

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 checks 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

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Save & Exit