependents

Next

Previous

Save & Exit

This screen only populates if the user indicated that he or she had a disability under the Applicant Information Page (see page #4).

# Workers' Compensation/ Public Disability Benefits for Disability Only (1<sup>st</sup> Party)



**Social Security**

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

- 1 Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4 Confirmation

Identification

General

Other Benefits

Remarks & Options

Review & Sign

### Workers' Compensation/Public Disability Benefits for Joan Public

Have you applied or intend to apply for any workers' compensation or other public disability benefits? [More Info](#)

Yes  No

#### In this section...

Benefit Information

Ability to Work

Disability Payments

Dependents

### Money from Employer

Have you received money from your employer on or after the date you became unable to work?

Yes  No

Do you expect to receive any money from your employer in the future?

Yes  No

**Next**

Previous

Save & Exit

This screen propagates if the user answers “yes” on the Ability to Work Screen question, “Are your illnesses, injuries, or conditions related to work in any way?” The applicant answers questions regarding workers’ compensation and public disability benefits.

## Other Dependents for Disability Benefits Only (1<sup>st</sup> Party)

The screenshot shows the Social Security Administration's 'Apply for Benefits' interface. At the top left is the SSA logo and the text 'Social Security The Official Website of the U.S. Social Security Administration'. Below this is a progress bar with four steps: 1. Provide Background Information (active), 2. Provide Disability Information, 3. Sign Medical Release, and 4. Confirmation. A secondary progress bar shows five sub-steps: Identification (checked), General (checked), Other Benefits (current), Remarks & Options, and Review & Sign. The main content area is titled 'Other Dependents for Joan Public' and contains a question: 'Do you have a parent who receives one-half support from you?' with radio buttons for 'Yes' and 'No'. At the bottom are 'Next', 'Previous', and 'Save & Exit' buttons. On the right, a sidebar titled 'In this section...' lists 'Benefit Information', 'Ability to Work', and 'Disability Payments', all with checkmarks, and a 'Dependents' section below.

This screen populates if the user indicates that he or she has children as we need information about the one-half support to determine if the child qualifies for benefits.

# Overall Summary for Benefit Application

## Apply for Benefits

Identification

General

Other Benefits

Remarks & Options

Review & Sign

### Review Information for John Public

If you need to make any changes, please select the "Edit" button to return to that page.

In this section...

Overall Summary

#### Identification

Edit

Applicant Identification

Name: **John Q Public**

Social Security Number: **\*\*\*-\*\*-0307**

Date of Birth: **November 3, 1949**

Gender: **Male**

Blind or low vision: **No**

Disabled: **No**

Edit

Preparer's Contact Information

Name: **Mike Smith**

Relationship to Applicant: **Other**

Description of Other Relationship: **Neighbor**

Address: **123 Main Street, Baltimore, Maryland, 21244**

Phone: **(410) 555-1234**

Edit

Applicant's Contact Information

#### Contact Information

Mailing Address: **234 First Street, Silver Spring, Maryland, 20901**

Reside at this address: **Yes**

Phone: **(301) 555-7890 Home**

Best time to call: **Noon to 5 p.m.**

#### Language Preferences

Preferred language for speaking: **English**

Preferred language for reading: **English**

Edit

Birth and Citizenship Information

Place of Birth: **Silver Spring, Maryland**

U.S. Citizen: **Yes**

Type of Citizenship: **US citizen born inside US**

Edit

Medicare Election

Wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time: **No**

<input type="button" value="View"/> <input checked="" type="checkbox"/> <b>Re-entry Number</b>
The Re-entry Number is: <b>88917472</b> (The Re-entry Number cannot be edited.)
<input type="button" value="Edit"/> <input checked="" type="checkbox"/> <b>Other Social Security Numbers and Names</b>
<b>Other Social Security Numbers</b> Any other Social Security Numbers used: <b>Yes</b> Other SSN 1: <b>743-99-0000</b>
<b>Other Names</b> Any other names used: <b>Yes</b> Other Name 1: <b>Johnny Other</b>
<b>General</b>
<input type="button" value="Edit"/> <input checked="" type="checkbox"/> <b>Marriage Information</b>
Currently married: <b>Yes</b> Spouse's Name: <b>Sally Maiden</b> Spouse's Social Security Number: <b>743-99-0000</b> Know Spouse's date of birth: <b>No</b> Spouse's age: <b>61</b> Date of Marriage: <b>June 24, 1990</b> Place of Marriage: <b>Columbia, Maryland</b> Marriage Type: <b>Married by Clergy or Public Official</b>
<input type="button" value="Edit"/> <input checked="" type="checkbox"/> <b>Prior Marriages</b>
Any prior marriages: <b>No</b>
<input type="button" value="Edit"/> <input checked="" type="checkbox"/> <b>Children</b>
Have any children: <b>Yes</b> Any children who became disabled prior to age 22: <b>No</b> Any unmarried children under age 18: <b>Yes</b> Any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: <b>No</b> Child 1: <b>Junior Smith</b> More than 10 children: <b>No</b>
<input type="button" value="Edit"/> <input checked="" type="checkbox"/> <b>Military Details</b>
Military service prior to 1968: <b>No</b>
<input type="button" value="Edit"/> <input checked="" type="checkbox"/> <b>Employer Details</b>
Worked or will work for an employer in 2017: <b>No</b> Will work for an employer in 2018: <b>No</b>

Edit

### Self-Employment Details

Self-employed in 2017: **Yes**

2017 self-employment type of business: **Internet Sales**

2017 self-employment net income greater than \$400: **Yes**

Self-employed in 2018: **Yes**

2018 self-employment type of business: **Internet Sales**

2018 self-employment net income greater than \$400: **Yes**

Edit

### Supplemental Information

Worked outside the US: **No**

Spouse worked outside the US: **No**

Agree with earnings history as shown on Social Security statement: **Yes**

Edit

### Total Earnings

Total of all wages and tips including net income from self-employment in 2017: **\$45000**

Earned net income from self-employment over \$3740 or performed substantial services in self-employment in all months of 2017: **Yes**

Worked outside the United States for salary, wages, or self-employment in 2017: **No**

Total of all wages and tips including net income from self-employment in 2018: **\$45000**

Earned net income from self-employment over \$3840 or performed substantial services in self-employment in all months of 2018: **Yes**

Worked outside the United States for salary, wages, or self-employment in 2018: **No**

Total earnings include any special payments paid in one year but earned in another: **No**

Edit

### Other Pensions/Annuities

Ever work in a job where U.S. Social Security taxes were not deducted or withheld: **No**

Spouse worked for the Railroad 5 years or more: **No**

Worked for the Federal Government in January 1983: **No**

Spouse worked for the Federal Government in January 1983: **No**

Edit

### Reduced Benefits

Reduced Benefits: **Will accept a permanent age-related reduction**

Edit

### When to Start Retirement Benefits

Benefits should start in: **6/2017**

The specific reason this start date was selected: **No longer working**

If eligible for both retirement and spouse's benefits, delay receipt of retirement benefit: **No**

Edit

### Direct Deposit Details

Own or co-own a bank account to use for Direct Deposit: **No**

Other Benefits

**Other Benefits**

**Benefit Information**

---

Intend to apply for Supplemental Security Income benefits: **No**  
Any previous application(s) for Medicare, Social Security, or Supplemental Security Income benefits: **No**

**Health Insurance**

---

Already enrolled in Medicare Part B: **No**  
Want to enroll in Medicare Part B: **No**  
Receiving Medicaid (state health insurance): **No**

**Group Health Plan Information**

---

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

**Remarks**

**Remarks**

---

The following are your remarks:

This screen provides a summary of the information provided in the application.

## Electronic Signature Agreement (1<sup>st</sup> party)

### Electronic Signature Agreement

Please read and accept the following statement before continuing the disability process. 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 that, if the Social Security Administration determines that I am disabled for Supplemental Security Income (SSI) purposes, I will give the Social Security Administration information about my income, resources, living arrangements, and the other items listed here: <https://www.ssa.gov/ssi/text-report-ussi.htm>, so that the Social Security Administration can determine my SSI eligibility and payment amount.

I understand and agree that this information will be subject to verification.

I agree to notify the Social Security Administration promptly of changes in this information while my application for SSI benefits is pending and at any time when I am eligible for SSI benefits.

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 to the next step.**

When you select "**Accept & Continue**" below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct before continuing. Once you complete the remaining steps in the process, you will receive a receipt containing all of the information you have provided.

This screen appears at the bottom of the Overall Summary for Benefit Application Screen. When a **first party applicant** reviews the information and agrees to the information provided, the applicant reviews the agreement and checks the box "I agree with the Electronic Signature Agreement above"



## Electronic Agreement (3rd party)

### Electronic Agreement

Congratulations, you're just about ready to complete **John Public's** application for retirement benefits.

Please read and accept the following statement.

I understand and agree that by selecting "**Submit Now**" below, this information will be sent electronically to Social Security. An application will be mailed to **John Public** for his signature and the application must be submitted to a Social Security office before processing can begin.

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.

[Submit Now](#) [Previous](#) [Save & Exit](#)

This screen appears at the bottom of the Overall summary for Benefit Application Screen after the **3<sup>rd</sup> party responder** reviews the information provided. The 3<sup>rd</sup> party then has the option to submit the application by clicking "Submit Now", "Save and Exit" to return at a later time, or "Previous" to return to the summary page.