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Page 1 of 7 Form Approved OMB No. 0960-0003

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TEL

(Do not write in this space)

With this application, you are applying for all insurance benefits for which you are eligible under Title II (Federal Old-Age, Survivors, and Disability Insurance) and Part A of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act, as presently amended. The information you furnish on this application will ordinarily be sufficient for a determination on the lump-sum death payment.

*This may also be considered an application for survivors benefits under the Railroad Retirement Act and for Veterans Administration payments under Title 38 U.S.C., Veterans Benefits, Chapter 13 (which is, as such, an application for other types of death benefits under Title 38).

1.	(a) PRINT name of deceased wage earner or self-employed person (herein referred to as the "deceased").	FIRST NAME, MIDDLE	NITIAL, LAST NAME
	(b) Check (X) one for the deceased.	Male	Female
	(c) Enter deceased's Social Security Number.		
2.	(a) PRINT your name.	FIRST NAME, MIDDLE	INITIAL, LAST NAME
	(b) Enter your Social Security Number.		
3.	Enter your name at birth if different from item 2(a).		
4.	(a) Enter your date of birth.	MONTH, DAY, YEAR	
	(b) Enter name of State or foreign country where you were born.		

PLEASE READ CAREFULLY BEFORE ANSWERING ITEM 5

You may receive a mother's or a father's benefit for any month in which you have in your care the deceased's child or dependent grandchild who is entitled to a child's benefit if the child is:

- · under age 16,
- or disabled or handicapped (age 16 or over and disability began before age 22).

If you are filing as a surviving divorced mother or father, the child must be your son, daughter, or legally adopted child who is entitled to child's benefits on the deceased's earnings record.

Mother's or father's benefits are not payable if the only child in your care is a child age 16 or over who is not disabled.

	calci e of latter a bottome are not payable it the only office in your care to a office age to or or of the following.							
5.	Has an unmarried child or dependent grandchild of the deceased, who is under age 16 or disabled, lived with you any time from the month of death through the present month? (This includes adopted child, stepchild, and stepgrandchild.) (If "Yes," enter the information requested below.) Yes No							
	Name of child	Months and Year child lived with you (If all, write "ALL")						

6.	(a) Are you, or during the past 14 months had because of illnesses, injuries or condition	e to work	Yes (If "Yes," answer (b).)	No (If "No," go on to item 7)			
	(b) Enter the date you became unable to wo	ork.		MONTH, DAY,	YEAR		
7.	Did you work in the railroad industry for 5 ye	ears o	or more?		Yes	No	
8.	(a) Do you have Social Security credits (for residence) under another country's Social			work or	Yes (If "Yes," answer (b).)	No (If "No," go on to item 9,	
	(b) If "Yes," list the country(ies).						
9.	Is there a surviving parent (or parents) of the support from the deceased at the time of de became disabled?			No name and address of emarks" on page 5.)			
10.	INFORMATION ON YOUR MARRIAGE(S)						
	(a) Enter information about your marriage to	the	deceased.				
	Spouse's Name (including maiden name)		When (Month,	Day, Year)	Where (Name of City and State)		
	How Marriage Ended		When (Month,	Day, Year)	Where (Name of C	City and State)	
	Marriage performed by: ☐Clergyman or public official ☐Other (Explain in "Remarks")	Spot	use's date of bi	rth (or age)	Date of death		
	(b) If you remarried after the marriage show (If none, write "NONE".)	n in	10(a) enter in	formation about	t the last marriage.		
	Spouse's Name (including maiden name)		When (Month,	Day, Year)	Where (Name of C	City and State)	
	How Marriage Ended		When (Month,	Day, Year)	Where (Name of C	City and State)	
	Marriage performed by: Clergyman or public official Other (Explain in "Remarks")	Spouse's date of birth (or age)			If spouse deceased, give date of death		
	Spouse's Social Security Number (If none of	r unk	nown, so indic	ate)	·		
	(c) If you had other marriages, and the marriage lasted at least 10 years or ended due to death of the spouse (whether before or after you married the deceased), enter the information below. If you divorced then remarried the same individual within the year immediately following the year of the divorce, and the combined period of marriage totaled 10 years or more, include the marriage. (If none, write "NONE".)						

	Spouse's Name (including maiden name)		When (Mon	th, Day, Year)	Where (Name of City and State)				
	How Marriage Ended	ow Marriage Ended		th, Day, Year)	Where (Name of City and State)				
	Marriage performed by:	Spor	use's date of	birth (or age)	If spouse deceased, give date of death				
	Clergyman or public official Other (Explain in "Remarks")								
	Spouse's Social Security Number (If none	oru	nknown so in	dicate)					
				-	UT ANY OTHER MARRIAGES				
	USE "REMARKS" SPACE ON PAGE 5 FOR INFORMATION ABOUT ANY OTHER MARRIAGES								
11.	INFORMATION ABOUT THE DECEASED'S MARRIAGE(S) Answer this item ONLY if the deceased had other marriages.								
	(a) If the deceased married <u>after</u> his or he (If none, write "NONE".)	er mai	rriage to you,	enter the informat	ion on the last marriage.				
	Spouse's Name (including maiden name)		When (Mon	th, Day, Year)	Where (Name of City and State)				
	How Marriage Ended		When (Mon	th, Day, Year)	Where (Name of City and State)				
	Marriage performed by:	Spor	use's date of	birth (or age)	If spouse deceased, give date of death				
	Clergyman or public official Other (Explain in "Remarks")								
	Spouse's Social Security Number (If none	oru	nknown so in	dicate)					
				-	attended attended on an income				
	(b) Enter information about any other man 11. (c) for counting consecutive multipl								
	(whether before or after you married th (If none, write "NONE".)	ie dei	ceased). Do n	ot include the mar	rriage to you.				
	Spouse's Name (including maiden name)		When (Mon	th, Day, Year)	Where (Name of City and State)				
	How Marriage Ended		When (Mon	th, Day, Year)	Where (Name of City and State)				
	Marriage performed by:	Spor	use's date of	birth (or age)	Date of death				
	Clergyman or public official								
	Other (Explain in "Remarks")								
	Spouse's Social Security Number (If none	or u	nknown, so in	dicate)					
	USE "REMARKS" SPACE ON	PAG	E 5 FOR INF	ORMATION ABO	UT ANY OTHER MARRIAGES				
IF \	IF YOU ARE APPLYING FOR SURVIVING DIVORCED SPOUSE'S BENEFITS, SKIP ITEM 12 ND GO ON TO ITEM 13								
12.	(a) Were you and the deceased living toge	ether	at the same a	address when the	Yes No				
	deceased died? (If "Yes." skip to (If "No,"								
					item 13 answer (b).)				
	(b) If either you or the deceased were awa give the following:	ay fro	m home (whe	ther or not tempor	rarily) when the deceased died,				
	Who was away?			You	Deceased				
	Reason absence began			_					
	Date last at home								

Reason you were apart at time of death						
If separated because of illness, enter nature of illness or disabling condition						
ANSWER ITEM 13 NLY IF THE DECEASED DIED BEFORE THIS YEAR. OTHE	ERWISE,	GO ON	то ітем	14.		
(a) How much were your total earnings last year? \$						
(b) Place an "X" in each block for EACH MONTH of last year in which you <u>did rearn</u> more than *\$ in wages, and <u>did not perform</u> substantial se	ervices	NO	NE	ALL		
in self-employment. These months are exempt months. If no months were months, place an "X" in "NONE". If all months were exempt months, place a		JAN	FEB	MAR	APR	
in "ALL." *Enter the appropriate monthly limit after reading the instructions, "How You	ur	MAY	JUN	JUL	AUG	
Earnings Affect Your Benefits".	<u> </u>	SEPT	ОСТ	NOV	DEC	
14. (a) How much do you expect your total earnings to be this year? \$						
(b) Place an "X" in each block for EACH MONTH of this year in which you <u>did r</u> will not earn more than *\$ in wages, and <u>did not or will not perf</u>		NO	NE	A	LL	
substantial services in self-employment. These months are exempt months months are or will be exempt months, place an "X" in "NONE". If all months	. If no	JAN	FEB	MAR	APR	
will be exempt months, place an "X" in "ALL".		MAY	JUN	JUL	AUG	
*Enter the appropriate monthly limit after reading the instructions, " <u>How You</u> <u>Earnings Affect Your Benefits</u> ".		SEPT	ОСТ	NOV	DEC	
ANSWER ITEM 16 ONLY IF YOU ARE NOW IN THE LAST 4 MONTHS OF YOUR AND DEC., IF YOUR TAXABLE YEAR IS A CALENDAR YEAR), OTHERWISE, G			16.	., ост.,	NOV.,	
(a) How much do you expect to earn next year? \$						
(b) Place an "X" in each block for EACH MONTH of next year in which you do		NO	NE	A	LL	
<u>expect to eam</u> more than *\$ in wages, and <u>do not expect to per</u> substantial services in self-employment. These months will be exempt month no months are expected to be exempt months, place an "X" in "NONE". If a	ths. If	JAN	FEB	MAR	APR	
months are expected to be exempt months, place an "X" in "ALL".		MAY	JUN	JUL	AUG	
*Enter the appropriate monthly limit after reading the instructions, " <u>How You</u> <u>Earnings Affect Your Benefits</u> ".	ur	SEPT	ОСТ	NOV	DEC	
If you use a fiscal year, that is, a taxable year that does not end December 31 (with income tax return due April 15), enter here the month your fiscal year end		MONTH				
(a) Have you qualified for, or do you expect to qualify for, a pension or annuity (or a lump sum in place of a pension or annuity) based on your own employment and earnings for the Federal Government of the United States, or one of its States or local subdivisions? (Social Security benefits are not government pensions).	the bo	es es," chec ox in iten oplies.)		No f "No," <u>g</u> em 17	o on, to	
(b) I receive a government pension or annuity. I received a lump sum in place of a government pension	applied fiving my fithe date from the date f	pension	expect to n or nown,			
or annuity. I applied for and am awaiting a decision on my pension or lump sum.	Month	.5. OIII		ear		
Check if applicable:						
I am not submitting evidence of the deceased's earnings that are not yet that these earnings will be included automatically within 24 months, and with full retroactivity.	t on his/he any incre	er earnii ease in r	ngs reco my bene	ord. I und fits will b	lerstand be paid	

REMARKS (You may use this space for any explanations. If you need more space, attach a separate sheet.)						
Direct Deposit Payment Address (Financial Institution)						
Routing Transit Number	Account Nu		aroco (r mane	Checking	Enroll in Direct Express	
_				Savings	Direct Deposit Refused	
l declare under penalty of perjur statements or forms, and it is tru knowingly gives a false stateme commits a crime and may be sul	ue and corre nt about a m	ct to the best aterial fact in	of my knowle this information	edge. I understan	d that anyone who	
				Date (Month, Da	y, Year)	
SIGNATUR	E OF APPLIC	CANT				
Signature (First Name, Middle Initia	al, Last Name	e) (Write in ink))	Telephone number(s) at which you may be contacted during the day		
SIGN				AREA CODE		
HERE						
Applicant's Mailing Address (Numb Remarks" on page 5, if different.)	er and street	, Apt No., P.O.	box, or Rura	i Route) (Enter Re	sidence Address in	
		l === -		1-		
City and State		ZIP Code		County (if any)	in which you now live	
Witnesses are required ONLY if witnesses to the signing who kn applicant's name in the Signatur	ow the appli					
1. Signature of Witness			2. Signature of Witness			
Address (Number and Street, City,	P Code\	Address (Number and Street, City, State and ZIP Code)				
	3.2.2 U.N E//	2230)			,	

RECEIPT FOR	RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY MOTHER'S OR FATHER'S INSURANCE BENEFITS					
TELEPHONE	BEFORE YOUR		SSA OFFI	CE I	DATE CLAIM RECEIVED	
NUMBER(S) TO CALL IF YOU	(4854.0085)					
HAVE A QUESTION OR	(AREA CODE) AFTER YOU RE A NOTICE OF A					
SOMETHING TO REPORT		WAILD				
Your application for Social Security benefits has be received and will be processed as quickly as possional social security benefits has be received and will be processed as quickly as possional should hear from us within days at have given us all the information we requested. Socialms may take longer if additional information is		ible. ter you ome	or someone for you - sho to be reported are listed	nge that may affect your claim, you - buld report the change. The changes below. m number when writing or calling		
In the meantime, if you change your address, or if			If you have any questions about your claim, we will be help you.			
CLAIMAINT			SED'S SUR CLAIMANT'S	NAME IF DIFFERENT S	SOCIAL SECURITY CLAIM NUMBER	

Privacy Act Statement

Sections 202, 205, 223, 226, and 806 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 us from making an accurate and timely decision on your entitlement or a dependent's entitlement to Social Security benefit payments.

We will use the information to determine your or a dependent's eligibility for Social Security benefits. We may also share your information for the following purposes, called routine uses:

- 1. To Federal, State, or local agencies (or agents on their behalf) for administering income maintenance or health maintenance programs (including programs under the Social Security Act). Such disclosures include, but are not limited to, release of information to: Railroad Retirement Board for administering provisions of the Railroad Retirement Act relating to railroad employment; for administering the Railroad Unemployment Insurance Act and for administering provisions of the Social Security Act relating to railroad employment; and Department of Veterans Affairs for administering 38 U.S.C. 1312, and upon request, for determining eligibility for, or amount of, veterans benefits or verifying other information with respect thereto pursuant to 38 U.S.C. 5106; and
- 2. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose information under the routine use only in situations in which SSA may enter into a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.

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 (SORN) 60-0059, Earnings Recording and Self-Employment Income System, 60-0089, entitled Claims Folders Systems, 60-0090, entitled Master Beneficiary Record, and 60-0321, entitled Medicare Database. Additional information and a full listing of all our SORNs are available on our website at www.ssa.gov/privacy/sorn.html.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.">www.socialsecurity.gov. Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

CHANGES TO BE REPORTED AND HOW TO REPORT

FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAID, AND IN POSSIBLE MONETARY PENALTIES

- You change your mailing address for checks or residence. (To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office.)
- Your citizenship or immigration status changes.
- You go outside the U.S.A. for 30 consecutive days or longer.
- Any beneficiary dies or becomes unable to handle benefits.

	to be \$
a month.	ing wages of more than

You (are) (are not) self-employed rendering

substantial services in your trade or business.

(Report AT ONCE if this work pattern changes.)

- Change of Marital Status Marriage, divorce, annulment of marriage. You must report a change in marital status even if you believe that an exception applies.
- Custody Change or Disability Improves Report if a person for whom you are filing, or who is in your care dies, leaves your care or custody, changes address, or if disabled, the condition improves.
- You are confined to jail, prison, penal institution or correctional facility for more than 30 continuous days for a conviction of a crime or you are confined for more than 30 continuous days to a public institution by a court in connection with a crime.
- You have an unsatisfied felony or arrest warrant for more than 30 continuous days for flight to avoid prosecution or confinement, escape from custody, or flight escape.

 You begin to receive a retirement or disability government pension or annuity (from the Federal government or any State or any political subdivision thereof) or your pension

report of earnings be filed with SSA within 3 months and 15 days after the end of any taxable year in which you earn more than the annual exempt amount. You may contact SSA to file a report. Otherwise, SSA will use the earnings reported by your employer(s) and your self-employment tax return (if applicable) as the report of earnings. It is your responsibility to ensure that the information you give concerning your earnings is correct. You must furnish additional information as needed when your benefit adjustment is not correct based on the earnings on your record.

HOW TO REPORT

You can make your reports by telephone, mail, or in person, whichever you prefer.

If you are awarded benefits, and one or more of the above change(s) occur, you should report by:

- Visiting the section "Online Services" at our web site at www.socialsecurity.gov.
- Calling us TOLL FREE at 1-800-772-1213;
- If you are deaf or hearing impaired, calling us TOLL FREE at TTY 1-800-325-0778; or
- Calling, visiting or writing your local Social Security office at the phone number and address shown on your claim receipt.

For general information about Social Security, visit our web site at www.socialsecurity.gov.