

# CCE Screens SSA-1 Reduced Retirement

After technicians verify the claimant's identity (e.g., SSN, Name, DOB, etc.), they will proceed to take the retirement application by entering the SSN and name into the Consolidated Claim Experience (CCE) system.

The screenshot displays the 'Consolidated Claims Experience' web application. The top navigation bar includes 'VAL - 6.0.14 (Group 2)', 'Policy Net', 'N20 MGMT Guide', 'Sign Out', and 'Renee Maloney'. The main content area is titled 'Claims Summary' and shows the following information:

Requested Social Security Number (SSN)	Name
123-45-678	John Doe

Below the table, there are two sections for claim types:

- T2/T18 Claims:** A message states 'Requested SSN has no claim file or Master Beneficiary Record. To establish a new claim, select the appropriate button below.' Below this is a button labeled 'Establish New Retirement Claim'.
- T16 Claims:** A message states 'Requested SSN has no active claim file or Supplemental Security Record. To establish a new claim, select "Establish New SSI Claim".' Below this is a button labeled 'Establish New SSI Claim'.

At the bottom of the form is an 'Exit' button.

## CCE Screens SSA-1 Reduced Retirement

Once the information is entered, the applicant information screen appears for the technician to indicate the “applicant type” to indicate if an individual is filing for themselves or if a proper applicant (e.g., court appointed guardian) is filing on their behalf. For this limited release, technicians will only utilize the CCE system for situations when an individual is filing for themselves. Technicians will continue to take all other retirement claims using MCS.

**Applicant Information**

Claim Social Security Number (SSN)	Claimant Name	Claimant Social Security Number (SSN)	Claim Type
123-45-678	John Doe	123-45-678	Retirement

A red asterisk (\*) indicates a required field.

\*Applicant Type  
--

\*Contact Method  
IN OFFICE VISIT

\* Provided Privacy Act Statement to the Individual.  
The privacy of our customers is always very important to us. Please provide the [Privacy Act Statement](#) to the Individual.

∨ Show Person Remarks (printed)  
No remarks

∨ Show File Documentation Notes  
No notes

Next Exit

This page also allows the technician to indicate what modality are they using to collect the information (e.g., in person, phone, etc.) and provides the Privacy Act Statement for technicians to read to the claimant.

**Privacy Act Statement**

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

Sections 202, 203, 205, 215, 223(a), 226, 1818, 1836, 1840, and 1872 of the Social Security Act, as amended, and sections 871(a)(3), 1441, 3402(p) and 6109 of the Internal Revenue Code, as amended, allow us to collect your information or the information you are submitting on behalf of another, which we will use to determine eligibility for insurance coverage or entitlement to benefits. Providing this information is voluntary, but not providing such may prevent us from assisting you with the request. As law permits, we may use and share the information you submit, including with other Federal, State, and local agencies, authorized representatives, representative payees, third party contacts, contractors, and others, as outlined in the routine uses within System of Records Notices (SORN) 60-0059, 60-0089, 60-0090, 60-0268 and 60-0321 available at [www.ssa.gov/privacy](http://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.

Close

## CCE Screens SSA-1 Reduced Retirement

Next, the technician collects the contact information for the claimant. If SSA collected this information prior to the claim's interview (e.g., when scheduling an appointment), the prior contact information will automatically be displayed into the path for technicians to verify or update the information. Similarly, the prior collected information for spoken and written language preference along special requested accommodations will be displayed. ←

\*Indicates required information

**\*Address**

Country  
United States or U.S. Territory ▾

Street Address

Apartment, Suite, Building, Etc.

Line 3

Line 4

City/Town

State/Territory  
-- ▾

ZIP Code

State and County Code

**\*Apply this address to all applicable purposes**

<input checked="" type="checkbox"/> Select all
<input checked="" type="checkbox"/> T2/T18 Mailing
<input checked="" type="checkbox"/> T2/T18 Residence

**\* Spoken Language Preference**

English ▾ ←

**\* Written Language Preference**

English ▾

## CCE Screens SSA-1 Reduced Retirement

Once that information is confirmed or updated, technicians will continue to the next CCE screen to collect the claimant marriage information.

If individuals answer “No” to both questions, then we do not collect any marriage information.

If individuals answer yes to any of these questions, then we proceed to collect the related information.

**\*Currently married or in a Non-Marital Legal Relationship (NMLR)** [More Info](#)

Yes  No

**\*Prior marriage or NMLR that lasted at least 10 years or ended in death** [More Info](#)

Yes  No

**Marriage Information**

Spouse Name	Spouse SSN	Spouse Birth Date/Age	Marriage Start Date	Marriage End Date	Reason Marriage Ended	Spouse Death Date	Actions
No Information Found							

[Add Marriage](#)

**Spouse Name**

\*First:  Middle:  \*Last:  Suffix:

**Spouse Birth Date or Age**  
 Birth Date is required. If Birth date is unknown, please enter age.  
 Birth Date:  Age:

\***Marriage/NMLR Start Date**:

**Place of Marriage/NMLR**

\*City/Town:

\***Marriage Type/NMLR Information** [More Info](#)

\***Proof of Marriage/NMLR**  
 Yes  No

\***Marriage/NMLR Ended**  
 Yes  No

- \* Ceremonial
- Civil Union
- Common-Law (Non-Ceremonial) Marriage
- Designated Beneficiary
- \* Domestic Partnership
- Indian Tribal or Custom Marriage
- Reciprocal Beneficiary
- Other

- \* Deemed
- Putative
- Other

If the marriage ended, we asked how it ended.

- Annulment
- Converted to Marriage
- Death
- Divorce
- Other Legal Action
- Other

## CCE Screens SSA-1 Reduced Retirement

Once that information is collected, we proceed to ask about any children the claimant has. We will only collect information about children if the claimant answers “yes” to this question.

\*Any children who are now or were unmarried and: [More Info](#)

- Under age 18
- Age 18 to 19 and attending elementary or secondary school (grade 12 or below) full-time
- Age 18 or older with a disability that began before age 22

Yes  No

Children

Name Type	First Name	Middle Name	Last Name	Suffix	Action
No Information Found					

[Add Child](#)

Next, we ask the individual if they have a disability condition and if they answer “yes”, then the technician explain the option to file for both retirement and disability benefits. If the individual wants to file for both benefits, CCE will transfer the prior collected information into MCS, and technicians will finish taking both applications in MCS. Technicians will continue using CCE only if the individual only wants to file for retirement (i.e. answers “no” to filing for disability).

\* Indicates required information

\* Disabled in the last 14 months due to illness/injury/condition expected to last at least 12 months or result in death [More Info](#)

Yes  No

\* Blind or low vision even with glasses or contacts [More Info](#)

Yes  No

\* Alleged Onset Date [More info](#)

01/01/2023

\* Applying for Disability benefits

Yes  No

**Attention.** Claimant alleges disability but is not applying. Document the reason claimant is not filing for disability using Person Remarks below.

[Hide File Documentation Notes \(printed\)](#)

Person Remarks  
XXX characters maximum

User documents Claimant's reason for not filing here.

## CCE Screens SSA-1 Reduced Retirement

We also ask the individual to provide us with information about their work. These questions help us to determine if additional earnings should be included on their benefit computation and monthly payments.

**\*Worked under any other Social Security Number (SSN)**  
 Yes  No

**\*Worked last year or any time this year**  
 Yes  No

If they answer yes, then another screen appears to collect the work information

**\*Worked last year or any time this year**  
If the answer is yes, at least one earnings year is required

Yes  No

**Work Information**

Type of Work	Employer Name/ Type of Business	Start Date	End Date	Unposted Lag Earnings	Actions
No Information Found					

[Add Work Information](#)

**\*Type of Work**

--

Wages  
Self-Employment Income  
Employee Reported Tips  
Railroad Lag Earnings

**Add Work Information**

**\*Type of Work**  
Self-Employment Income

**\*Type of Business**

**\*Net Earnings Over \$400**  
 Yes  No

**\*Allege Unposted Lag Earnings for Self-Employment** [More Info](#)  
 Yes  No

[Save](#) [Cancel](#)

## CCE Screens SSA-1 Reduced Retirement

In addition of the employer information, we also ask for the yearly earnings amount and if there will be any months that they will not work at all.

A red asterisk (\*) indicates a required field.

### Add Non-Service Months

Year  
2022

\*Type of Work  
Wages

\*Total Amount  
\$ 50,000.00  Annual Report

**Attention:** For the year of full retirement age (FRA), enter the total amount of earnings up to the claimant's month of FRA.

\*Special Payment Involved [More Info](#)  
 Yes  No

\*Special Payment Amount  
\$ 40,000.00

Countable Amount  
\$10,000.00

\*Non-Service Months [More Info](#)  
All

\*Non-Service Months [?](#)

Select Months

\*Select Months

Select All

January

February

March

April

May

June

July

August

September

October

November

December

Similarly, we also ask the claimant if they have worked outside the US.

\*Worked outside the U.S. 2022, 2023, or 2024 [More Info](#)  
 Yes  No

\*Worked fewer than 45 hours or self-employed outside the U.S. in any month  
 Yes  No

### Foreign Work Months

Year	Foreign Work Months	Actions
<input type="button" value="Add Foreign Work Months"/>		

## CCE Screens SSA-1 Reduced Retirement

As the technician asks about the claimant's work, we also inquire about any foreign work that may be covered under Social Security benefits of other countries.

**\*Covered under foreign Social Security system** [More Info](#)

Yes  No

**\*Country**

Australia

**\*Filing for foreign Social Security benefits**

Yes  No

**\*Spouse covered under Social Security benefits of other country**

Yes  No

**\*Country**

Australia

**\*Filing for foreign Social Security benefits**

Yes  No

**NOTE:** If no spouse is listed in Marriage Information, then Spouse questions will not generate.

If the individual answers "yes" to this question, the CCE system will automatically transfer all the information to MCS to continue collecting all other information there.

We also ask about work from the Railroad.

A red asterisk (\*) indicates a required field.

**\*Worked in railroad industry for 5 years or more** [More Info](#)

Yes  No

▼ Show Person Remarks (printed)

No remarks

▼ Show File Documentation Notes

No notes

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



## CCE Screens SSA-1 Reduced Retirement

As we collect information about pensions, we ask individuals if they are eligible to any pension from work not covered under SSA e.g., State, or local agencies.

\*Currently entitled to a pension from work not covered under SSA

Yes  No

If the individual indicates they are not currently receiving a pension but will be in the future, we only ask for a date for such pension.

\*Currently entitled to a pension from work not covered under SSA

Yes  No

\*Expect to be entitled to a pension not covered under SSA in the future

Yes  No

\*Future Entitlement Date

mm/yyyy

## CCE Screens SSA-1 Reduced Retirement

Another piece of information we ask the individual is when they would like to start receiving benefits. The year and months options provided the individual is based on different factors, i.e., their date of birth, a protective filing date, and the month they are filing the application.

**Election/Entitlement Month**

Year: 2024

Month: --

Elect Other Date

▼ Show Per... (Printed)

No remarks

▼ Show File... Notes

No notes

**Next** Save & Exit

In situations where individuals want benefits outside these factors, the technician will select “elect other date” and annotate the specific date requested.

**Election/Entitlement Month**

Year: --

Month: --

Elect Other Date

Date: 08/2027  
mm/yyyy

After the individual elects a month to start receiving benefits, we collect their bank account information for direct deposit as required by the treasury department.

**\*Direct Deposit**

Yes  No

**Account Information**

**\*Routing Number**

Unknown

Bank Name  
JPMORGAN CHASE BANK, NA

**\*Account Type**

--

**\*Account Number**

Unknown

Individuals indicating that they do not have a bank account, are provided with the option to enroll in the direct express program. If they answer “yes” to direct express, the treasury department will handle the enrollment. Similarly, if the individual refuses both options, the treasury department will contact them to discuss the need of a waiver.

**\*Account Type**

--

\* Checking

Savings

A red asterisk (\*) indicates a required field.

**\*Direct Deposit**

Yes  No

**\*Direct Express**

Yes  No

**Electronic payment refused by claimant, SSA will make payment via check by mail.**  
The Department of the Treasury's Fiscal Service (Treasury) requires that benefit payments be made electronically. Treasury may grant a waiver and is responsible for determining if the individual is eligible for a waiver. Refer to [GSN.02402.001 - Direct Deposit as a Form of Electronic Payment](#) for more information.