

MCS Screens RIB, SPOU, DIB

MCS is the Social Security Administration's (SSA) claim system for taking and processing title II and XVIII applications. It mirrors the paper application formats using an electronic collection method. MCS screens include data fields for technicians to complete with application responses and documentation of evidence. Its functionality includes propagation of data from SSA records and the ability to print and store an application summary, receipt and reporting responsibilities for Retirement, Wife's or Husband's Insurance Benefits, and Disability Insurance Benefits.

This screen package includes the multiple MCS screens technicians may complete when taking an application for Retirement, Disability and Wife's or Husband's Insurance Benefits.

Menu Screen

To start a Retirement or Disability claim in MCS, technicians input the Number Holder's (NH) Social Security Number (SSN) and select "1=Establish" and function "3=New Claim" and the enter key. When technicians take a claim for spouse's benefits, they input the worker's SSN as the NH SSN and the SSN of the individual who is filing for spouse's benefits as the CL (claimant) SSN.

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MCS                                MCS SYSTEM MENU                                MENU
NH SSN: _____ CL SSN: _____ FIELD OFFICE: L5M
*SELECT: _      1=ESTABLISH      2=UPDATE      3=QUERY.
*SELECT THE DESIRED FUNCTION: ____
 1=PRE-INTERVIEW           15=SSN CORRECTION
 2=FUTURE USE              16=ONLINE TICKLE REQUEST
 3=NEW CLAIM               17=ARCHIVAL RETRIEVAL
 4=CLAIM UPDATE/INQUIRY   18=INTERNET
 5=CLAIMS DEVELOPMENT      19=TOTALIZATION
 6=CLAIMS CLEARANCE       20=CLAIMANT DELETION
 7=CASE MOVEMENT          21=EARNINGS COMP REQUEST
 8=SUSPENSION EVENTS      22=EARNINGS COMP DETERMINATION
 9=APPEALS                23=DECISION INPUT
10=FUTURE USE             24=CASE QUERY
11=FILING FOR SELF        25=NOTICE DISPLAY
12=TICKLE REQUEST         26=PROCESS STATUS LIST
13=GENERAL MESSAGE REQUEST 27=MANAGEMENT OVERRIDE
14=INTERFACE              28=AUTOMATED SSA-101.
PF1 HELP AVAILABLE FOR SIGNATURE PROXY SCRIPT
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MCS Screens RIB, SPOU, DIB RSDHI Claims Application (APPL) Screen

The APPL Screen establishes the claim type and collects the application questions that identify the number holder (NH), claimant (CL) and applicant when different from the claimant. Technicians can select up to two claim types (retirement and disability) when filing for benefits that are based on their own earnings record. When filing for spouse's benefits, the technicians select #4 – AUXSPO.

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MCS          TRANSFER TO:          RSDHI CLAIMS APPLICATION          APPL

NH NAME: MELISSA          <LAST>
SSN: XXXXX6708          SEX: F          BIRTHDATE: 05181957
PROOF (A/B/C/F/Q): _          PROOF TYPE (P/H/N/O): _
SELECT CLAIM TYPE(S): _ _ _          1. RETIREMENT          4. AUXILIARY          7. AGE 72
          2. DISABILITY          5. UNINS MED ONLY          8. ESRD
ABBREVIATED APPLICATION: _          3. SURVIVOR          6. LUMP SUM

CLAIMANT (IF DIFFERENT)
NAME: _____
SSN: _____          SEX: _          BIRTHDATE: _____
PROOF (A/B/C/F/Q): _          PROOF TYPE (P/H/N/O): _
RELATIONSHIP TO NH: _          1. SPOUSE          (SUBSEQUENT CLAIM: _ )          1. RIB
          2. SPOUSE WITH CHILD IN CARE          2. DIB
          3. CHILD
APPLICANT (IF DIFFERENT)          4. DEPENDENT PARENT
NAME: _____
SSN: _____          EIN: _____          WILL APPLICANT BE ENTERED IN RPS (Y/N): _
    
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The name, sex and birthdate propagate into the claim from the Numident record.

Technicians select 1 or 2 when taking a claim for spouse's benefits.

IDEN Screen

The IDEN screen records identifying information about a claimant

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MCS          IDENTIFICATION          IDEN
NH XXXXX6708          MELIS <LAST>SS          CL XXXXX6708          MELIS <LAST>SS
LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): Y
BIRTH CITY: _____          BIRTH STATE: _____          BIRTH COUNTRY: _____
RECORD OF BIRTH BEFORE AGE 5          PUBLIC (Y/N): _          RELIGIOUS (Y/N): _
OTHER NAMES USED: _____
          _____
          _____
          _____
EVER MARRIED (Y/N): _          CURRENTLY MARRIED (Y/N): _
CHILD UNDER 18, STUDENT 18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22 (Y/N): _
WORK OR EARNINGS IN 2018 2019 2020 2021 (Y/N): _
DISABLED IN LAST 14 MONTHS (Y/N): _          ONSET DATE: _____
IF YES, APPLYING FOR DISABILITY ON THIS ACCOUNT (Y/N): _
*SELECT FILED OR INTEND TO FILE FOR SSI: _
1=YES
2=NOT DISABLED, BLIND OR WITHIN 2 MONTHS OF AGE 65 OR OLDER
3=DOES NOT WISH TO FILE.

TRANSFER TO: _____
    
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MCS Screens RIB, SPOU, DIB

Citizenship CLCZ Screen

The CLCZ screen collects the country of citizenship and documents evidence of U.S. citizenship or the need to document lawful presence

```
COMM          CITIZENSHIP (U S AND/OR FOREIGN)          CLCZ
NH: XXXXX6708 MELIS <LAST>          BN: XXXXX6708 MELIS <LAST>          PIC:

*COUNTRY/TERRITORY OF CITIZENSHIP:  __

SELECT U S TYPE IF CITIZENSHIP COUNTRY IS U S:  __
1=BIRTH IN U S  2=U S CITIZEN BORN OUTSIDE U S  3=NATURALIZATION.

SELECT U S PROOF IF CITIZENSHIP COUNTRY IS U S:  __
1=ENUMERATION          4=DEVELOPMENT PENDING
2=TITLE 2/18/16        5=NO PROOF
3=FUTURE USE           6=PRESUMED - SYSTEMS GENERATED ONLY.

*CITIZENSHIP START DATE (MMDDCCYY):  _____

CITIZENSHIP STOP DATE (MMDDCCYY):  _____

IS LAWFUL PRESENCE DATA NEEDED (Y/N):  __

ADD NEW OCCURRENCE (Y/N):  __

PF1 HELP AVAILABLE                                TRANSFER TO:  _____
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For United States citizens, technicians complete these fields to document the claim.

Additional Benefits (ADDB) Screen

This ADDB screen collects information that may affect the claimant's benefit payment

```
MCS          TRANSFER TO:          ADDITIONAL BENEFITS          ADDB
NH XXXXX6708 MELIS <LAST>          CL XXXXX6708 MELIS <LAST>
ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939 (Y/N):  __
WORKED IN RR FOR 5 YEARS OR MORE (Y/N):  __          SPOUSE (Y/N):  __
RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N):  __          SPOUSE (Y/N):  __
COVERED UNDER FOREIGN SSA (Y/N):  __          COUNTRY:  _____          IF COVERED,
FILING FOR FOREIGN SSA (Y/N):  __          REQ FOREIGN QC'S FOR U.S. FILING (Y/N):  __
          SPOUSE COVERED UNDER SSA OF OTHER COUNTRY (Y/N):  __          COUNTRY:  _____
CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N):  __          SPOUSE (Y/N):  __
JAPANESE INTERNEE (Y/N):  __          VOW OF POVERTY (Y/N):  __

CURRENTLY ENTITLED TO A PENSION FROM WORK NOT COVERED UNDER SSA (Y/N):  __
IF NO, DO YOU EXPECT TO BE ENTITLED TO A PENSION NOT COVERED UNDER SSA
IN THE FUTURE (Y/N):  __          IF YES, SHOW FUTURE ENTITLEMENT DATE (MMYY):  _____

FILING FOR MEDICARE ONLY, RESTRICTING MONTHLY BENEFITS (Y/N):  __
WILL MEDICARE APPLY:  __          1. YES  2. NO  3. ALREADY ENROLLED ON ANOTHER SSN

IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT
FILING FOR BENEFITS ON OWN RECORD (Y/N):  __
```

MCS Screens RIB, SPOU, DIB

Number Holder (NH) Marriage (NMAR) Screen

The NH Marriage (NMAR) screen is used to record information about a NH's marriages.

```
MCS                               NH MARRIAGE                               NMAR
NH  XXXX56708  MELIS  <LAST>      CL  XXXX56708  MELIS  <LAST>
*SPOUSE'S FIRST NAME: _____ MI:  _ *LAST NAME: _____
SPOUSE'S SSN: _____
SPOUSE'S BIRTHDATE (MMDDYYYY): _____ IF BIRTHDATE UNKNOWN, AGE: _____
*MARRIAGE DATE (MMDDCCYY): _____ *PROOF (Y/N): _____
MARRIAGE CITY: _____ MARRIAGE STATE/FOREIGN COUNTRY: _____
SELECT MARRIAGE TYPE:  _  1=CLERGY/PUBLIC OFFICIAL
                        2=COMMON LAW
                        3=OTHER CEREMONIAL
                        4=DEEMED.
*MARRIAGE ENDED (Y/N):  _  MARRIAGE END DATE (MMDDCCYY): _____ PROOF (Y/N):  _
MARRIAGE ENDED CITY: _____ MARRIAGE ENDED STATE/FOREIGN COUNTRY: _____
SELECT REASON:  _  1=DEATH
                  2=DIVORCE
                  3=ANNULMENT OR VOIDABLE
                  4=PUTATIVE
                  5=VOID/VOIDED.

IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): _____
*OTHER MARRIAGES (Y/N):  _  DELETE SCREEN (Y/N):  _
PAGE: 01                      TRANSFER TO: _____
```

Beneficiary Marriage (BMAR) Screen

The BMAR Screen comes into the claims path when filing for spouse's benefits. The marriage data collected documents the factors of entitlement for spouse's benefits. Information collected on this screen will propagate to future Title II, XVIII or XVI claims that require documentation of a claimant's marriage.

```
COMM                               BENEFICIARY MARRIAGE                               BMAR
NH:  XXXXX6708  MELIS  <LAST>      BN:  XXXXX3266  PATRI  <LAST>      PIC:
*SPOUSE'S FIRST NAME: _____ MIDDLE:  _ *LAST: _____
SPOUSE'S SSN: _____
SPOUSE'S BIRTHDATE (MMDDCCYY): _____ IF BIRTHDATE UNKNOWN, AGE: _____
*MARRIAGE DATE (MMDDCCYY): _____ *PROOF (Y/N): _____
MARRIAGE CITY: _____ MARRIAGE STATE/FOREIGN COUNTRY: _____
*SELECT MARRIAGE TYPE:  _  1=CLERGY/PUBLIC OFFICIAL  3=OTHER CEREMONIAL
                        2=COMMON LAW                4=DEEMED.
SELECT SPECIAL RELATIONSHIP:  _  1=216B1  2=216F1  3=202C2  4=216K  5=216C2/G2.
PROTECTED MARRIAGE (Y/N):  _
MARRIAGE END DATE (MMDDCCYY): _____ PROOF (Y/N):  _
SELECT MARRIAGE END REASON:  _
1=DEATH  2=DIVORCE  3=ANNULMENT OF VOIDABLE  4=PUTATIVE  5=VOID/VOIDED.
MARRIAGE ENDED CITY: _____ MARRIAGE ENDED STATE/FOREIGN COUNTRY: _____
IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): _____
*OTHER MARRIAGES (Y/N):  N
ADD NEW OCCURRENCE (Y/N):  N
PF1 HELP AVAILABLE                      _                      TRANSFER TO: _____
```

MCS Screens RIB, SPOU, DIB

Dependent Children of NH (DEPC) Screen

The DEPC screen collects the names of the children that may be eligible for benefits on the NH's earnings record. This screen comes into the claims path when the technician enters "Y" for Dependent Children on the IDEN screen (pg. 2).

```
MCS      TRANSFER TO:      DEPENDENT CHILDREN OF NH      DEPC
NH XXXXX6708  MELIS <LAST>      CL XXXXX6708  MELIS <LAST>
AP XXXXX6708  <FN MI LAST>

LIST ALL CHILDREN OF NH:  UNDER 18
                          18-19 AND ATTENDING SECONDARY SCHOOL
                          DISABLED/HANDICAPPED PRIOR TO 22

NAME:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PAGE 1
```

Work History (WORK) Screen

The WORK screen records information about a NH's employment or self-employment. It comes into the claims path for a retirement and disability claim when the technician records "Y" to the Work or Earnings in YYYY question on IDEN screen (pg. 2).

```
MCS      TRANSFER TO:      WORK HISTORY      WORK
NH XXXXX6708  MELIS <LAST>      CL XXXXX6708  MELIS <LAST>

EMPLOYED IN  2018 2019 2020 2021 (Y/N) : _
EMPLOYER NAME & ADDRESS      MMY      MMY
START DATE      END DATE      N/E
1. _____
2. _____
3. _____

SELF-EMPLOYED IN  2018 2019 2020 2021 (Y/N) : _
IF YES, SHOW: YEARS      TYPE OF BUSINESS      NET OVER $400 (Y/N)
_____
_____
_____

MORE (Y/N) : _      DELETE THIS PAGE (Y/N) : _      PAGE: 1
```


MCS Screens RIB, SPO, DIB

Claimant Mailing Address (CADR)

The CADR screen collects contact and payment information.

```

MCS                                CLAIMANT MAILING ADDRESS          CADR
NH: XXXXX6708 MELIS <LAST>        CL: XXXXX6708 MELIS <LAST>

*ADDRESS 1: _____          ADDRESS 2: _____
ADDRESS 3: _____          ADDRESS 4: _____
*CITY: _____              STATE: _____ ZIP: _____
STATE & COUNTY CODE: _____ COUNTY: _____

COUNTRY: _____          CONSULAR CODE: _____
FOREIGN POSTAL ZONE: _____

*BANK ACCOUNT (Y/N): _____ *DIRECT EXPRESS (Y/N): _____

DIRECT DEPOSIT ROUTING TRANSIT NUMBER: _____ ACCOUNT TYPE (C/S): _____
DEPOSITOR ACCOUNT NUMBER: _____

DOMESTIC PHONE: _____          FOREIGN PHONE: _____
ENTER PHONE CODE: 3      1=HOME      2=WORK      3=NONE      4=UNKNOWN
                    5=OTHER      6=ATTORNEY  7=MOBILE.

TRANSFER TO: _____
  
```

Client Address (CLAD) Screen

The CLAD screen collects the principal dwelling residence addresses that may or may not be the same as the mailing address.

```

TRANSFER TO:                                CLIENT ADDRESS          CLAD
                                           CL XXXXX6708          MELIS <LAST>

ADDRESS TYPE: PRINCIPAL DWELLING RESIDENCE

ADDRESS: _____
CITY: _____          STATE: _____ ZIP: _____
STATE/COUNTY CODE: _____ DISTRICT OFFICE CODE: _____

FOREIGN COUNTRY: _____          FOREIGN POSTAL ZONE: _____
CONSULAR CODE: _____          GEOGRAPHIC CODE: _____

START      STOP      N/E
(MMDDYY) (MMDDYY)
_____ =

NEW (Y/N): N      DELETE THIS PAGE (Y/N): N      EXIT CLAD (Y/N): N      01 OF 01
  
```

MCS Screens RIB, SPO, DIB

Lawful Presence (CLLP) Screen

CLLP screen comes into the claims path when technicians code "IS LAWFUL PRESENCE DATA NEEDED" as "Y" on the CLCZ screen.

```
COMM                                LAWFUL PRESENCE                                CLLP
NH: XXXXX6708 MELIS <LAST>         BN: XXXXX6708 MELIS <LAST>                   PIC:

*SELECT LAWFUL PRESENCE STATUS OF NON U S CITIZEN: _
  1=LAWFULLY ADMITTED FOR PERMANENT RESIDENCE (LAPR)
  2=DOES NOT NEED REVERIFICATION (OTHER THAN LAPR)
  3=NEEDS REVERIFICATION (OTHER THAN LAPR)
  4=NOT LAWFULLY PRESENT.

*START DATE OF THIS LAWFUL PRESENCE STATUS (MMDDCCYY): _____

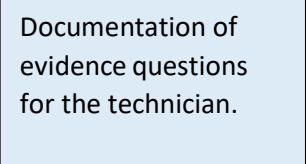
IF NOT LAWFULLY PRESENT, PHYSICALLY PRESENT IN THE U S (Y/N): _

IF LAWFULLY PRESENT, SELECT LAWFUL PRESENCE PROOF: _
1=PROOF  2=NO PROOF  3=DEVELOPMENT PENDING.

LAWFUL PRESENCE STOP DATE (MMDDCCYY): _____

ADD NEW OCCURRENCE (Y/N): N

PF1 HELP AVAILABLE                                TRANSFER TO: _____
```



Health Insurance (HIHI) Screen

The HIHI screen comes into the retirement and spouse's claim path when the claimant is age 64 and 8 months. The screen collects the claimant's Supplemental Medical Insurance (SMI) enrollment decisions as well as information that supports enrollment periods and payment of premiums.

```
TRANSFER TO: _____ HEALTH INSURANCE                                HIHI
NH XXXXX6708 MELIS <LAST> CL XXXXX6708 MELIS <LAST>

HI STATUS: NO HI DATA LOCATED
SMI STATUS: NO SMI DATA LOCATED
BIRTH DATE: 05181955 PROOF CODE: B
TYPE OF ACTION: - SMI: _
                  1. ENROLL
                  2. REFUSE

ALLEGED MONTH OF MISINFORMATION BY SSA (MMYY): _____ ELIGIBLE FOR MEDICAID (Y/N): N
CRIME VS. U.S. (Y/N): N

EQUITABLE RELIEF REQUESTED (Y/N): _ DEEMED IEP DOB (MMDDYYYY): _____
COVERED UNDER A GROUP HEALTH PLAN BASED ON EMPLOYMENT (Y/N): N
```