

Internet Claim (iClaim) Screen for Disability (SSA-16 and SSI)

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 electronically signing your applications and additional forms and 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.

You completed Step 1, but you are not done yet. Completing Step 2 (provide disability information) and Step 3 (sign a medical release) will give us the information we need to process your claim. Failure to provide this information will delay processing of your claim.

Accept & Continue

Previous

Save & Exit

We updated the alert section to include language about the importance to complete the following sections which will help SSA to process their claims.