



FACSIMILE: ADDB - ADDITIONAL BENEFITS

mcs TRANSFER TO: XXXX ADDITIONAL BENEFITS ADDB  
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS  
SSSSSSSSSS

[1-M]

ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939  
(Y/N): X

[2-M]

[3-C]

WORKED IN RR FOR 5 YEARS OR MORE (Y/N): X SPOUSE (Y/N): X

[4-M]

[5-C]

RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): X SPOUSE (Y/N): X

[6-M]

[7-C]

COVERED UNDER FOREIGN SSA (Y/N): X COUNTRY: XXXXXXXXXXXX IF  
COVERED

[8-C]

[9-C]

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

[10-C]

[11-C]

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

[12-M]

[13-C]

CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): X SPOUSE (Y/N):  
X

[14-M]

[15-C]

JAPANESE INTERNEE (Y/N): X VOW OF POVERTY (Y/N):

[16-M]

QUALIFY FOR US FED/STATE/LOCAL GOVT PENSION BASED ON ANY WORK  
YOU PERFORMED

which was NOT COVERED UNDER SSA (Y/N): x

[17-M]

CURRENTLY ENTITLED TO A PENSION NOT COVERED UNDER SSA (Y/N): X

[18-C]

IF NO, DO YOU EXPECT TO BE ENTITLED TO A PENSION NOT COVERED UNDER  
SSA IN THE FUTURE

(Y/N): X

[19-C]

IF YES, SHOW FUTURE ENTITLEMENT DATE (MMYY): 9999

[20-M]

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

[21-C]

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

[22-C]

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

[23-M]

IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT

FILING FOR BENEFITS ON OWN RECORD (Y/N): X



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

NH SSSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSSS SSSSS  
SSSSSSSSSS

[\[1-C\]](#)

IF RETIRED FROM MILITARY, BASIS OF RETIREMENT: 9

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

[\[2-C\]](#)

IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[\[3-C\]](#)

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

BENEFIT: 9

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

[\[4-C\]](#)

IF OPTION 8 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[\[5-C\]](#)

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

[\[6-C\]](#)

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

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

[\[7-C\]](#)

IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[\[8-C\]](#)

NAME OF FED AGENCY:  
XX

[\[9-C\]](#)

[\[10-C\]](#)

[\[11-C\]](#)

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

[\[12-C\]](#)

MOST RECENT AGENCY:  
XX

[\[13-C\]](#)

[\[14-C\]](#)

[\[15-C\]](#)

CITY: XXXXXXXXXXXXX STATE: XX LAST WORKED: 999999

FACSIMILE: CLMS - CL MILITARY SERVICE PAGE 1

MCS

CL MILITARY SERVICE

CLMS

NH: SSSSSSSSS SSSSS SSSSSSSSSSS  
SSSSSSSSSS

CL: SSSSSSSSS SSSSS

[1-C]

[2-C] [3-C]

FIRST NAME USED IN SERVICE: XXXXXXXXXXXX MI: X LAST NAME:  
XXXXXXXXXXXXXXXXXXXX

[4-C]

SERVICE NO: XXXXXXXXXX

[5-M]

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

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

[6-C] [7-C]

[8-C]

[9-C]

[10-C]

[11-C]

[12-C]

[A/R]	BRANCH OF SERVICE	START	END	N/E	RANK	PROOF
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX

[13-C] [14-C]

[15-C]

[16-C]

[JAPANESE INTERNEE]	START	END	PROOF	HOURLY WAGE
	999999	999999	X	99999999
	999999	999999	X	99999999

[17-C]

PF1 FOR HELP MORE (Y/N): X

PAGE: 1

TRANSFER TO: XXXX



FACSIMILE: DECD - INFORMATION ABOUT THE DECEASED

MCS TRANSFER TO: XXXX INFORMATION ABOUT THE DECEASED

DECD

NH SSSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSSS SSSSS  
SSSSSSSSSS

[1-M]

[2-M]

[3-C]

DATE OF DEATH: 99999999 PROOF (P/N): X TYPE OF PROOF (P/O): X

[4-M]

DOMICILE AT DEATH: XXXXXXXXXXXXXXXX

[5-M]

PLACE OF DEATH (CITY/STATE): XXXXXXXXXXXXXXXX

[6-M]

[7-C]

DISABLED AT TIME OF DEATH (Y/N): X DISABILITY BEGAN: 999999

[8-C]

WAS CLAIMANT ELIGIBLE AS WIDOW(ER) PRIOR TO 1985 ON ANY SSN (Y/N): X

[9-C]

SURVIVING SPOUSE (Y/N): X

[10-C]

NAME: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

[11-C]

ADDRESS: XX  
XX

[12-C]

SPOUSE LIVING WITH DECEASED AT TIME OF DEATH (Y/N): X

[13-C]

[14-C]

AWAY FROM HOME: 9 1. DECEASED DATE LAST HOME: 999999  
2. SPOUSE

[15-C]

REASON FOR SEPARATION AT DEATH:

XX

[16-C]

IF DUE TO ILLNESS, NATURE OF ILLNESS:

XX

[17-C]

REASON ABSENCE BEGAN:

XX

[18-C]

IS SPOUSE: 9 1. LIVING IN SAME HOUSEHOLD 2. ELIGIBLE OR ENTITLED TO  
BENS

3. NOT ENTITLED TO LSDP

FACSIMILE: DEME - WORK DEDUCTIONS/ELECTION OPTION







FACSIMILE: EARN - EARNINGS

MCS

EARNINGS

EARN

NH SSSSSSSSSS SSSSS SSSSSSSSSSS  
SSSSSSSSSS

CL SSSSSSSSSS SSSSS

LIST ALL EARNINGS AND TYPES FOR SSSS SSSS SSSS

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

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

	<u>[1-C]</u>	<u>[2-C]</u>	<u>[3-C]</u>	<u>[4-C]</u>	
[EARNINGS	YEAR	TYPE	AMOUNT	PROOF	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	
	99	9	9999999.99	X	

[5-C]

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

FACSIMILE: NHAB - NH ADDITIONAL BENEFITS

MCS 2.7 TRANSFER TO: XXXX NH ADDITIONAL BENEFITS **NHAB**

NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS  
SSSSSSSSSS

[\[1-M\]](#)

ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939  
(Y/N): X

[\[2-M\]](#)

WORKED IN RR FOR 7 YEARS OR MORE (Y/N): X

[\[3-M\]](#)

RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): X

[\[4-M\]](#)

[\[5-C\]](#)

[\[6-C\]](#)

COVERED UNDER FOREIGN SSA (Y/N): X COUNTRY: XXXXXXXXXXXX IF  
COVERED,

[\[7-C\]](#)

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

[\[8-M\]](#)

CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): X

[\[9-M\]](#)

[\[10-M\]](#)

JAPANESE INTERNEE (Y/N): X

VOW OF POVERTY (Y/N): X



FACSIMILE: NHMR - NH MILITARY RETIREMENT/FEDERAL BENEFIT  
MCS 2.5 TRANSFER TO: XXXX NH MILITARY RETIREMENT/FEDERAL  
BENEFIT **NHMR**

NH SSSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS  
SSSSSSSSSS

[\[1-C\]](#)

IF RETIRED FROM MILITARY, BASIS OF RETIREMENT: 9

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

[\[2-C\]](#)

IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[\[3-C\]](#)

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

- BENEFIT: 9            1. ARMY            5. COAST GUARD
- 2. NAVY            6. PUBLIC HEALTH SERVICE
  - 3. AIR FORCE        7. COASTAL/GEODETIC SURVEY
  - 4. MARINE CORPS    8. OTHER

[\[4-C\]](#)

IF OPTION 8 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[\[5-C\]](#)

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

X

[\[6-C\]](#)

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

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

[\[7-C\]](#)

IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[\[8-C\]](#)

NAME OF FED AGENCY:  
XX

[\[9-C\]](#)

[\[10-C\]](#)

[\[11-C\]](#)

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

[\[12-C\]](#)

MOST RECENT AGENCY:  
XX

[\[13-C\]](#)

[\[14-C\]](#)

[\[15-C\]](#)

CITY: XXXXXXXXXXXX    STATE: XX    LAST WORKED: 999999

FACSIMILE: NHMS - NH MILITARY SERVICE

MCS

NH MILITARY SERVICE

**NHMS**

NH: SSSSSSSSS SSSSS SSSSSSSSSSS  
SSSSSSSSSS

CL: SSSSSSSSS SSSSS

FIRST NAME USED IN SERVICE: XXXXXXXXXXXX MI: X LAST NAME:  
XXXXXXXXXXXXXXXXXXXX

SERVICE NO: XXXXXXXXXX

\*RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT (SELECT ONE): 9

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

[ A/R	BRANCH OF SERVICE	START	END	N/E	RANK	PROOF
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXX	XXX

IS DEVELOPMENT OF VA SURVIVOR PENSION REQUIRED (Y/N): X

[ JAPANESE INTERNEE	START	END	PROOF	HOURLY WAGE
	999999	999999	X	99999999
	999999	999999	X	99999999

PF1 FOR HELP MORE (Y/N): X

PAGE: 1

TRANSFER TO: XXXX







FACSIMILE: NPAR - NH DEPENDENT PARENT

MCS 2.5 TRANSFER TO: XXXX NH DEPENDENT PARENT

**NPAR**

NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS  
SSSSSSSSSS

DEPENDENT PARENTS:

[\[1-M\]](#)

NAME: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

[\[2-M\]](#)

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[\[3-M\]](#)

PARENT TYPE: 9 1. NATURAL 2. STEPPARENT 3. ADOPTIVE

[\[4-C\]](#)

IF STEPPARENT, DATE OF STEP-RELATIONSHIP: 999999

[\[5-C\]](#)

IF ADOPTIVE PARENT, DATE OF ADOPTION: 999999

[\[6-C\]](#)

NAME: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

[\[7-M\]](#)

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[\[8-M\]](#)

PARENT TYPE: 9 1. NATURAL 2. STEPPARENT 3. ADOPTIVE

[\[9-C\]](#)

IF STEPPARENT, DATE OF STEP-RELATIONSHIP: 999999

[\[10-C\]](#)

IF ADOPTIVE PARENT, DATE OF ADOPTION: 999999



[\[2-C\]](#)

MORE (Y/N): X

[\[3-C\]](#)

GO TO RPS (Y/N): X

PAGE S

FACSIMILE: WORK - WORK HISTORY

MCS 3.4 TRANSFER TO: XXXX WORK HISTORY WORK  
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS  
SSSSSSSSSSSSSSSS

[1-M]

EMPLOYED IN 20SS 20SS 20SS 20SS (Y/N): X [3-C] [4-C]

[2-C] MMY Y MMY Y [5-C]

EMPLOYER NAME ADDRESS START DATE END DATE N/E

1. XX  
XX 9999  
9999 X

2. XX  
XX 9999  
9999 X

3. XX  
XX 9999  
9999 X

[6-C]

AUTHORIZATION TO CONTACT EMPLOYERS (Y/N): X

[7-M]

SELF-EMPLOYED IN 20SS 20SS 20SS 20SS (Y/N): X

[8-C]

[9-C]

[10-C]

IF YES, SHOW: YEARS TYPE OF BUSINESS NET OVER \$400 (Y/N)

99 XX X  
99 XX X  
99 XX X  
99 XX X

[11-C]

[12-C]

MORE (Y/N): X DELETE THIS PAGE (Y/N): X PAGE: S

FACSIMILE: CADR - CLAIMANT MAILING ADDRESS

MCS CLAIMANT MAILING ADDRESS CADR

NH: SSSSSSSSS SSSSS SSSSSSSSSSS CL: SSSSSSSSS SSSSS  
SSSSSSSSSS

[\[1-M\]](#)

\*ADDRESS 1: PPPPPPPPPPPPPPPPPPPPPPPPPPPPP ADDRESS 2:  
PPPPPPPPPPPPPPPPPPPPPPPPPPPP

ADDRESS 3: PPPPPPPPPPPPPPPPPPPPPPPPPPPPP ADDRESS 4:  
PPPPPPPPPPPPPPPPPPPPPPPPPPPP

[\[2-M\]](#)

[\[3-C\]](#)

[\[4-C\]](#)

\*CITY: PPPPPPPPPPPPPPPPPPPPPPPPPPPPP STATE: PP ZIP: PPPPP

[\[5-C\]](#)

[\[6-C\]](#)

STATE & COUNTY CODE: PPPPP COUNTY: XXXXXXXXXXXXXXXX

[\[7-C\]](#)

[\[8-C\]](#)

COUNTRY: PPPPPPPPPPPPPPPPPPPPPPPPPPPPP CONSULAR CODE: PPP

[\[9-C\]](#)

FOREIGN POSTAL ZONE: PPPPPPPPPPPPPPPPPPP

[\[10-M\]](#)

[\[11-M\]](#)

\*bank account (y/n): x \*direct express (y/N): x

[\[12-C\]](#)

[\[13-C\]](#)

DIRECT DEPOSIT ROUTING TRANSIT NUMBER: 999999999 ACCOUNT TYPE  
(C/S): A

[\[14-C\]](#)

DEPOSITOR ACCOUNT NUMBER: 999999999999999999

[\[15-C\]](#)

[\[16-C\]](#)

DOMESTIC PHONE: PPPPPPPPPPP FOREIGN PHONE:  
PPPPPPPPPPPPPPPP

[\[17-c\]](#)

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