

First Party Screens

Modified Screen #1A

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

Apply for Benefits

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 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

OMB Number
Social Security Insurance Benefits: 0960-0618, [Paperwork Reduction Act](#)

Privacy Act Statement
Collection and Use of Personal Information
Sections 202, 205, 223, 226, and 1631 of the Social Security Act, as amended, allow us to collect this information, which we will use to determine eligibility for, and entitlement to, Social Security and Medicare benefits, and Supplemental Security Income payments. Providing this information is voluntary, but not providing all or part of the information may prevent us from making an accurate and timely decision on any claim filed. As law permits, we may use and share the information you submit, including with other Federal, State, and local agencies, contractors, employers, and others, as outlined in the routine uses within System of Records Notices (SORN) 60-0059, 60-0089, 60-0090, 60-0103, and 60-0321, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

[Privacy Policy](#) | [Website Policies & Other Important Information](#) | [About Us](#) | [Site Map](#)

We moved the OMB number and Paperwork Reduction Act from the top right to the middle right side of the screen to make it more visual for easy access.

We updated the Welcome page to fully display the new Privacy Act Statement at the bottom of the page instead of a discretionary hyperlink.

Internet Claim (iClaim) Screens for Retirement (SSA-1) and Disability (SSA-16)

Modified Screen #1B

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

Apply for Benefits

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 Disability Benefits

Getting Ready

Before you start your application for Disability Benefits, which may include an application for Supplemental Security Income (SSI), 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 Disability](#); and the [requirements to apply online for SSI](#)
2. Gather the [information you need](#) to complete the application process

Apply & Complete

After signing in to your [my Social Security](#) account, applying for disability is a multi-step process that may take between **one to two hours** 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
- Information on Supplemental Security Income (SSI)
- Other Ways to Apply for Benefits
- Your Right to Representation
- Information in Other Languages

OMB Numbers

- Social Security Insurance Benefits: 0960-0618, [Paperwork Reduction Act](#)
- Supplemental Security Income (SSI): 0960-0444, [Paperwork Reduction Act](#)

Privacy Act Statement

Collection and Use of Personal Information

Sections 202, 205, 223, 226, and 1631 of the Social Security Act, as amended, allow us to collect this information, which we will use to determine eligibility for, and entitlement to, Social Security and Medicare benefits, and Supplemental Security Income payments. Providing this information is voluntary, but not providing all or part of the information may prevent us from making an accurate and timely decision on any claim filed. As law permits, we may use and share the information you submit, including with other Federal, State, and local agencies, contractors, employers, and others, as outlined in the routine uses within System of Records Notices (SORN) 60-0059, 60-0089, 60-0090, 60-0103, and 60-0321, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

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We moved the OMB number and Paperwork Reduction Act from the top right to the middle right side of the screen to make it more visual for easy access.

We also included the OMB Number for SSI as this page will be the door for the application.

We updated the “Getting Ready” section to include information about the SSI application. We also updated the page to fully display the new Privacy Act Statement at the bottom of the page instead of a discretionary hyperlink.

Internet Claim (iClaim) Screens for Retirement (SSA-1) and Disability (SSA-16)

Modified Screen #2

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

Apply for Benefits

Return to Saved Application Process

Provide Re-Entry Number and the Social Security Number to continue where you left off.

Applicant's Social Security Number (SSN):


Re-Entry Number: [? Forgot or lost Re-Entry Number](#)

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

We updated the Re-Entry page to remove the OMB number and Paperwork Reduction Act link as it was a duplication of information as the same OMB number is displayed at the beginning of the Welcome page for Retirement and Disability applications.

Internet Claim (iClaim) Screens for Retirement (SSA-1) and Disability (SSA-16)

Modified Screen #3



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

Apply for Benefits

Identification General Other Benefits Remarks & Options Review & Sign

Information About the Applicant

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

John Public
*First Middle *Last Suffix

Social Security Number (SSN):
***-**-0005

What is your date of birth?
April 2, 2004

Gender:
 Male Female

Are you blind or do you have low vision even with glasses or contacts?
 Yes No

Special Notice Option for the Blind or Visually Impaired
Blind or visually impaired applicants can use the [Internet Special Notice Option](#) page to choose how to receive notices from Social Security.

Have you visited and made a selection on the Internet Special Notice Option page?
 Yes No

During the last 14 months, have you been unable to do any substantial gainful 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

Approximately when do you believe your illnesses, injuries or conditions became severe enough to significantly reduce your ability to work or keep you from working?

Month Day Year

Have you previously been denied for Social Security benefits or Supplemental Security Income (SSI) in the last 60 days?
 Yes No

Have you been diagnosed with any specific condition that is expected to end in death?
 Yes No

Please contact us after you finish your application.
You told us that you have been diagnosed with an illness that is expected to end in death. If your illness is not expected to end in death, please select "No" to correct your answer.

After you complete the application, we strongly encourage you to contact a local Social Security office at your earliest opportunity. Even if you do not finish today, please contact us anyway.

Next Previous Save & Exit

In this section...

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

Identity information is pre-populated only if applicant is authenticated.

We modified the language for the question about disability to add "substantial gainful work"

We added the language to help applicants provide a better estimate of when their condition(s) potentially affected them. The explanation will help applicants to provide us with the earliest date their disability started

Internet Claim (iClaim) Screens for Retirement (SSA-1) and Disability (SSA-16)

Modified Screen #4



Social Security

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

Residence Address:

Country:

United States or U.S. Territory

Street Address:

Street Line 1:

Street Line 2: [+ Add Line](#)

City/Town:

State/Territory:

ZIP Code:

Daytime Phone Number:

10-digit Number Phone Type

Email Address:

We will send an acknowledgment to this address

Confirm Email Address:

Please retype to confirm your email address

In this section...

[Applicant Identification](#)

[Contact Information](#)

[Birth and Citizenship](#)

[Medicare Information](#)

[Re-entry Number](#)

[Other Names](#)

Language Preferences

Language preferred for speaking:

--

Language preferred for reading:

--

[Next](#)

[Previous](#)

[Save & Exit](#)

We removed the question to indicate the “Best time to call” to avoid limiting applicants to specific times as they may think we are only going to try to contact them once. This also removes the issues about different time zones as applicants and technicians may be in different areas.

Internet Claim (iClaim) Screens for Retirement (SSA-1) and Disability (SSA-16)

Modified Screen #5

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

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

Country of Citizenship:

Are you a legal resident of the United States? [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

We removed the option to provide their Permanent Resident Card number as the information is not needed at the time of filing.

Modified Screen #6

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

Apply for Benefits

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

Other Names for John Public

Have you used any other names? [More Info](#)
Other names could be a different birth name, previous married name(s), etc.
 Yes No

1st Other Name:
First: Middle: Last: Suffix:

2nd Other Name:
First: Middle: Last: Suffix:

3rd Other Name:
First: Middle: Last: Suffix:

4th Other Name:
First: Middle: Last: Suffix:

5th Other Name:
First: Middle: Last: Suffix:

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

In this section...

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

We updated the page “Other Names and SSNs” to remove the reference about SSNs as the information is not needed to file an application.

Internet Claim (iClaim) Screens for Retirement (SSA-1) and Disability (SSA-16)

Modified Screen #7

Social Security Administration
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

Review Information for John Public

We will use the information for your Disability and Supplemental Security Income (SSI) applications. Please review your answers provided and select the "Edit" button if changes are needed.

In this section...
Overall Summary

Identification

Edit ✔ Applicant Identification

Name: **John Public**
Social Security Number: *****--**--0005**
Date of Birth: **April 2, 2004**
Gender: **Male**
Blind or low vision: **No**
Disabled: **Yes**
Start Date of Disability: **July 8, 2020**
Denied Benefits in Last 60 days: **No**
Diagnosed with condition that is expected to end in death: **No**

Edit ✔ Applicant's Contact Information

Contact Information
Mailing Address: **401 Rosemont Ave, Frederick, Maryland, 21701**
Reside at this address: **Yes**
Phone: **(301) 555-1234 Home**
Best time to call: **Noon to 5 p.m.**
Email Address:
Confirm Email Address:
Ability to Communicate in English
Speak English: **Yes**

We updated the language under the “Review Information” section to inform applicants that we will use the information provided for their Disability and SSI applications. We will also display any answers provided for the SSI portion of their application for them to review and edit as needed. The SSI questions are reported under OMB No. 0960-0444.

Internet Claim (iClaim) Screens for Retirement (SSA-1) and Disability (SSA-16)

Modified Screen #8

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 understand and agree that by selecting and clicking "Accept & Continue" below, I am electronically signing my applications for Disability, SSI, and the additional forms included in this online submission. 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 these applications 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 these electronic applications, 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 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.

Accept & Continue Previous Save & Exit

We updated the “Electronic Signature Agreement” section to include language about the SSI application.