

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.

```
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): _
    
```

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:  _____
```

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      MMYM      MMYM
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, SPOU, DIB

Earnings (EARN) Screen

Technicians complete the EARN screen with the NH's current and prior year's wages when they are not on the NH's earnings record and the wages or self-employment are needed for insured status coverage.

```

MCS                                EARNINGS                                EARN
NH  XXXXX6708  MELIS <LAST>          CL  XXXXX6708  MELIS <LAST>

LIST ALL EARNINGS AND TYPES FOR 2019 2020 2021
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.
[EARNINGS          YEAR  TYPE  AMOUNT          PROOF
-----
19  -  -  -  -  -
20  -  -  -  -  -
21  -  -  -  -  -
-----
COMPUTE BENEFITS AND COMPLETE CLAIM WITHOUT LAG EARNINGS (Y/N):  _
TRANSFER TO:  _____
  
```

Work Deductions/Election Option (DEME)

The DEME screen comes into the retirement and spouse's claim's path. MCS uses the data provided by the claimant to determine deductions under the Annual Earnings Test. The bottom portion is where the technician records the month the claimant wants to begin receiving benefits.

```

MCS                                WORK DEDUCTIONS/ELECTION OPTION                                DEME
NH  XXXXX6708  MELIS <LAST>          CL  XXXXX6708  MELIS <LAST>

LIST TYPES, AMOUNTS, PRFS, AND NON-SERVICE MONTHS FOR 2019 2020 2021
TYPES ARE: 1=WAGES  2=SEI  3=WAGES AND SEI  PRF: P=PERM
NON-SERVICE MONTHS PLACE AN X UNDER ALL, NONE, OR EACH MONTH THAT APPLIES
YEAR TYPE  AMOUNT  ALL  NONE  01  02  03  04  05  06  07  08  09  10  11  12  PRF  FY  ENDS
19  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -
20  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -
21  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -
IF OVER THE MAX OR NONCOVERED EARNINGS INVOLVED, CORRECT THE ABOVE AMOUNTS
SPECIAL PAYMENTS INVOLVED (Y/N):  _  IF YES, CORRECT ABOVE
FOREIGN WORK SERVICE MONTHS
(Y)  ALL  01  02  03  04  05  06  07  08  09  10  11  12
-----
ELECTION/ENTITLEMENT OPTION:  _  DATE (MMYY) :  _____
A. MOST ADVANTAGEOUS MONTH  B. EARLIEST MONTH WITHOUT REDUCTION
C. CLAIMANT'S CHOSEN MONTH  D. UNREDUCED CLAIMANT
E. NOT APPLICABLE (DIB AUX SPOUSE WHO MEETS CRITERIA)
F. OTHER: SPECIAL REASON
  
```

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): _____

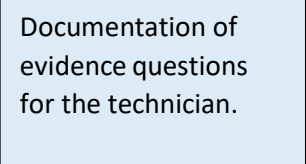
IF NOT LAWFULLY PRESENT, PHYSICALLY PRESENT IN THE U S (Y/N): _

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
```