


September Release Internet Claim (iClaim) Screen Package

Terms of Service Screen (ToS)

We display the ToS screen upon all initial entries to the internet benefit application. All individuals must accept the ToS to proceed to the application process. On this screen, we are revising the language under “Information about Social Security’s Online Policies” to include a link to the agency’s [Internet Privacy Policy](#) and moving this informational section to below the checkbox.



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Apply for Benefits

Benefits Application Terms of Service

I understand that I am entering a U.S. Government System to file a benefit application with the Social Security Administration. I understand that I need to provide the Social Security Administration information to process the benefit application. I understand that failing to agree to the statements below will result in my inability to file a benefit application online, which may prevent the Social Security Administration from making an accurate and timely decision about eligibility for benefits.

I understand that:

- the Social Security Administration will validate the information I provide against the information in Social Security Administration's systems.
- my activities may be monitored within this site.
- any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.
- I am authorized to file a claim on my own behalf or on behalf of someone else with the Social Security Administration.

I understand and agree to the above statements.

Information about Social Security's Online Policies

We are committed to protecting individual privacy and securing the personal information made available to us when you visit our website, SSA.gov. Our [Internet Privacy Policy](#) explains our online information practices.

Next [Exit](#)

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Supplemental Information

This screen asks the individual to provide supplemental information about work and earnings.

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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](#)
 Yes No Not sure or I do not have a statement

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

Individuals who did not enter iClaim through their “my Social Security” online portal will continue to receive the screen with all the options.

We are modifying this screen only for individuals who visited and entered iClaim through their “my Social Security” online portal. Individuals who provided a response will receive an informational message informing them that the prefilled option is based on the answer they previously provided on their “my Social Security.” This screen will not display the option to select “Not sure or I do not have a statement” as a copy of their statement was provided on their online portal.

Social Security Statement

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

Yes No

The answer you previously provided is prefilled above.

Next Previous Save & Exit Return to Summary

Supplemental Information

- Total Earnings
- Other Pensions/Annuities
- Reduced Benefits
- When to Start Retirement Benefits
- Direct Deposit Details

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Start Retirement Benefits

We are modifying this screen to remove instructions on accessing the Retirement Estimator (RE) tool that is decommissioned. We added language to inform applicants that they can access their benefit estimate by signing into their personal *my Social Security* account.

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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](#)

You may review your benefit estimate through your *my Social Security* account (you will need to save and exit this application before proceeding to your *my Social Security* account). 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 need to know when you want to start benefits.

Do you want benefits to start in 06/2022?
 Yes No (Your other available options are 12/2021 to 10/2022.)

What date should benefits start?
--

Please let us know if there is a specific reason for this date.
 Currently working and plan to retire on this date
 No longer working
 Other Reason

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

Next | Previous | Save & Exit

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Overall Summary for Benefit Application

This screen provides a summary of the information the individual provided and allows the opportunity to go back and “edit” it as needed.

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

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**

Preparer's Contact Information

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**

Applicant's Contact Information

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**

Birth and Citizenship Information

Birth and Citizenship Information

Place of Birth: **Silver Spring, Maryland**
U.S. Citizen: **Yes**
Type of Citizenship: **US citizen born inside US**

Medicare Election

Medicare Election

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

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Overall Summary for Benefit Application (cont.)

We are revising the *Overall Summary* screen to display information about the new *Application For Medicare Part A and Part B Special Enrollment Period - Exceptional Circumstances (CMS-10797)* (OMB 0938-New) for when individuals opt to apply for an SEP at the same time they are completing the Retirement or Medicare application via iClaim. For these individuals, this screen will include a new sub header informing them of their selections for this form and a revised Electronic Signature Statement. This change will be effective December 2022

Other Benefits

Edit **Benefit Information**

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

Health Insurance

Edit **Health Insurance**

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

Group Health Plan Information

Edit **Group Health Plan Information**

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

Other Special Enrollment Periods - OMB # xxxx-xxxx

Edit **Special Enrollment Period Information**

You are completing this form to request a Special Enrollment Period based on the selections you provided below. This information is not part of the Social Security benefit application nor affects eligibility for monthly Social Security benefits.

Listed Special Enrollment Period type applies: **Yes**
Special Enrollment Period type: **Formerly Incarcerated Individual**

Remarks

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Electronic Signature Agreement (with Special Enrollment Period (SEP) Medicare Form)

This screen appears at the bottom of the *Overall Summary for Benefit Application* screen. First party applicants review the information and check the box “I agree with the Electronic Signature Agreement above.” We updated this screen to ensure individuals are clearly informed that as part of this online submission, they are completing more than one form and providing one signature for both a Social Security benefit application and the Centers for Medicare and Medicaid Services (CMS-10797) form.

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 by selecting the check box and clicking "Submit Now" below, I am electronically signing my application 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 this online submission 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

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Electronic Signature Agreement (without SEP Form)

We are revising the one statement highlighted above from passive voice to active voice for greater clarity and plain language purposes.

Electronic Signature Agreement

Congratulations, you're just about ready to complete your application for Medicare insurance.

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 apply for all insurance benefits for which I may be eligible under Part A (and Part B, if applicable) of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act as presently amended.

I understand and agree that by selecting the check box and clicking "Submit Now" below, I am electronically signing my application. I also understand that my electronic signature means that I intend to file for Medicare insurance and have provided the Social Security Administration with accurate information.

I understand that I must apply separately to get monthly Social Security benefits.


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.

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Example screen of language changes for 3rd party Screens

We are revising the iClaim screens that third-parties complete to replace gender-specific pronouns. We are updating these screens in support of Executive Order (EO) 13988, “Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation.” This language aligns with already implemented language in our public SSA web pages. Many of the screens had minimal changes, we are providing this screen which had the most changes as example.



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Apply for Benefits

When to Start Retirement Benefits for Jane Doe

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

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

We need to know when Jane Doe wants to start benefits.

Does Jane Doe want benefits to start in 06/2022?
 Yes No (Jane Doe's other available options are 12/2021 to 10/2022.)

What date should benefits start?
--

Please let us know if there is a specific reason for this date.
 Currently working and plan to retire on this date
 No longer working
 Other Reason

If Jane Doe is eligible for both retirement benefits and spouse's benefit, does Jane Doe want to delay receipt of retirement benefit? [More Info](#)
If Jane Doe is full retirement age and we determine that **they** are eligible to receive both a retirement benefit and a spouse's benefit, **they** may choose to delay receiving **their** own retirement benefit and receive only the spouse's benefit for now.
 Yes No
