

Modernized Claim System (MCS)

Screen Package

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 Title II and XVIII applications.

This screen package include the multiple MCS screens technicians may complete when taking an application for Mother's or Father's Insurance Benefits.

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MCS System Menu (MENU)

```

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
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  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
  
```

To start a 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 survivor claim, they must input the worker's SSN as the NH SSN and the SSN of the individual who is filing for the survivor benefits as the CL (claimant) SSN.

RSDHI Claims Application (APPL) Screen

```

MCS TRANSFER TO: RSDHI CLAIMS APPLICATION APPL
NH NAME: PATRICK <LAST>
SSN: XXXXX3266 SEX: M BIRTHDATE: 08231948
PROOF (A/B/C/F/Q): B PROOF TYPE (P/H)
SELECT CLAIM TYPE(S): 3 _ _
1. RETIREMENT 4. AUXILIARY
2. DISABILITY 5. UNINS MED ONLY
3. SURVIVOR 6. LUMP SUM
ABBREVIATED APPLICATION: _
CLAIMANT (IF DIFFERENT)
NAME: MELISSA <LAST>
SSN: XXXXX6708 SEX: F BIRTHDATE: 05181955
PROOF (A/B/C/F/Q): B PROOF TYPE (P/H/N/O): P
RELATIONSHIP TO NH: 2 (SUBSEQUENT CLAIM: _ )
1. SPOUSE 2. SPOUSE WITH CHILD IN CARE 1. RIB
2. SPOUSE WITH CHILD IN CARE 2. DIB
3. CHILD
4. DEPENDENT PARENT
APPLICANT (IF DIFFERENT)
NAME: _____
SSN: _____ EIN: _____ WILL APPLICANT BE ENTERED IN RPS (Y/N): _
  
```

Technicians select 2 when taking a survivor claim for mother or father benefits.

The name, sex and birthdate propagate into the claim from SSA's records.

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.

Claims Contact Method Data (CCMD)

```
MCS                                CLAIM CONTACT METHOD DATA                                CCMD
NH: XXXXX3266 PATRI <LAST>          CL: XXXXX6708 MELIS <LAST>
SELECT CONTACT METHOD FOR ESTABLISHING APPLICATION
  *CLAIM TYPE: SURCIC  *CONTACT METHOD 1:  ___
    CLAIM TYPE:          CONTACT METHOD 2:  ___
    CLAIM TYPE:          CONTACT METHOD 3:  ___
1=TELEPHONE -CLAIM INITIATED OVER THE PHONE, USUALLY BY APPOINTMENT
2=VISIT -CLAIM INITIATED IN PERSON WITH THE CLAIMANT
3=MAIL -RECEIVED PAPER APPLICATION IN THE MAIL AND LOADED IN MCS
4=INTERNET -CLAIM STARTED AND COMPLETED ON THE INTERNET
5=ICT -CLAIM ORIGINATED THROUGH 800 NUMBER AND REFERRED TO ICT UNIT
6=OTHER -NO OTHER CM VALUE IS CURRENTLY APPROPRIATE.

*DO YOU WANT TO CHECK YOUR CLAIM STATUS USING THE INTERNET/PHONE (Y/N):  _

NOTICE OPTION: FIRST CLASS MAIL
*ADD OR UPDATE NOTICE OPTION DUE TO VISUAL IMPAIRMENT (Y/N):  _
PF1 FOR HELP                                TRANSFER TO:  _____
```

The CCMD screen is mandatory in every Title II claims path. The claim types propagate onto the screen based on the claim type selected on the APPL screen (page 2). These are not application questions.

- Contact method for taking the application - this information is for Management Information purposes.
- Notice option - When claimants have a visual impairment, SSA can update their notice system to accommodate for special needs. (Options include first class mail or first class mail with call, certified mail, braille, and data CD.)

Identification (IDEN) Screen

```

MCS                                IDENTIFICATION                                IDEN
NH XXXXX3266  PATRI <LAST>S        CL XXXXX6708  MELIS <LAST>SS
LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): _
BIRTH CITY: ORLANDO                BIRTH STATE: FL                BIRTH COUNTRY: _
RECORD OF BIRTH BEFORE AGE 5      PUBLIC (Y/N): _                RELIGIOUS (Y/N): _
OTHER NAMES USED: _____
                                _____
                                _____
                                _____
EVER MARRIED (Y/N): Y              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.
    
```

The IDEN screen records identifying information about a claimant. When the answer is “Yes” to:

- Ever Married, the Number Holder Marriage (NMAR) screen will come into the claim’s path.
- Child under 18, Student 18-19, 18 or older and disabled before 22, the Children(s) (CHLD) screen comes into the claim’s path.
- Work or Earnings in 2018 – 2021, the Work (WORK) screen comes into the claim’s path.
- Disabled in last 14 months, the DISB screen comes into the claim’s path.

Identification 2 (IDN2)

```

MCS                                IDENTIFICATION 2                                IDN2
NH XXXXX3266  PATRI <LAST>        CL XXXXX6708  MELIS <LAST>
*PRIOR APPLICATION FOR RSDI (Y/N): _ *FOR SSI (Y/N): _ *FOR MEDICARE (Y/N): _
CROSS REFERENCE SSN: _____ STAT: _ SSN: _____ STAT: _
[~NH NAME IN PRIOR APPLICATION
[  FIRST NAME  MI  LAST NAME                SSN
|  _____  -  _____                _____
|  _____  -  _____                _____
MULTIPLE SSN: _____
    
```

The Identification 2 screen (IDN2) is a continuation of the IDEN screen. We are removing these questions from the application. Technicians will continue to complete these questions since MCS uses the responses during adjudication of the claim. Technicians will use system queries to obtain responses to these questions.

Additional Benefits (ADDB) Screen

```

MCS          TRANSFER TO:          ADDITIONAL BENEFITS          ADDB
NH XXXXX3266  PATRI <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): _
RECEIVING RR RETIREMENT PENSION/ANNUITY (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): _

CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): _
JAPANESE INTERNEE (Y/N): _  VOW OF POVERTY (Y/N): _

QUALIFY FOR US FED/STATE/LOCAL GOVT PENSION BASED ON ANY WORK YOU PERFORMED
WHICH WAS NOT COVERED UNDER SS (Y/N): _

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): _
    
```

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

NH Identification (NHID) Screen

```

MCS          NH IDENTIFICATION          NHID
NH XXXXX3266  PATRI <LAST>          CL XXXXX6708  MELIS <LAST>

EVER MARRIED (Y/N): Y
CHILD UNDER 18, STUDENT 18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22 (Y/N): _
NH DEP PARENTS (Y/N): _

WORK LAST YEAR OR THIS YEAR (Y/N): _
PRIOR APPLICATION FOR RSDI (Y/N): _  FOR SSI (Y/N): _  FOR MEDICARE (Y/N): _
CROSS REFERENCE  SSN: _____  STAT: _____  SSN: _____  STAT: _____
NH NAME IN PRIOR APPLICATION: _____  SSN: _____
NH NAME IN PRIOR APPLICATION: _____  SSN: _____

MULTIPLE SSN: _____
OTHER NAMES: _____
              _____
              _____
              _____
              _____
    
```

The NHID screen collects identification and claims lead information about a deceased NH. Data is either input to this screen or propagated from the Integrated Client Data Base. If propagated, the data may be over keyed

Information About the Deceased (DECD) Screen

MCS	TRANSFER TO:	INFORMATION ABOUT THE DECEASED	DECD
NH	XXXXX3266	PATRI <LAST> CL XXXXX6708	MELIS <LAST>
DATE OF DEATH: _____ PROOF (P/N): _ TYPE OF PROOF (P/O): _			
DOMICILE AT DEATH: _____			
PLACE OF DEATH (CITY/STATE): _____			
DISABLED AT TIME OF DEATH (Y/N): _ DISABILITY BEGAN: _____			
WAS CLAIMANT ELIGIBLE AS WIDOW(ER) PRIOR TO 1985 ON ANY SSN (Y/N): _			

The DECD screen collects information about the deceased number holder. The information will be used for claims leads and claims adjudication purposes.

NH Additional Benefits (NHAB) Screen

MCS	TRANSFER TO:	NH ADDITIONAL BENEFITS	NHAB
NH	XXXXX3266	PATRI <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): _			
RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): _			
COVERED UNDER FOREIGN SSA (Y/N): _ COUNTRY: _____ IF COVERED,			
FILING FOR FOREIGN SSA (Y/N): _ REQUIRES FOREIGN QC'S FOR US FILING (Y/N): _			
CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): _			
JAPANESE INTERNEE (Y/N): _ VOW OF POVERTY (Y/N): _			

The NHAB screen collects information about a deceased NH's potential or actual entitlement to benefits from other sources.

NH Marriage (NMAR) Screen

```

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: _____
    
```

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

Dependent Children of NH (DEPC) Screen

```

MCS  TRANSFER TO:  DEPENDENT CHILDREN OF NH  DEPC
NH XXXXX3266  PATRI <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:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
    
```

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. 4).

NH Military Retirement/Federal Benefit (NHMR)

```

MCS      TRANSFER TO:      NH MILITARY RETIREMENT/FEDERAL BENEFIT  NHMR
NH XXXXX3266  PATRI  <LAST>      CL XXXXX6708  MELIS  <LAST> S

IF RETIRED FROM MILITARY, BASIS OF RETIREMENT:  _
1. LENGTH OF SERVICE                          3. RESERVE SERVICE PAYABLE AT AGE 60
2. DISABILITY                                  4. OTHER
IF OPTION 4 CHOSEN, EXPLAIN:  _____
IF RETIRED AND SERVICE AFTER DEC 31, 1956, INDICATE BRANCH OF SERVICE PAYING
BENEFIT:  _  1. ARMY                          5. COAST GUARD
              2. NAVY                          6. PUBLIC HEALTH SERVICE
              3. AIR FORCE                       7. COASTAL/GEODETIC SURVEY
              4. MARINE CORPS                   8. OTHER
IF OPTION 8 CHOSEN, EXPLAIN:  _____
WAIVED ALL/PART OF RETIREMENT TO GET VA OR OTHER FED CREDIT (Y/N):  _

IF ELIGIBLE FOR CIVILIAN FEDERAL AGENCY BENEFITS, INDICATE BENEFIT TYPE:  _
1. SERVICE  2. SURVIVOR  3. DISABILITY  4. OTHER
IF OPTION 4 CHOSEN, EXPLAIN:  _____
NAME OF FED AGENCY:  _____
YEARS EMPLOYED:  _  DATE CLAIM FILED:  _____  CLAIM NO.:  _____
MOST RECENT AGENCY:  _____
CITY:  _____  STATE:  _  LAST WORKED:  _____
    
```

The NHMR screen comes into the claim’s path when the technician records the claimant receives a military or civilian federal agency benefit on the NHMS screen (pg. 8)

NH Railroad Employment (NHRR) Screen

```

MCS      TRANSFER TO:      NH RAILROAD EMPLOYMENT      NHRR
NH XXXXX3266  PATRI  <LAST>      CL XXXXX6708  MELIS  <LAST>

RR EMPLOYEE:  PATRICK  _  <LAST>      SSN:  XXXXX3266
MONTHS WORKED IN RR AFTER 1936:  _  BEFORE 1937:  _  LAST 18 MOS (Y/N):  _
EVER FILE FOR RRB RET/DISAB (Y/N):  _  IF YES, CLAIM NO:  _____
IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N):  _
IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N):  _
EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N):  _

IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS:
RR EMPLOYER:  _____
WORK LOCATION:  _____
DEPT OCCUPATION:  _____
    
```

The NHRR screen comes into the claim’s path when the technician records a “Y” for “Worked in the RR for 5 years or more on the NHAB screen, or “Receiving RR retirement pension/annuity on the ADDB screen (pg. 5).

Work Deductions/Election Option (DEME) Screen

```

MCS          TRANSFER TO:      WORK DEDUCTIONS/ELECTION OPTION      DEME
NH  XXXXX3266  PATRI <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 Y)  ALL  01 02 03 04 05 06 07 08 09 10 11 12
_____  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -
_____  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -
_____  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -
ELECTION/ENTITLEMENT OPTION:  A  DATE (MMYY):  1120
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
    
```

The DEME screen collects and uses the data provided on the upper portion of DEME screen 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.

NH Dependent Parent (NPAR) Screen

```

MCS          TRANSFER TO:      NH DEPENDENT PARENT      NPAR
NH  XXXXX3266  PATRI <LAST>      CL  XXXXX6708  MELIS <LAST>

DEPENDENT PARENTS:
NAME:  _____
ADDRESS:  _____
PARENT TYPE:  _  1. NATURAL  2. STEPPARENT  3. ADOPTIVE
IF STEPPARENT, DATE OF STEP-RELATIONSHIP:  _____
IF ADOPTIVE PARENT, DATE OF ADOPTION:  _____

NAME:  _____
ADDRESS:  _____
PARENT TYPE:  _  1. NATURAL  2. STEPPARENT  3. ADOPTIVE
IF STEPPARENT, DATE OF STEP-RELATIONSHIP:  _____
IF ADOPTIVE PARENT, DATE OF ADOPTION:  _____
    
```

The NPAR screen collects information about a dependent parent(s) as a lead to a potential parent's claim.

Citizenship (US and/or Foreign) CLCZ Screen

COMM NH: XXXXX3266 PATRI <LAST>	CITIZENSHIP (U S AND/OR FOREIGN) BN: XXXXX6708 MELIS <LAST>	CLCZ PIC:
*COUNTRY/TERRITORY OF CITIZENSHIP: <u>US</u>		
SELECT U S TYPE IF CITIZENSHIP COUNTRY IS U S: 1=BIRTH IN U S 2=U S CITIZEN BORN OUTSIDE U S 3=NATURALIZATI		
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): <u>05181955</u>		
CITIZENSHIP STOP DATE (MMDDCCYY): _____		
IS LAWFUL PRESENCE DATA NEEDED (Y/N): _____		
ADD NEW OCCURRENCE (Y/N): <u>N</u>		

For United States citizens, technicians complete these fields to document the claim.

When claimants are non-U.S. citizens, technicians complete this field to bring the Lawful Presence screen into the claims path.

The CLCZ screen collects the country of citizenship and documents evidence of U.S. citizenship or the need to document lawful presence. Information collected on this screen updates the Integrated Client Data Base Record/Person Information and is available for future claims and other application systems that request the claimant's mailing address.

Claimant Mailing Address (CADR) Screen

MCS NH: XXXXX3266 PATRI <LAST>	CLAIMANT MAILING ADDRESS CL: XXXXX6708 MELIS <LAST>	CADR
*ADDRESS 1: <u>234 SECURITY BLVD.</u>	ADDRESS 2: _____	
ADDRESS 3: _____	ADDRESS 4: _____	
*CITY: <u>ANNAPOLIS</u>	STATE: <u>MD</u>	ZIP: <u>21401</u>
STATE & COUNTY CODE: _____	COUNTY: _____	
COUNTRY: _____	CONSULAR CODE: _____	
FOREIGN POSTAL ZONE: _____		
*BANK ACCOUNT (Y/N): <u>_</u>	*DIRECT EXPRESS (Y/N): <u>_</u>	
DIRECT DEPOSIT ROUTING TRANSIT NUMBER: _____	ACCOUNT TYPE (C/S): <u>_</u>	
DEPOSITOR ACCOUNT NUMBER: _____		
DOMESTIC PHONE: _____	FOREIGN PHONE: _____	
ENTER PHONE CODE: <u>3</u> 1=HOME 2=WORK 3=NONE 4=UNKNOWN	5=OTHER 6=ATTORNEY 7=MOBILE.	
	TRANSFER TO: _____	

The CADR screen collects contact and payment information. The address data entered on this screen updates the Integrated Client Data Base Record/Person Information and is available for future claims and other application systems that request the claimant's mailing address.

Client Address (CLAD) Screen

```

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

ADDRESS TYPE: PRINCIPAL DWELLING RESIDENCE

ADDRESS: 234 SECURITY BLVD.
CITY: ANNAPOLIS                STATE: MD                ZIP: 21401

STATE/COUNTY CODE: 21010        DISTRICT OFFICE CODE: 277

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

START    STOP    N/E
(MMDDYY) (MMDDYY)
120720   _____   X

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

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

Lawful Presence (CLLP) Screen

```

COMM                LAWFUL PRESENCE                CLLP
NH: XXXXX3266 PATRI <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:
  
```

Documentation of evidence questions for the technician.

The CLLP screen comes into the claims path when technicians code “IS LAWFUL PRESENCE DATA NEEDED” as “Y” on the CLCZ screen (page 11). Technicians document the immigration status under one of the four categories and the status of development (e.g., proof, no proof, or development pending).

Beneficiary Marriage (BMAR) Screen

```

COMM                                BENEFICIARY MARRIAGE                                BMAR
NH: XXXXX3266 PATRI <LAST>         BN: XXXXX6708 MELIS <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: _____
    
```

The BMAR Screen comes into the claims path when filing for benefits on a spouse/widow(er)'s earnings record. The marriage data collected documents the entitlement factors for spouse/widow(er)'s benefits. Information collected on this screen updates the Integrated Client Data Base Record/Person Information and is available for future claims.

Dependent Child In Care (DCIC) Screen

```

                                DEPENDENT CHILD IN CARE                                DCIC
NH: XXXXX3266 PATRI <LAST>         BN: XXXXX6708 MELIS <LAST>                                PIC:

CHILD OF N H UNDER AGE 16 OR DISABLED IN PAST 13 MONTHS OR SINCE N H DEATH

*CHILD FIRST NAME: _____ MIDDLE: _ *LAST NAME: _____
*S S N CHILD ENTITLED ON: _____ *PIC: _____ CHILD BOAN: _____
*MONTH CHILD IN CARE MET (MMCCYY): _____

CHILD ENTITLED ON ANOTHER S S N, ENTER REASON, IF CHILD IN CARE ENDED: _
1=CHILD ATTAINED AGE 16 4=CHILD MARRIED
2=CHILD DECEASED 5=CHILD TERMINATED/OTHER
3=CHILD NO LONGER DISABLED.
IF CHILD ENTITLED ON ANOTHER S S N, MONTH CHILD IN CARE ENDED (MMCCYY): _____

REMARKS: _____

ADD NEW OCCURRENCE (Y/N): N
    
```

The DCIC screen collects data for each child in the care of an auxiliary spouse or surviving spouse child-in-care beneficiary. The child in the beneficiary's care must be a child of the NH who is under age 16 or disabled and entitled to child's benefits. Data for each "in care" child is entered on separate DCIC screens.

CL Railroad Employment (CLRR) Screen

```
MCS      TRANSFER TO:      CL RAILROAD EMPLOYMENT      CLRR
NH XXXXX3266  PATRI <LAST>      CL XXXXX6708  MELIS <LAST>

RR EMPLOYEE: MELISSA      EDWARDSS      SSN: XXXXX6708
MONTHS WORKED IN RR AFTER 1936: ___ BEFORE 1937: ___ LAST 18 MOS (Y/N): _
EVER FILE FOR RRB RET/DISAB (Y/N): _ IF YES, CLAIM NO: _____
IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N): _
IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N): _
EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N): _

IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS:
RR EMPLOYER: _____
WORK LOCATION: _____
DEPT OCCUPATION: _____

IF CLAIMANT EVER RECEIVED RRB BENEFITS:
RR APPLICANT: MELISSA      EDWARDSS      CLAIM NO: _____
RR EMPLOYEE NAME: _____ SSN: _____
RELATIONSHIP: _____
BENEFIT TYPE: _ SELECT 1. MONTHLY  2. LUMP-SUM  3. RESIDUAL
HAS RRB NOTIFIED APPLICANT THAT RRB MAY BE AFFECTED BY ENTITLEMENT TO
SOCIAL SECURITY BENEFITS (Y/N): _
```

The CLRR screen comes into the path when the technician enters "Y" to either WORKED IN RR FOR 5 YEARS OR MORE or RECEIVING RR RETIREMENT PENSION/ANNUITY on Additional Benefits (ADDB).

SP Railroad Employment (SPRR) Screen

```
MCS      TRANSFER TO:      SP RAILROAD EMPLOYMENT      SPRR
NH XXXXX6708  MELIS <LAST>      CL XXXXX6708  MELIS <LAST>

RR EMPLOYEE: PATRICK      <LAST>      SSN: XXXX23266
MONTHS WORKED IN RR AFTER 1936: ___ BEFORE 1937: ___ LAST 18 MOS (Y/N): _
EVER FILE FOR RRB RET/DISAB (Y/N): _ IF YES, CLAIM NO: _____
IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N): _
IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N): _
EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N): _

IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS:
RR EMPLOYER: _____
WORK LOCATION: _____
DEPT OCCUPATION: _____
```

The SPRR screen comes into the path when the technician enters "Y" in WORKED IN RR FOR 5 YEARS OR MORE and "Y" in [3-C] SPOUSE on ADDB (pg. 5).

Government Pension (GPI1) Screen

```

COMM                GOVERNMENT PENSION                GPI1
                   CL: XXX-XX-6708    MELIS<LAST> SS

*GOVERNMENT PENSION IDENTIFICATION NUMBER: _____

*ENTER GOVERNMENT PENSION TYPE: _____
  1=FEDERAL  2=STATE  3=LOCAL  4=MILITARY.

*IS THIS GOVERNMENT PENSION BASED ON ANOTHER PERSON'S EARNINGS (Y/N): N
*IS THIS GOVERNMENT PENSION BASED ONLY ON EMPLOYMENT COVERED UNDER SS (Y/N): N

EARLIEST DATE ELIGIBLE FOR THIS PENSION (MMDDCCYY): _____ PROOF (Y/N): _____

PERIODIC PAYMENTS AWARDED (Y/N): _____ LUMP SUM PAYMENT AWARDED (Y/N): _____

DATE PENSION AMOUNT WAS LAST VERIFIED (MMCCYY): _____

FUTURE PENSION ENTITLEMENT DATE (MMCCYY): _____

DELETE THIS GOVERNMENT PENSION (Y/N): N
  
```

The GPI1 screen comes up in the claim's path when the technician records a "Y" for "Qualify for US FED/State/Local Government Pension based on any work performed which was not covered under SS on the ADDB screen (pg. 5).

Government Pension-Address (GPI2)

```

COMM                GOVERNMENT PENSION-ADDRESS        GPI2
                   CL: XXX-XX-6708    MELIS <LAST>

PENSION IDENTIFICATION NUMBER: 12345          PENSION TYPE: FEDERAL

EMPLOYER NAME: _____
ADDRESS 1: _____ ADDRESS 2: _____
ADDRESS 3: _____ ADDRESS 4: _____
  CITY: _____ STATE: _____ ZIP: _____
CONTACT: _____ PHONE: _____ EXTENSION: _____
E-MAIL: _____ FAX: _____

PAYER NAME: _____
ADDRESS 1: _____ ADDRESS 2: _____
ADDRESS 3: _____ ADDRESS 4: _____
  CITY: _____ STATE: _____ ZIP: _____
CONTACT: _____ PHONE: _____ EXTENSION: _____
E-MAIL: _____ FAX: _____

PAYER PLAN STATE: _____ PAYER PLAN NAME: _____

PF1 HELP AVAILABLE                TRANSFER TO: _____
  
```

The GPI2 screen comes into the claim's path when the technician records a "N" for "Is this government pension based on another person's earnings or only on employment covered under SS on the GPI1 screen. Technicians document the government employer and government pension payer information.

