

Advance Designation Screenshot iClaim – ApPages

RIB, DIB, 1st party, eligible to enter Advance Designation

✔ Identification ✔ General ✔ Other Benefits ✔ Remarks & Options ✔ Review & Sign

If You Need Help Managing Your Benefits in the Future

What is Advance Designation?

If you qualify for benefits, you will be responsible for managing or directing the management of those benefits. In the event SSA later determines that you have become unable to do so yourself, we will appoint a third party as a Representative Payee to receive and manage the benefits on your behalf. You have the option to provide contact information for individuals you would like us to consider in the future if you need a Representative Payee. We refer to these three contacts as Advanced Designees. You may visit <https://www.ssa.gov/payee/> to learn more about Representative Payees.

What You Need to Know

- You can make updates or change the order of priority of your Advance Designees(s) at any time by:
 - signing in to your *my Social Security* account
 - calling us toll-free at 1-800-772-1213 (TTY 1-800-325-0778)
- If you qualify for benefits, we will notify you annually of your Advance Designee(s).

Privacy Act Statement
Collection and Use of Personal Information

Section 205(j) of the Social Security Act, as amended, allows us to collect this information, which we will use to maintain and update your advance designation of a representative payee. Providing this information is voluntary, but not providing all or part of the information may prevent us from selecting the representative payee(s) you designate to act on your behalf. As law permits, we may use and share the information you submit, including with other Federal, State, and local agencies, contractors, employers, and others, as outlined in the routine uses within System of Records Notice (SORN) 60-0089, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

Do you want to provide Advance Designees at this time?
 Yes No

i If you have provided Advance Designees(s) in the past, your information will not change.

Next Previous Save & Exit

RIB, DIB, 1st party, previously entered Advance Designation is no longer required



Social Security

The Official Website of the U.S. Social Security Administration

Apply for Benefits

✔ Identification ✔ General ✔ Other Benefits ✔ Remarks & Options ✔ Review & Sign

If You Need Help Managing Your Benefits in the Future

What is Advance Designation?

If you qualify for benefits, you will be responsible for managing or directing the management of those benefits. In the event SSA later determines that you have become unable to do so yourself, we will appoint a third party as a Representative Payee to receive and manage the benefits on your behalf. You have the option to provide contact information for individuals you would like us to consider in the future if you need a Representative Payee. We refer to these three contacts as Advanced Designees. You may visit <https://www.ssa.gov/payee/> to learn more about Representative Payees.

i We have removed your previous response to this section.

We no longer require any answers that you may have provided in your previous online session(s).

If you have any questions regarding the management of your benefits you can:

- sign in to your [my Social Security](#) account
- call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778)

Next Previous Save & Exit

In this section...

- ✔ Remarks & Options
- ✔ Managing Your Benefits

Overall Summary

Edit

Managing Your Benefits

Advance Designation

Provide Advance Designee at this time: **Yes**

Designee 1

Name: **First Person**

Primary Telephone Number: **123123123123452**

Relationship: **Child**

Designee 2

Name: **Second Person IV**

Primary Telephone Number: **(123) 555-1234**

Relationship: **Friend**

Designee 3

Name: **Third Person**

Primary Telephone Number: **(999) 555-6666**

Relationship: **Neighbor**

Electronic Signature Agreement

Congratulations, you're just about ready to complete your application for retirement benefits.

Please read and accept the following statement to finish the application. 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 to return any payments which are not due.

I understand and agree that by selecting the check box and clicking "Submit Now" below, I am electronically signing my application and the additional forms included in this online submission. 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.