



## Apply for Benefits

OMB Number: 0960-0814  
Paperwork Reduction Act

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

✓ Identification

✓ General

✓ Other Benefits

✓ SSI

Remarks & Options

Review & Sign

### If You Need Help Managing Your Benefits in the Future

#### What is Advance Designation?

If you qualify for benefits, you will be responsible for managing or directing the management of those benefits. In the event SSA later determines that you have become unable to do so yourself, we will appoint a third party as a Representative Payee to receive and manage the benefits on your behalf. You have the option to provide contact information for individuals you would like us to consider in the future if you need a Representative Payee. We refer to these three contacts as Advance Designees. You may visit <https://www.ssa.gov/payee/> to learn more about Representative Payees.

#### What you need to know

- You can make updates or change the order of priority of your Advance Designee(s) at any time by:
  - Signing into your my Social Security account
  - Calling us toll-free at 1-800-772-1213 (TTY 1-800-325-0778)
- If you qualify for benefits, we will notify you annually of your Advance Designee(s)

#### Privacy Act Statement Collection and Use of Personal Information

Section 205(j) of the Social Security Act, as amended, allows us to collect this information, which we will use to maintain and update your advance designation of a representative payee. Providing this information is voluntary, but not providing all or part of the information may prevent us from selecting the representative payee(s) you designate to act on your behalf. 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 with the System of Records Notice (SORN) 60-0089, available at [www.ssa.gov/privacy](http://www.ssa.gov/privacy). The information you submit may be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

Do you want to provide Advance Designees at this time?

Yes  No



If you have provided Advance Designee(s) in the past, your information will not change.

In this section...

✓ Remarks & Options

Managing Your Benefits


Next


Previous

Save & Exit

# Advance Designation – “Yes, Provide AD Now”

(Screen split into 3 images below)

Text Size  Accessibility Help



## Social Security

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

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### Apply for Benefits

OMB No. 0960-NEW  
[Paperwork Reduction Act](#)

✔ Identification✔ General✔ Other BenefitsRemarks & OptionsReview & Sign

### If You Need Help Managing Your Benefits in the Future

**What is Advance Designation?**

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**What You Need to Know:**

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  - signing in to your [my Social Security](#) account
  - calling us toll-free at 1-800-772-1213 (TTY 1-800-325-0778)
  
- If you qualify for benefits, we will notify you annually of your Advance Designee(s).

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**Do you want to provide Advance Designees at this time?**

Yes    No

 The information you provide below will replace any existing Advance Designee(s) you may have provided in the past. This will occur upon submission of your application for benefits.

In this section...

✔ [Remarks](#)

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Managing Your Benefits

**Your privacy is important.**

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

## Information About Your Advance Designees

Please enter at least one designee below. If you enter more than one, please provide the names in your priority order. You may not designate an organization.

### Designee 1:

**Name:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
First	Middle	Last	Suffix

**Primary Telephone Number:**

U.S.  International

10-digit Number

**Relationship:**

--

### Designee 2:

**Name:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
First	Middle	Last	Suffix

**Primary Telephone Number:**

U.S.  International

10-digit Number

**Relationship:**

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### Designee 3:

**Name:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
First	Middle	Last	Suffix

**Primary Telephone Number:**

U.S.  International

Country Code + Number

**Relationship:**

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Note: For us to consider your Advance Designee to be your Representative Payee, the designee must be able and willing to serve and must meet SSA selection requirements.

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

Providing “relationship” is optional, but the user must provide an answer to this field. “No response” is an option to select if the user does not want to provide relationship.

# Advance Designation – \*“Restart – AD No Longer Applies”

Text Size ▾ Accessibility Help



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### Apply for Benefits

OMB No. 0960-NEW  
[Paperwork Reduction Act](#)

✔ Identification✔ General✔ Other BenefitsRemarks & OptionsReview & Sign

### If You Need Help Managing Your Benefits in the Future

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**i We have removed your previous response to this section.**

We no longer require any answers that you may have provided in your previous online session(s).

If you have any questions regarding the management of your benefits you can:

- sign in to your [my Social Security](#) account
- call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778)

In this section...

✔ Remarks

Managing Your Benefits

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NextPreviousSave & Exit

## Overall Summary – “No, Do Not Provide AD Now”

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

### Remarks & Options

Edit

✔ Remarks

The following are your remarks: **I did not have any earnings in 2016.**

Edit

✔ Managing Your Benefits

### Advance Designation

Provide Advance Designees at this time: **No**

## Electronic Signature Agreement

Congratulations, you're just about ready to complete your application for retirement benefits.

Please read and accept the following statement to finish the application. 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 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.**

When you select "Submit Now" below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct.

**Submit Now**

Previous

Save & Exit

## Overall Summary– “Yes, Provide AD Now”

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

### Remarks & Options

Edit

✔ Remarks

The following are your remarks: **I did not have any earnings in 2016.**

Edit

✔ Managing Your Benefits

### Advance Designation

Provide Advance Designees at this time: **Yes**

#### Designee 1

Name: **Bob Smith**

Primary Telephone Number: **(804) 664-1234**

Relationship: **Brother**

#### Designee 2

Name: **John Doe**

Primary Telephone Number: **(919) 460-7890**

Relationship: **Brother**

#### Designee 3

Name: **Brad Smith Jr.**

Primary Telephone Number: **(410) 717-4321**

Relationship: **Son**

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I agree with the Electronic Signature Agreement above.



**You will no longer be able to change this information once you continue.**

When you select "Submit Now" below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct.

Submit Now

Previous

Save & Exit

## Overall Summary – \*“Restart – AD No Longer Applies”

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

### Remarks & Options

Edit

✔ Remarks

The following are your remarks: **I did not have any earnings in 2016.**

View

✔ Managing Your Benefits

### Advance Designation

This information is no longer required. We have removed your previous response. **Select "View" for more information.**

## Electronic Signature Agreement

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I agree with the Electronic Signature Agreement above.



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**Submit Now**

Previous

Save & Exit

\* “Restart – AD No Longer Applies” screen provides information to an iClaim user in the following possible scenario:

- The iClaim user is eligible to see the Advance Designation option screens when completing the iClaim, but leaves the claim without submitting it.
- Upon re-entry into iClaim, the iClaim user now has a representative payee and is no longer eligible to see the Advance Designation option screens.
- iClaim will remove the Advance Designation option screens, along with any information previously input by the filer, and will display this screen instead. The language on this screen is intentionally broad because iClaim is not allowed to disclose information from our records to the iClaim user, including the presence of a newly selected representative payee.

The final screens in the mock-up show how the responses will display in the iClaim summary, where the applicant will sign. The iClaim receipt is the same screen as the summary, but without the signature agreement.



***SSA will insert the following revised Privacy Act & PRA Statements into the form as soon as possible:***

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

Section 205(j) of the Social Security Act, as amended, allows 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 selecting the representative payee(s) you designate to act on your behalf.

We will use the information you provide to update and maintain your representative payee(s). We may also share the information for the following purposes, called routine uses:

- To third party contacts, where necessary, to establish or verify information provided by representative payees or representative payee applicants; and
- To contractors and other Federal Agencies, as necessary, for the purpose of assisting us in the efficient administration of our programs. We will disclose information under this routine use only in situations in which we may enter into a contractual or similar agreement to obtain assistance in accomplishing an SSA function relating to this system or records.

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(s) (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 our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about **6** minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***