

**APPLICATION FOR MOTHER'S OR FATHER'S INSURANCE BENEFITS\***

(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 ( <i>herein referred to as the "deceased"</i> ).	FIRST NAME, MIDDLE INITIAL, LAST NAME
(b) Check (X) one for the deceased.	<input type="checkbox"/> Male <input type="checkbox"/> 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.

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 ( <i>If all, write "ALL"</i> )

6.	(a) Are you, or during the past 14 months have you been, unable to work because of illnesses, injuries or conditions?	<input type="checkbox"/> Yes <i>(If "Yes," answer (b).)</i>	<input type="checkbox"/> No <i>(If "No," go on to item <span style="border: 1px solid black; padding: 0 2px;">7.</span>)</i>
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(b) Enter the date you became unable to work.	MONTH, DAY, YEAR
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7.	Did you work in the railroad industry for 5 years or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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8.	(a) Do you have Social Security credits (for example, based on work or residence) under another country's Social Security system?	<input type="checkbox"/> Yes <i>(If "Yes," answer (b).)</i>	<input type="checkbox"/> No <i>(If "No," go on to item <span style="border: 1px solid black; padding: 0 2px;">9.</span>)</i>
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(b) If "Yes," list the country(ies).	
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9.	Is there a surviving parent (or parents) of the deceased who was receiving support from the deceased at the time of death or at the time the deceased became disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(If "Yes," enter the name and address of the parent(s) in "Remarks" on page 5.)</i>
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**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 City and State)
Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in "Remarks")	Spouse's date of birth (or age)	Date of death

(b) If you remarried after the marriage shown in 10(a) enter information about the last marriage.  
 (If none, write "NONE".)

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 City and State)
Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> 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 or unknown, so indicate) \_\_\_\_\_

(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 (Month, Day, Year)	Where (Name of City and State)
How Marriage Ended	When (Month, Day, Year)	Where (Name of City and State)
Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> 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 or unknown, so indicate)		

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 after his or her marriage to you, enter the information on the last marriage.  
 (If none, write "NONE".)

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 City and State)
Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> 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 or unknown, so indicate)		

(b) Enter information about any other marriage the deceased may have had that lasted at least 10 years (see item 11. (c) for counting consecutive multiple marriages to the same individual) or ended due to death of the spouse (whether before or after you married the deceased). Do not include the marriage to you.  
 (If none, write "NONE".)

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 City and State)
Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in "Remarks")	Spouse's date of birth (or age)	Date of death
Spouse's Social Security Number (If none or unknown, so indicate)		

USE "REMARKS" SPACE ON PAGE 5 FOR INFORMATION ABOUT ANY OTHER MARRIAGES

IF YOU ARE APPLYING FOR SURVIVING DIVORCED SPOUSE'S BENEFITS, SKIP ITEM 12 AND GO ON TO ITEM 13

12. (a) Were you and the deceased living together at the same address when the deceased died?

Yes  No  
 (If "Yes," skip to item 13 (If "No," answer (b).)

(b) If either you or the deceased were away from home (whether or not temporarily) when the deceased died, give the following:

Who was away?	<input type="checkbox"/> You <input type="checkbox"/> 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 ONLY IF THE DECEASED DIED BEFORE THIS YEAR. OTHERWISE, GO ON TO ITEM 14.

13. (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 did not earn more than \*\$ \_\_\_\_\_ in wages, and did not perform substantial services in self-employment. These months are exempt months. If no months were exempt months, place an "X" in "NONE". If all months were exempt months, place an "X" in "ALL."

<input type="checkbox"/> NONE		<input type="checkbox"/> ALL	
JAN	FEB	MAR	APR
MAY	JUN	JUL	AUG
SEPT	OCT	NOV	DEC

\*Enter the appropriate monthly limit after reading the instructions, "[How Your Earnings Affect Your Benefits](#)".

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 did not or will not earn more than \*\$ \_\_\_\_\_ in wages, and did not or will not perform substantial services in self-employment. These months are exempt months. If no months are or will be exempt months, place an "X" in "NONE". If all months are or will be exempt months, place an "X" in "ALL".

<input type="checkbox"/> NONE		<input type="checkbox"/> ALL	
JAN	FEB	MAR	APR
MAY	JUN	JUL	AUG
SEPT	OCT	NOV	DEC

\*Enter the appropriate monthly limit after reading the instructions, "[How Your Earnings Affect Your Benefits](#)".

ANSWER ITEM 16 ONLY IF YOU ARE NOW IN THE LAST 4 MONTHS OF YOUR TAXABLE YEAR (SEPT., OCT., NOV., AND DEC., IF YOUR TAXABLE YEAR IS A CALENDAR YEAR). OTHERWISE, GO ON TO ITEM 16.

15. (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 not expect to earn more than \*\$ \_\_\_\_\_ in wages, and do not expect to perform substantial services in self-employment. These months will be exempt months. If no months are expected to be exempt months, place an "X" in "NONE". If all months are expected to be exempt months, place an "X" in "ALL".

<input type="checkbox"/> NONE		<input type="checkbox"/> ALL	
JAN	FEB	MAR	APR
MAY	JUN	JUL	AUG
SEPT	OCT	NOV	DEC

\*Enter the appropriate monthly limit after reading the instructions, "[How Your Earnings Affect Your Benefits](#)".

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 ends.

MONTH	

16. (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*).

Yes       No  
*(If "Yes," check the box in item (b) that applies.)*      *(If "No," go on, to item 17)*

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(b)  I receive a government pension or annuity.  
 I received a lump sum in place of a government pension or annuity.  
 I applied for and am awaiting a decision on my pension or lump sum.

I have not applied for but I expect to begin receiving my pension or annuity: (*If the date is not known, enter "Unknown."*)

Month	Year

17. Check if applicable:

I am not submitting evidence of the deceased's earnings that are not yet on his/her earnings record. I understand that these earnings will be included automatically within 24 months, and any increase in my benefits will be paid with full retroactivity.





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## CHANGES TO BE REPORTED AND HOW TO REPORT

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

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- 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.

- Work Changes - On your application you told us you expect total earnings for \_\_\_\_\_ to be \$ \_\_\_\_\_.

You  (are)  (are not) earning wages of more than \$ \_\_\_\_\_ a month.

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](http://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](http://www.socialsecurity.gov).

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