iClaim Screen Package

The Internet Claim (iClaim) is an online platform that mirrors the MCS format. The public can use iClaim to apply for retirement, wife or husband, and disability insurance benefits. iClaim is institutive and depending on the initial answer, iClaim presents applicants with interactive screens, ensuring they only respond to relevant questions based on his or her situation. iClaim also provides the option to use the retirement application as an application for wife's or husband's benefits. After completing the Internet application, claimants or their third-party respondents can submit it electronically to SSA, avoiding the need to visit an SSA office. **Third-party iClaim respondents** are individuals who complete and submit an online claim for a claimant to create a protective filing. A third-party iClaim respondent cannot electronically sign the online application for the claimant.

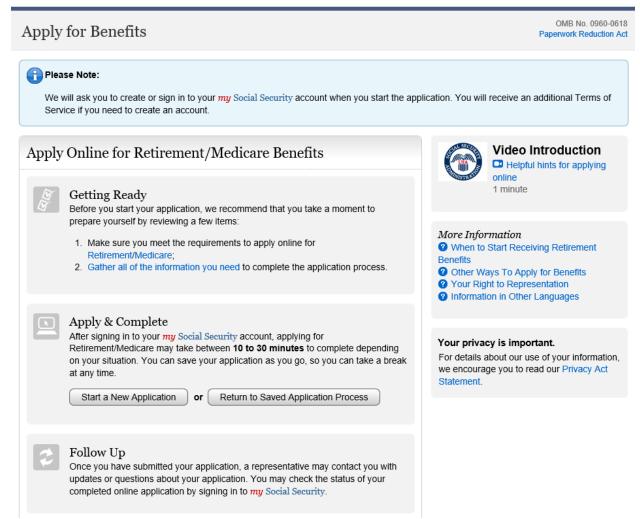
First-party iClaim respondents are individuals (claimants) who complete the benefit application questions, electronically sign, and submit the application online on their own behalf. Technician will then review the information and contact (if needed) the claimant to submit supplementary supporting documents (e.g., medical evidence for disability benefits applications) to finalize the process.

Third-party respondents follow the same process to answer and complete the answers in the Internet application except for 1) providing information about who is filling out the information (see page #5) and 2) signing on behalf of the claimant (see page #33). Upon submission, SSA mails the paper application summary directly to the claimant. The claimant must review, correct any erroneous information, sign the application summary and mail it back to SSA. That process confirms the information and their intent to file for benefits. The application summary also provides instructions for individuals to contact us via telephone to verify and confirm the information instead of mailing the paper version back. If a claimant opts to call us, the technician will attest that he or she spoke to the claimant and provided verbal confirmation of the information (i.e. signature by attestation).

The following screen are specific to the first-party respondents as the third-party screens are the same questions but using a different pronoun when asking the question (e.g., what is your mailing address? vs. what is John Doe mailing address?)

Welcome Page





This is the welcome page a user will see when they indicates he or she wants to file for benefits online or return to an application the user previously started and saved.

iClaim Privacy Act Statement



∠ SEARCH

Privacy Act Statement

Collection and Use of Information From the Application

Sections 202(a), 205(a), 1631(e) and 1872 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed and could result in the loss of some benefits.

We will use the information to make a determination of eligibility for benefits for you and your dependents. We may also share your information for the following purposes, called routine uses:

- To State audit agencies for auditing State supplementation payments and Medicaid eligibility considerations;
- To third party contacts where necessary to establish or verify information provided by representative payees or payee applicants;
- To a Social Security beneficiary or claimant when a claim is filed by another individual on the same record which is adverse to the beneficiary, but only information concerning the facts relevant to the interests of each party in a claim; and
- To Federal, State or local agencies for administering cash or non-cash income maintenance or health maintenance programs.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORNs) 60-0059, entitled Earnings Recording and Self-Employment Income System; 60-0089, entitled Claims Folders Systems; 60-0090, entitled Master Beneficiary Record; and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Close

Apply for Benefits – Applicant Information Page (1st Party)



Apply for Benefits Information About Applicant Your Name: Please provide the name as it appears on the most recent Social Security card. Q Public First Middle Last Suffix Social Security Number (SSN): ***-**-3405 Date of Birth: February 1, 1953 Gender: ○ Male ○ Female Are you blind or do you have low vision even with glasses or contacts? ○Yes ○No During the last 14 months, have you been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death? More Info ○Yes ○No Next Exit

This screen is completed by the applicant. The questions on this screen establishes the claim type and collects the application questions that identify the applicant.

Apply for Benefits – Preparer's Contact Information (3rd Party)

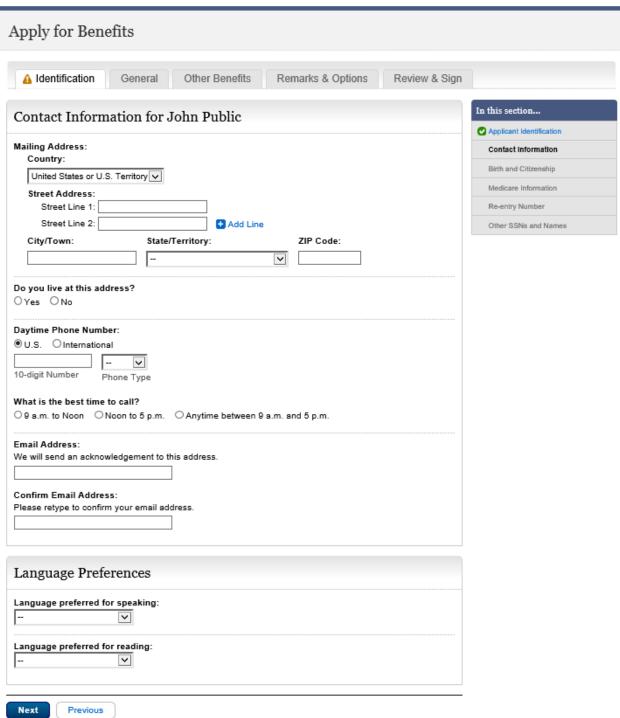


Apply for Benefits Identification General Other Benefits Remarks & Options Review & Sign In this section... Preparer's Contact Information Applicant Identification The information entered on this page refers to the person preparing the application and not the person applying for benefits. Preparer's Contact Information Contact Information Preparer's Name: Birth and Citizenship First Middle Last Medicare Information Re-entry Number Relationship to Applicant: Other SSNs and Names V Preparer's Address: Country: United States or U.S. Territory Street Address: Street Line 1: Street Line 2: Add Line City/Town: State/Territory: ZIP Code: Preparer's Daytime Phone Number: ● U.S. O International 10-digit Number Ext A From this point onwards questions are written so you can read them directly to the applicant. The questions are meant to collect applicant's information. Next Previous

This screen is completed by the preparer (3^{rd} party) to collect questions that identify the preparer, also identified as the 3^{rd} party.

Apply for Benefits – Contact Information Page (1st Party)





This information is provided by the applicant on identifying information.

Apply for Benefits – You have additional options page



Apply for Benefits



You have additional options.

You indicated that you prefer a language other than English. You may continue with this application in English, or you can contact us to apply for benefits in another language.

Scheduling an Appointment

If you live within the U.S., our territories or commonwealths, you may schedule a phone interview or inoffice Appointment with a Social Security Office.

Other Options

We offer a variety of servicing options for conducting business with Social Security. For further assistance, please contact us.

Continue Application

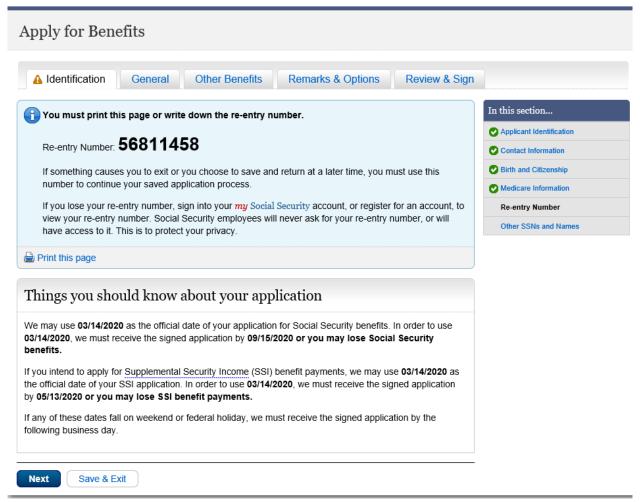
Schedule an Appointment

Exit

This screen comes up only when the user selects a non-Enlish language as their preferred language in the contact information screen (see page#6). The screen provides the option to continue in English or additional options to file for benefits such as scheduling an online appointment with iAppointment or calling us.

Re-entry Number (1st party)





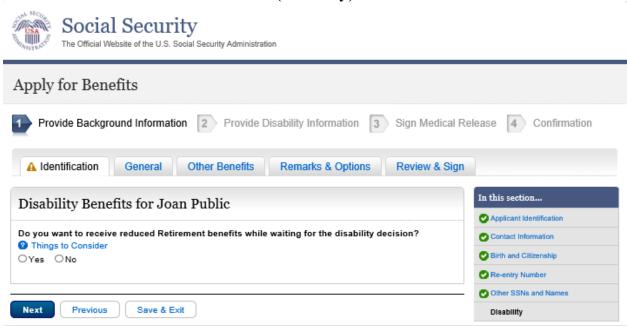
This screen comes up after the user provided all the basic contact information and the system creates the re-entry number to save the information if he or she wants to come back to the application to complete the process.

Birth and Citizenship Information (1st Party)



The applicant provides birth and citizenship information.

Apply for Benefits – Disability Only request for reduced Retirement Benefits (1st Party)



The applicant, if filing for Disability Benefits only, may request reduced retirement benefits if between the age 61 and 8 months and month before full retirement age.

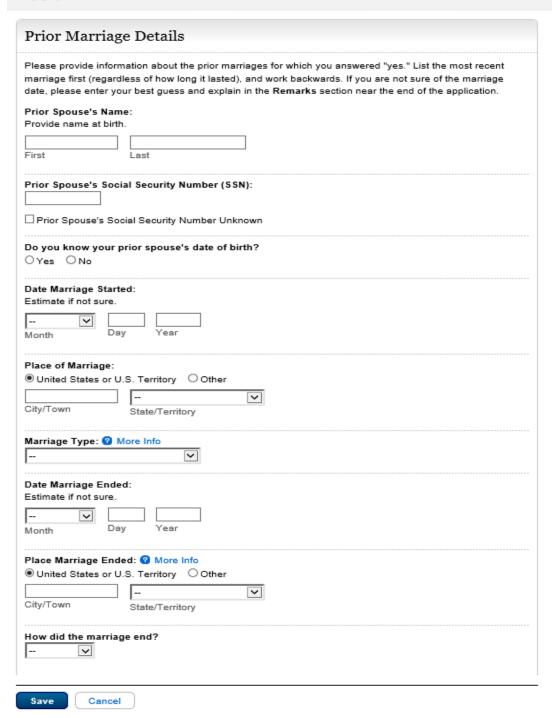
Marriage Information (1st Party)



The applicant answers questions as to current and prior marriages that lasted at least 10 years, or ended in death.

Prior Marriage Details (1st Party)

Apply for Benefits



The applicant provides information about the prior marraiges for which they answered yes to the Marriage Information questions.

Children of NH filing for either Retirement or Disability Benefits (1st Party)





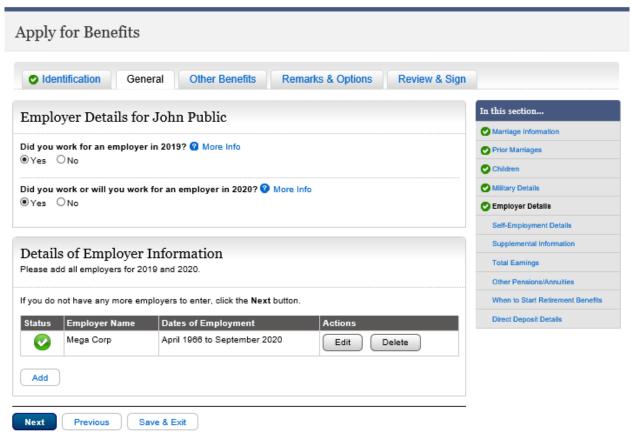
Military Details (1st Party)



Upon approval of the renewal of the OMB Package, we will be removing the question, "Were you in the U.S. Military Service Prior to 1968?" and removing subsequent request for details of military service. This question is no longer required in the application.

Employer Details (1st Party)

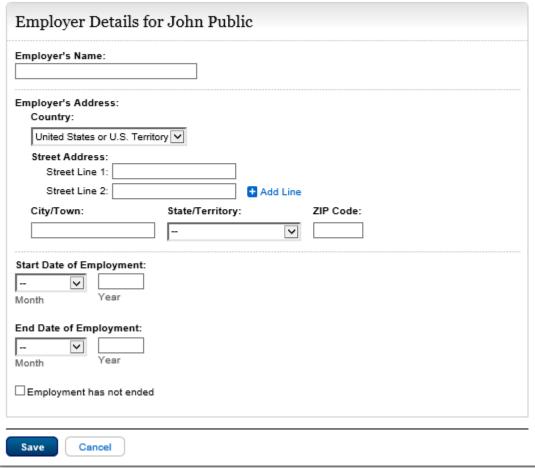




The applicant answers questions on if they worked for an employer in the past two years.



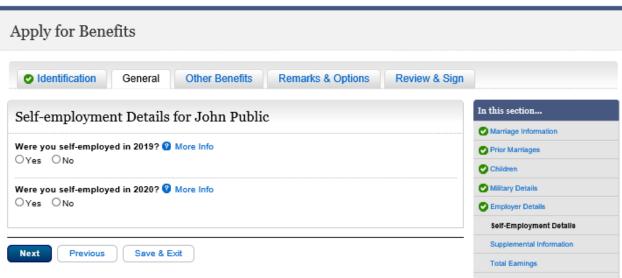
Apply for Benefits



If the applicant answers "yes" to working in the current year or prior year, the applicant will answer questions on the Employer.

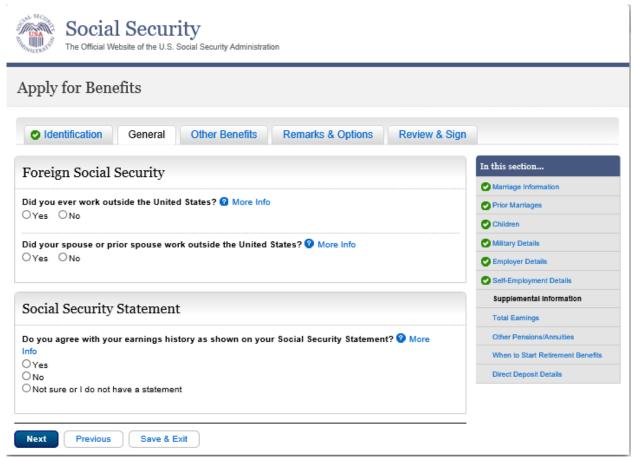
Self Employment Details (1st Party)





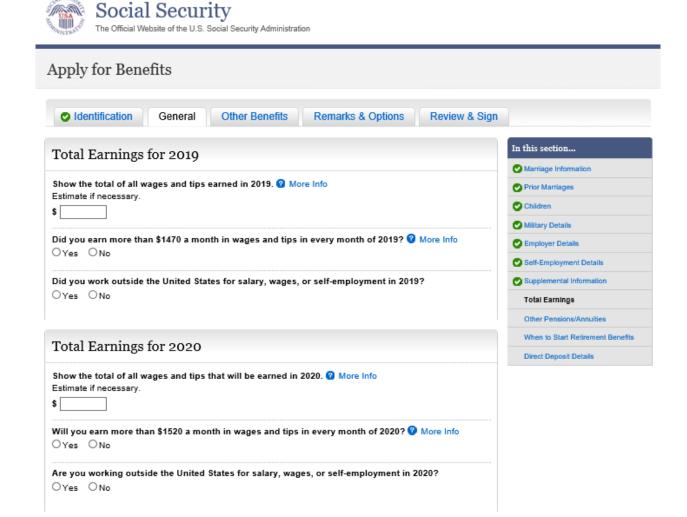
The applicant provides a "yes" or "no" answer if they were self-employed in the current year or prior year.

Supplemental Information – Foerign Social Security (1st party)



This screen is for the user to provide information about foreign Social Security benefits, if they answer yes, a technician will contact the user to develop for evidence of those benefits.

Total Earnings (1st Party)



If the applicant answered "yes" on the Employer Details screen to having earnings in the current year or prior year, the applicant must indicate the total wages for each year.

Do any of the total earnings include special payments paid in one year but earned in another?

Special Payments

Previous

Save & Exit

More Info
OYes ○ No

Other Pensions or Annuities Not Covered By Social Security or Railroad questions (1st Party)



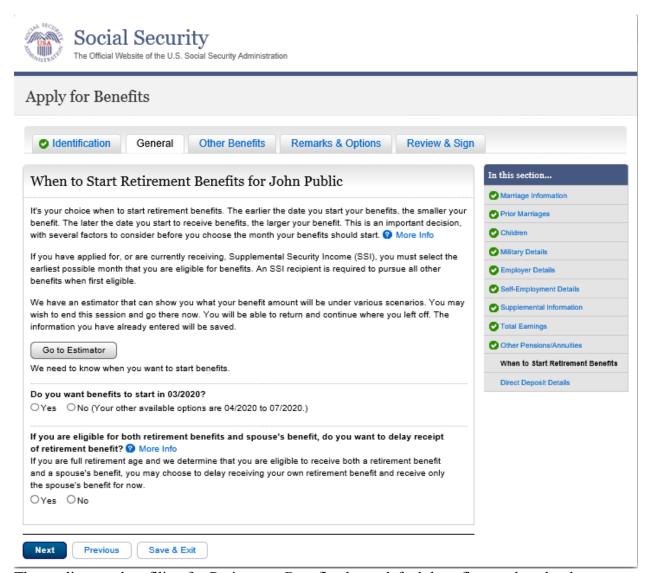
The applicant answers if they ever worked in a job where Social Security taxes were not deducted. The applicant also answers the questions about work for the Railroad (if he or she indicated that was married, the spouse or prior spouse question generates)

Reduced Benefits – Retirement Benefits only (1st Party)



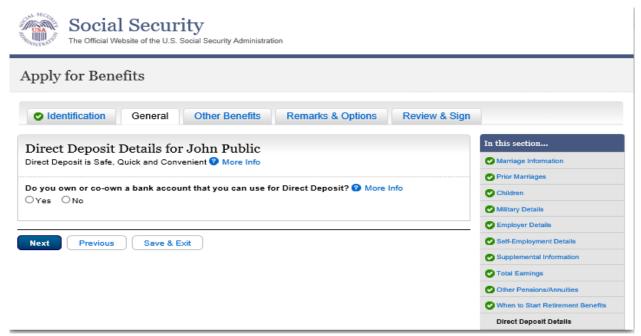
The applicant, when filing for Retirement Benefits, can select reduced benefits. Depending on the response, the next screen will appear for him or her to select the month they want to start benefits.

When to Start Retirement Benefits – Retirement Only (1st Party)



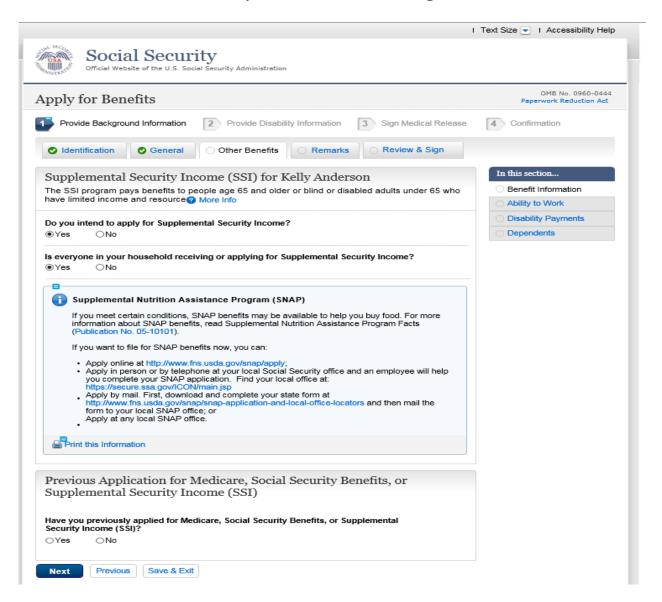
The applicant, when filing for Retirement Benefits, has a default benefit start date, but has options to choose another benefit start date.

Direct Deposit (1st Party)



The applicant answers "yes" or "no" to owning a bank account.

Benefit Information (1st party) With everyone in household filing for SSI



When the applicant selects "yes" for the question, "Do you intend to file for SSI" the second question about the SSI household will populate to the screen. A new message that contains required filing and benefit information for SNAP will appear by answering "yes" to this question.

Medicare Coverage (1st Party)



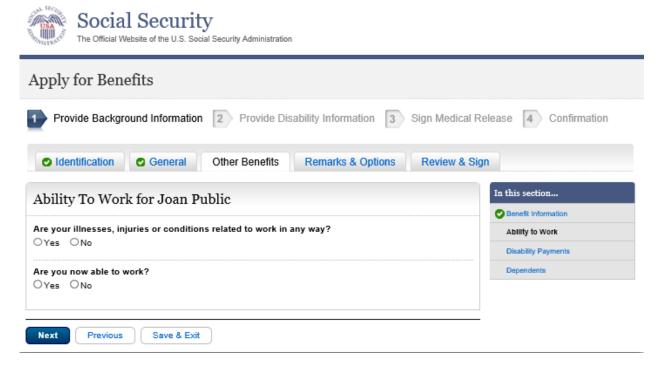
If the applicant is 64 years and 8 months or older, the system generates the Medicare screen for the user to answer questions to Medicare Part B coverage and Medicaid coverage.

Group Health Plan Information if Claimant is 64 years 8 months or older (1st Party)



If the applicant is 64 years 8 months or older, the applicant answers question, "are you covered under a Group Health Plan?"

Ability to Work – Disability Benefits Only (1st Party)



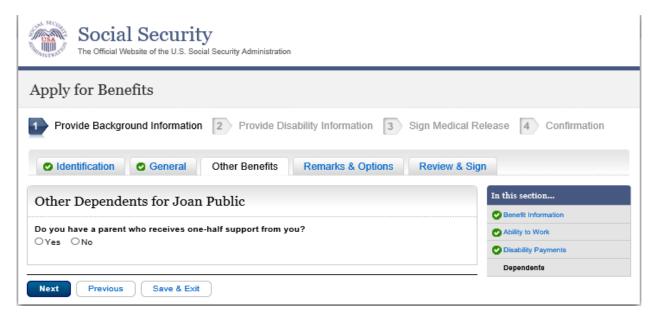
This screen only populates if the user indicated that he or she had a disability under the Applicant Information Page (see page #4).

Workers' Compensation/ Public Disability Benefits for Disability Only (1st Party)



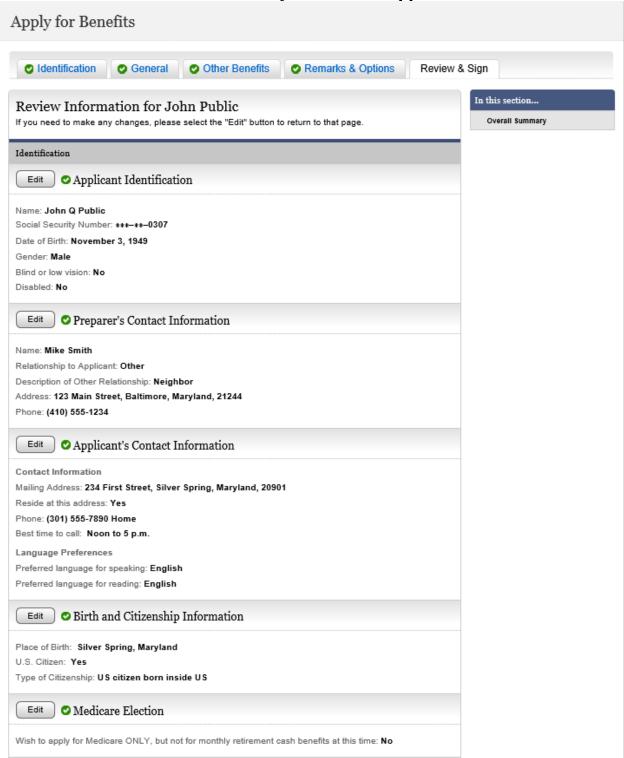
This screen propagates if the user answers "yes" on the Ability to Work Screen question, "Are your illnesses, injuries, or conditions related to work in any way?" The applicant answers questions regarding workers' compensation and public disability benefits.

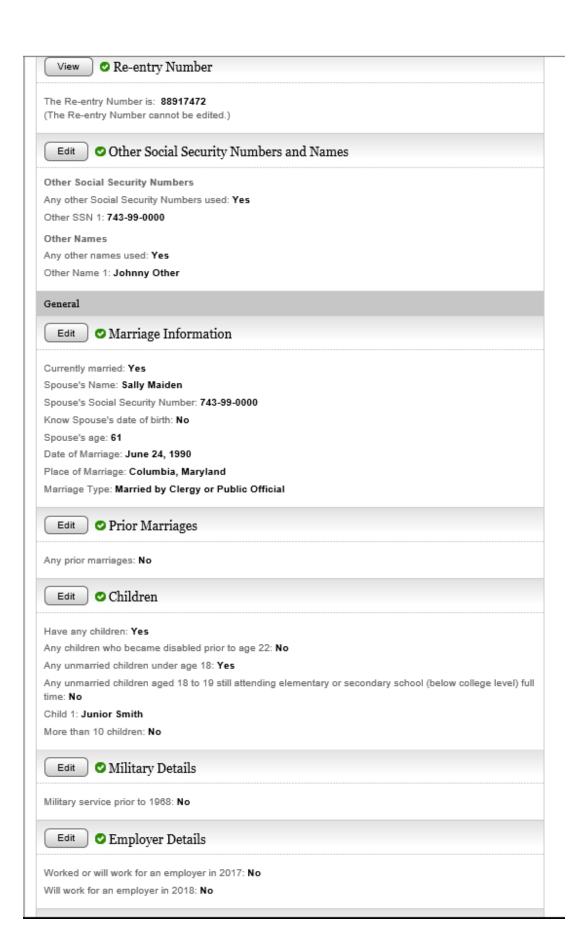
Other Dependents for Disability Benefits Only (1st Party)

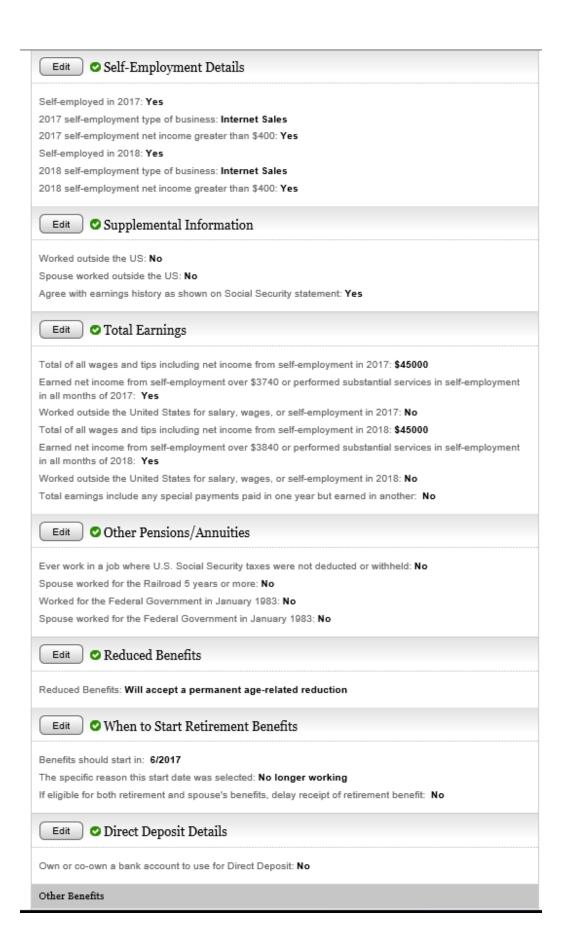


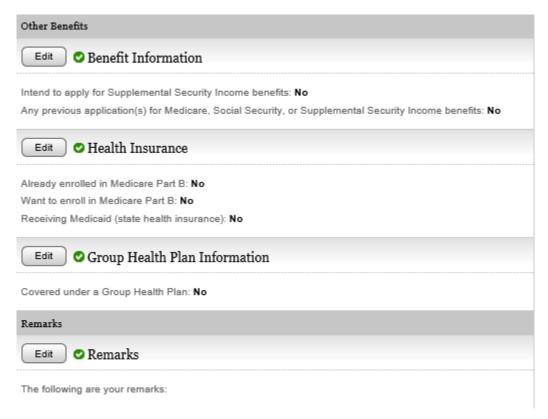
This screen populates if the user indicates that he or she has children as we need information about the one-half support to determine if the child qualifies for benefits.

Overall Summary for Benefit Application









This screen provides a summary of the information provided in the application.

Electronic Signature Agreement (1st party)

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 agree to return any payments which are not due.

I understand and agree that my application will be signed electronically when I select the check box below. 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 application 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.

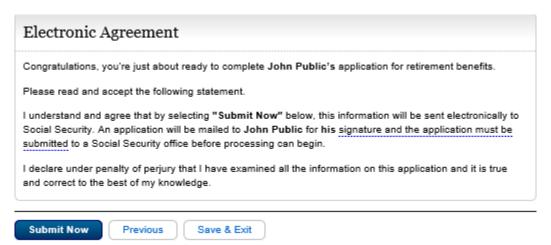


🔼 You will no longer be able to change this information once you continue to the next step.

When you select "Accept & Continue" below, you will be 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.

This screen appears at the bottom of the Overall Summary for Benefit Application Screen. When a first party applicant reviews the information and agrees to the information provided, the applicant reviews the agreement and checks the box "I agree with the Electronic Signature Agreement above"

Electronic Agreement (3rd party)



This screen appears at the bottom of the Overall summary for Benefit Application Screen after the **3rd party responder** reviews the information provided. The 3rd party then has the option to submit the application by clicking "Submit Now", "Save and Exit" to return at at later time, or "Previous" to return to the summary page.