RSDHI CLAIMS APPLICATION

```
Ln 0  |         1         2         3         4         5         6         7         7  | 8
No 1  |2345678901234567890123456789012345678901234567890123456789012345678901234567890123456789| 0
 1  C |MCS       TRANSFER TO: XXXX       RSDHI CLAIMS APPLICATION                APPL SC0 | 5
 2  0 |                                                                                  |
 3  L |NH NAME: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX                |
 4  U |  SSN: SSSSSSSSS            SEX: X       BIRTHDATE: 99999999                     |
 5  M |  PROOF (A/B/C/F/Q): X                   PROOF TYPE (P/H/N/O): X                 |
 6  N |  SELECT CLAIM TYPE(S): 9 9 9     1. RETIREMENT   4. AUXILIARY      7. AGE 72    |
 7  * |                                   2. DISABILITY   5. UNINS MED ONLY 8. ESRD      |
 8  O |ABBREVIATED APPLICATION: X        3. SURVIVOR     6. LUMP SUM                     |
 9  N |      FILING FOR SELF ONLY                                                        |
10  E |CLAIMANT (IF DIFFERENT)                                                           |
11    |  NAME: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX                 |
12  R |  SSN: 999999999            SEX: X       BIRTHDATE: 99999999                     |
13  E |  PROOF (A/B/C/F/Q): X                   PROOF TYPE (P/H/N/O): X                 |
14  S |  RELATIONSHIP TO NH: 9    1. SPOUSE           (SUBSEQUENT CLAIM: X)  1. RIB      |
15  E |                           2. SPOUSE WITH CHILD IN CARE               2. DIB      |
16  R |                           3. CHILD                                               |
17  V |APPLICANT (IF DIFFERENT)   4. DEPENDENT PARENT                                    |
18  E |  NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |
19  D |  SSN: 999999999   EIN: 999999999   WILL APPLICANT BE ENTERED IN RPS (Y/N): X      |
20    |SELECT TYPE OF CHANGE: 9   1. NH NAME            4. CLAIM TYPE                    |
21    |                           2. CL NAME            5. RELATIONSHIP TYPE             |
22    |                           3. APPLICANT NAME     6. SUBSEQUENT CLAIM INDICATOR    |
23    |***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************  |
24    |***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)************  |
```

SCREEN FR MSOM

CLAIM CONTACT METHOD DATA

```
Ln 0 |         1         2         3         4         5         6         7         7 | 8
No 1 |2345678901234567890123456789012345678901234567890123456789012345678901234567890123456789| 0
 1  C |MCS                          CLAIM CONTACT METHOD DATA                      CCMD SC9 | 5
 2  0 |NH: SSSSSSSSS SSSSS SSSSSSSSSS           CL: SSSSSSSSS SSSSS SSSSSSSSSS           |
 3  L |SELECT CONTACT METHOD FOR ESTABLISHING APPLICATION                                  |
 4  U |     *CLAIM TYPE: SSSSSS CONTACT METHOD 1: 99                                       |
 5  M |      CLAIM TYPE: SSSSSS CONTACT METHOD 2: 99                                       |
 6  N |      CLAIM TYPE: SSSSSS CONTACT METHOD 3: 99                                       |
 7  * | 1=TELEPHONE -CLAIM INITIATED OVER THE PHONE, USUALLY BY APPOINTMENT                |
 8  O | 2=VISIT -CLAIM INITIATED IN PERSON WITH THE CLAIMANT                               |
 9  N | 3=MAIL -RECEIVED PAPER APPLICATION IN THE MAIL AND LOADED IN MCS                   |
10  E | 4=INTERNET -CLAIM STARTED AND COMPLETED ON THE INTERNET                            |
11    | 5=ICT -CLAIM ORIGINATED THROUGH 800 NUMBER CALL AND REFERRED TO ICT UNIT           |
12  R | 6=OTHER -NO OTHER CM VALUE IS CURRENTLY APPROPRIATE.                               |
13  E |                                                                                    |
14  S |                                                                                    |
15  E |UNSATISFIED FELONY WARRANTS FOR YOUR ARREST? (Y/N) A                                |
16  R |UNSATISFIED FEDERAL/STATE WARRANTS FOR VIOLATION OF PROBATION/PAROLE? (Y/N): A      |
17  V |DO YOU WANT TO CHECK THE STATUS OF YOUR CLAIM USING THE INTERNET? (Y/N): A          |
18  E |IF AWARDED, DO YOU WANT A PASSWORD TO USE SSA INTERNET/PHONE SERVICE? (Y/N): A      |
19  D |                                                                                    |
20    |SELECT MAILING METHOD (BLIND NOTICE INFORMATION) TYPE: 9                            |
21    |1=CERTIFIED MAIL   2=TELEPHONE CONTACT    3=REGUALR MAIL.                           |
22    |PF1 FOR HELP                                                TRANSFER TO: XXXX       |
23    |***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************    |
24    |***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)************    |
```

SCREEN FR MSOM

IDENTIFICATION

```
Ln 0         1         2         3         4         5         6         7         8
No 1 2345678901234567890123456789012345678901234567890123456789012345678901234567890
 1  C MCS                                IDENTIFICATION                        IDEN SC0 8
 2  0    NH SSSSSSSSS   SSSSS SSSSSSSSSS            CL SSSSSSSSS   SSSSS SSSSSSSSSS
 3  L LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): X
 4  U BIRTH CITY: XXXXXXXXXXXXXXX        BIRTH STATE: XX        BIRTH COUNTRY: XX
 5  M RECORD OF BIRTH BEFORE AGE 5          PUBLIC (Y/N): X     RELIGIOUS (Y/N): X
 6  N OTHER NAMES USED: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
 7  *                   XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
 8  O                   XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
 9  N                   XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
10  E                   XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
11    EVER MARRIED (Y/N): P   CURRENTLY MARRIED (Y/N): X
12  R *CHILD UNDER 18, STUDENT 18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22 (Y/N): X
13  E  WORK OR EARNINGS IN SSSS  SSSS  SSSS  SSSS    (Y/N): X
14  S
15  E DISABLED IN LAST 14 MONTHS (Y/N): X     ONSET DATE: 99999999
16  R     IF YES, APPLYING FOR DISABILITY ON THIS ACCOUNT (Y/N): X
17  V *SELECT FILED OR INTEND TO FILE FOR SSI: 9
18  E   1=YES
19  D   2=NOT DISABLED, BLIND OR WITHIN W MONTHS OF AGE 65 OR OLDER
20    3=DOES NOT WISH TO FILE.
21
22                                                        TRANSFER TO: XXXX
23    **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************
24    **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********
```

SCREEN FR MSOM

MCS

IDENTIFICATION SCREEN 2

```
Ln  0         1         2         3         4         5         6         7         7  8
No  1234567890123456789012345678901234567890123456789012345678901234567890123456789  0
 1  C MCS                              IDENTIFICATION                          IDN2 SC1  1
 2  0 NH SSSSSSSSS   SSSSS SSSSSSSSSS            CL SSSSSSSSS   SSSSS SSSSSSSSSS
 3  L
 4  U PRIOR APPLICATION FOR RSDI (Y/N): X    FOR SSI (Y/N): X FOR MEDICARE (Y/N): X
 5  M CROSS REFERENCE SSN: 9999999999    STAT: XX   SSN: 999999999   STAT: XX
 6  N [~NH NAME IN PRIOR APPLICATION
 7  * [     FIRST NAME  MI LAST NAME             SSN
 8  O |     XXXXXXXXXX  X  XXXXXXXXXXXXXXXXXXX  XXXXXXXXX
 9  N |     XXXXXXXXXX  X  XXXXXXXXXXXXXXXXXXX  XXXXXXXXX
10  E MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999
11
12  R
13  E
14  S
15  E
16  R
17  V
18  E
19  D
20
21
22                                                      TRANSFER TO: XXXX
23    ***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************
24    ***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)************
```

SCREEN FR MSOM

ADDITIONAL BENEFITS

```
Ln  0  |         1         2         3         4         5         6         7         7  | 8
No  1  | 2345678901234567890123456789012345678901234567890123456789012345678901234567890 | 0
 1  C  | MCS      TRANSFER TO:              ADDITIONAL BENEFITS                    ADDB SC1 | 0
 2  0  |     NH SSSSSSSSS    SSSSS    SSSSSSSS      CL SSSSSSSSS    SSSSS   SSSSSSSS     |
 3  L  | ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939 (Y/N): N        |
 4  U  | WORKED IN RR FOR 5 YEARS OR MORE (Y/N): N          SPOUSE (Y/N): N               |
 5  M  | RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): N  SPOUSE (Y/N): N                |
 6  N  | COVERED UNDER FOREIGN SSA (Y/N): N   COUNTRY:                IF COVERED,         |
 7  *  | FILING FOR FOREIGN SSA (Y/N):    REQ FOREIGN QC'S FOR U.S. FILING (Y/N):         |
 8  O  |   SPOUSE COVERED UNDER SSA OF OTHER COUNTRY (Y/N):       COUNTRY:                |
 9  N  | CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): N     SPOUSE (Y/N): N       |
10  E  | JAPANESE INTERNEE (Y/N): N   VOW OF POVERTY (Y/N): N                             |
11     |                                                                                  |
12  R  | QUALITY FOR US FED/STATE/LOCAL GOVT PENSION BASED ON OWN WORK (Y/N): X           |
13  E  |                                                                                  |
14  S  | CURRENTLY ENTITLED TO A PENSION NOT COVERED UNDER SSA (Y/N): X                   |
15  E  | IF NO, DO YOU EXPECT TO BE ENTITLED TO A PENSION NOT COVERED UNDER SSA           |
16  R  | IN THE FUTURE (Y/N): X  IF YES, SHOW FUTURE ENTITLEMENT DATE (MMYY): 9999        |
17  V  |                                                                                  |
18  E  | FILING FOR MEDICARE ONLY, RESTRICTING MONTHLY BENEFITS (Y/N): N                  |
19  D  | WILL MEDICARE APPLY: 2   1. YES  2. NO  3. ALREADY ENROLLED ON ANOTHER SSN       |
20     |                                                                                  |
21     | IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT                         |
22     |    FILING FOR BENEFITS ON OWN RECORD (Y/N):                                      |
23     | ***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************  |
24     | ***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********  |
```

NH IDENTIFICATION

```
Ln 0 |         1         2         3         4         5         6         7         8
No 1 |2345678901234567890123456789012345678901234567890123456789012345678901234567890
 1 C |MCS                                NH IDENTIFICATION                    NHID SC0 6
 2 0 |   NH SSSSSSSSS   SSSSS SSSSSSSSSS            CL SSSSSSSSS   SSSSS SSSSSSSSSS
 3 L |
 4 U |EVER MARRIED (Y/N): X
 5 M |CHILD UNDER 18, STUDENT 18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22 (Y/N): X
 6 N |NH DEP PARENTS (Y/N): X
 7 * |
 8 O |WORK LAST YEAR OR THIS YEAR (Y/N): X
 9 N |PRIOR APPLICATION FOR RSDI (Y/N): X  FOR SSI (Y/N): X FOR MEDICARE (Y/N): X
10 E |CROSS REFERENCE    SSN: 999999999    STAT: XX    SSN: 999999999    STAT: XX
11   |NH NAME IN PRIOR APPLICATION: XXXXXXXXXX X XXXXXXXXXXXXXXXXXX SSN: 999999999
12 R |NH NAME IN PRIOR APPLICATION: XXXXXXXXXX X XXXXXXXXXXXXXXXXXX SSN: 999999999
13 E |
14 S |MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999
15 E |OTHER NAMES: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
16 R |             XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
17 V |             XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
18 E |             XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
19 D |             XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXX
20   |
21   |
22   |                                                          TRANSFER TO: XXXX
23   |***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************
24   |***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)************
```

SCREEN FR MSOM

MCS

INFORMATION ABOUT THE DECEASED

```
Ln 0  |        1         2         3         4         5         6         7         7 | 8
No 1  |2345678901234567890123456789012345678901234567890123456789012345678901234567890| 0
 1  C |MCS     TRANSFER TO: XXXX   INFORMATION ABOUT THE DECEASED           DECD SC0  | 7
 2  0 |      NH SSSSSSSSS    SSSSS SSSSSSSSSS   CL SSSSSSSSS    SSSSS   SSSSSSSSSS   |
 3  L |                                                                               |
 4  U | DATE OF DEATH: 999999999    PROOF (P/N): X      TYPE OF PROOF (P/O): X        |
 5  M | DOMICILE AT DEATH: XXXXXXXXXXXXXXX                                            |
 6  N | PLACE OF DEATH (CITY/STATE): XXXXXXXXXXXXXXX                                  |
 7  * |                                                                               |
 8  O | DISABLED AT TIME OF DEATH (Y/N): X          DISABILITY BEGAN: 999999          |
 9  N | WAS CLAIMANT ELIGIBLE AS WIDOW(ER) PRIOR TO 1985 ON ANY SSN (Y/N): X          |
10  E | SURVIVING SPOUSE (Y/N): X                                                     |
11    |    NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXX                                     |
12  R |    ADDRESS: XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX                       |
13  E |             XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX                       |
14  S | SPOUSE LIVING WITH DECEASED AT TIME OF DEATH (Y/N): X                         |
15  E |    AWAY FROM HOME: 9       1. DECESED        DATE LAST HOME: 999999         |
16  R |                            2. SPOUSE                                          |
17  V |    REASON FOR SEPARATION AT DEATH: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        |
18  E |       IF DUE TO ILLNESS, NATURE OF ILLNESS: XXXXXXXXXXXXXXXXXXXXXXXXX        |
19  D |    REASON ABSENCE BEGAN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       |
20    | IS SPOUSE: 9    1. LIVING IN SAME HOUSEHOLD    2. ELIGIBLE OR ENTITLED TO BEN | S
21    |                 3. NOT ENTITLED TO LSDP                                       |
22    |                                                                               |
23    |***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************|
24    |***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)************|
```

SCREEN FR MSOM

NH ADDITIONAL BENEFITS

```
Ln  0  |         1         2         3         4         5         6         7         7  | 8
No  1  | 2345678901234567890123456789012345678901234567890123456789012345678901234567890 | 0
 1  C  | MCS      TRANSFER TO: XXXX          NH ADDITIONAL BENEFITS                NHAB SC3 | 2
 2  0  |     NH SSSSSSSSS    SSSSS SSSSSSSSSS       CL SSSSSSSSS    SSSSS SSSSSSSSSS      |
 3  L  |                                                                                   |
 4  U  |   ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939 (Y/N): X      |
 5  M  |   WORKED IN RR FOR 5 YEARS OR MORE (Y/N): X                                       |
 6  N  |   RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): X                                |
 7  *  |   COVERED UNDER FOREIGN SSA (Y/N): X    COUNTRY: XXXXXXXXXX  IF COVERED,          |
 8  O  |   FILING FOR FOREIGN SSA (Y/N): X  REQUIRES FOREIGN QC'S FOR US FILING (Y/N):   X |
 9  N  |   CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): X                          |
10  E  |   JAPANESE INTERNEE: (Y/N): X                    VOW OF POVERTY (Y/N): X          |
11     |                                                                                   |
12  R  |                                                                                   |
13  E  |                                                                                   |
14  S  |                                                                                   |
15  E  |                                                                                   |
16  R  |                                                                                   |
17  V  |                                                                                   |
18  E  |                                                                                   |
19  D  |                                                                                   |
20     |                                                                                   |
21     |                                                                                   |
22     |                                                                                   |
23     | ***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************  |
24     | ***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)************  |
```

NH MARRIAGE

```
Ln 0 |         1         2         3         4         5         6         7         7 | 8
No 1 |2345678901234567890123456789012345678901234567890123456789012345678901234567890| 0
 1  C |MCS                                  NH MARRIAGE                          NMAR SC4 | 3
 2  0 |NH: SSSSSSSSS  SSSSS SSSSSSSSSS  CL: SSSSSSSSS  SSSSS SSSSSSSSSS
 3  L |*SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXX  MI: X  *LAST NAME: XXXXXXXXXXXXXXXXXXX
 4  U |SPOUSE'S SSN: 9999999999
 5  M |SPOUSE'S BIRTHDATE (MMDDCCYY): 99999999      IF BIRTHDATE UNKNOWN, AGE: 999
 6  N |*MARRIAGE DATE (MMDDCCYY): 99999999    *PROOF (Y/N): A
 7  *  MARRIAGE CITY: XXXXXXXXXXXXXXX          MARRIAGE STATE/FOREIGN COUNTRY: XX
 8  O |SELECT MARRIAGE TYPE: 9  1=CLERGY/PUBLIC OFFICIAL
 9  N |                         2=COMMON LAW
10  E |                         3=OTHER CEREMONIAL
11    |                         4=DEEMED.
12  R |*MARRIAGE ENDED(Y/N): X MARRIAGE END DATE (MMDDCCYY): 99999999  PROOF (Y/N): A
13  E |MARRIAGE ENDED CITY: XXXXXXXXXXXXXXX  MARRIAGE ENDED STATE/FOREIGN COUNTRY: XX
14  S |SELECT REASON: 9  1=DEATH
15  E |                  2=DIVORCE
16  R |                  3=ANNULMENT OF VOIDABLE
17  V |                  4=PUTATIVE
18  E |                  5=VOID/VOIDED.
19  D |
20    |IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999
21    |*OTHER MARRIAGES: (Y/N): A                          DELETE SCREEN: (Y/N): A
22    |PAGE: 9                                              TRANSFER TO: XXXX
23    |***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************
24    |***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********  |
```

WORK HISTORY

```
Ln 0 |         1         2         3         4         5         6         7         7 | 8
No 1 |2345678901234567890123456789012345678901234567890123456789012345678901234567890| 0
 1  C |MCS      TRANSFER TO: XXX           WORK HISTORY                          WORK SC1 | 6
 2  0 |    NH SSSSSSSSS   SSSSS SSSSSSSSSS    CL SSSSSSSSS    SSSSS SSSSSSSSSS          |
 3  L |                                                                                 |
 4  U |EMPLOYED IN  SSSS SSSS SSSS SSSS (Y/N): X             MMYY          MMYY         |
 5  M |    EMPLOYER NAME & ADDRESS                        START DATE    END DATE N/E    |
 6  N | 1. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  |
 7  * |    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    9999          9999     X       |
 8  O | 2. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  |
 9  N |    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    9999          9999     X       |
10  E | 3. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  |
11     |    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    9999          9999     X       |
12  R |  AUTHORIZATION TO CONTACT EMPLOYERS (Y/N): X                                    |
13  E |  CORPORATE OFFICER (Y/N): X   RELATED TO CORPORATE OFFICER (Y/N): X             |
14  S |       CLOSE/FAMILY CORPORATION (Y/N): X                                         |
15  E | SELF-EMPLOYED IN  SSSS SSSS SSSS SSSS (Y/N): X                                  |
16  R | IF YES, SHOW: YEARS       TYPE OF BUSINESS                NET OVER $400(Y/N)    |
17  V |                  99      XXXXXXXXXXXXXXXXXXXXXXXXXX                 X          |
18  E |                  99      XXXXXXXXXXXXXXXXXXXXXXXXXX                 X          |
19  D |                  99      XXXXXXXXXXXXXXXXXXXXXXXXXX                 X          |
20     |                  99      XXXXXXXXXXXXXXXXXXXXXXXXXX                 X          |
21     |                                                                                 |
22     |MORE (Y/N): X              DELETE THIS PAGE (Y/N): X          PAGE: S            |
23     |***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************  |
24     |***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********  |
```

EARNINGS

```
Ln 0         1         2         3         4         5         6         7         7 8
No 1 2345678901234567890123456789012345678901234567890123456789012345678901234567890 0
 1  C MCS     TRANSFER TO:                  EARNINGS                                EARN
 2  0     NH  SSSSSSSSS    SSSSS SSSSSSSSSS      CL  SSSSSSSSS    SSSSS SSSSSSSSSS
 3  L
 4  U LIST ALL EARNINGS AND TYPES FOR 2001 2002 2003
 5  M TYPES ARE: 1=FICA WAGES  2=SEI  3=EMPLOYEE REPORTIED TIPS  4=RR LAG
 6  N PROOF CODES ARE: P=PROVEN R=READILY AVAILABLE N=NOT AVAILABLE D=DELETED LAG
 7  *                          YEAR TYPE   AMOUNT  PRF
 8  O                           99   9    99999.99  A
 9  N                           99   9    99999.99  A
10  E                           99   9    99999.99  A
11                              99   9    99999.99  A
12  R                           99   9    99999.99  A
13  E                           99   9    99999.99  A
14  S                           99   9    99999.99  A
15  E                           99   9    99999.99  A
16  R                           99   9    99999.99  A
17  V                           99   9    99999.99  A
18  E                           99   9    99999.99  A
19  D                           99   9    99999.99  A
20    DO YOU WISH US TO COMPUTE YOUR BENEFITS AND COMPLETE YOUR CLAIM WITHOUT USING
21    UNPOSTED RECENT EARNINGS (Y/N):
22
23    **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************
24    **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********
```

SCREEN FR MSOM

MCS

NH MILITARY SERVICE

```
Ln 0         1         2         3         4         5         6         7         7 8
No 1 2345678901234567890123456789012345678901234567890123456789012345678901234567890 0
 1  C MCS                              NH MILITARY SERVICE                      NHMS SC4 5
 2  0 NH: SSSSSSSSS SSSSS SSSSSSSSSS           CL: SSSSSSSSS SSSSS SSSSSSSSSS
 3  L FIRST NAME USED IN SERVICE: XXXXXXXXXX  MI: X LAST NAME: SSSSSSSSSSSSSSSSSS
 4  U SERVICE NO: XXXXXXXXX
 5  M *RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT (SELECT ONE): 9
 6  N                     1=CIVILIAN  2=MILITARY  3=BOTH  4=NONE.
 7  * [ A/R  BRANCH OF SERVICE  START   END     N/E  RANK             PROOF
 8  O | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX
 9  N | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX
10  E | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX
11    | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX
12  R | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX
13  E | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX
14  S | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX
15  E | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX
16  R | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX
17  V | X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX
18  E IS DEVELOPMENT OF VA SURVIVOR PENSION REQUIRED (Y/N): X
19  D [JAPANESE INTERNEE  START   END          PROOF     HOURLY WAGE
20    |                   999999  999999       X         99999999
21    |                   999999  999999       X         99999999
22    PF1 FOR HELP    MORE (Y/N): X             PAGE: 1            TRANSFER TO: XXXX
23    ***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************
24    ***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********
```

SCREEN FR MSOM

MCS

NH MILITARY RETIREMENT/FEDERAL BENEFIT

```
Ln 0         1         2         3         4         5         6         7         7 8
No 1 2345678901234567890123456789012345678901234567890123456789012345678901234567890 0
```

```
 1  C  MCS      TRANSFER TO: XXXX      NH MILITARY RETIREMENT/FEDERAL BENEFIT  NHMR SC4  6
 2  0      NH SSSSSSSSS   SSSSS   SSSSSSSSSS    CL SSSSSSSSS   SSSSS   SSSSSSSSSS
 3  L
 4  U    IF RETIRED FROM MILITARY, BASIS OF RETIREMENT: 9
 5  M     1. LENGTH OF SERVICE              3. RESERVE SERVICE PAYABLE AT AGE 60
 6  N     2. DISABILITY                     4. OTHER
 7  *        IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXX
 8  O  IF RETIRED AND SERVICE AFTER DEC 31, 1956, INDICATE BRANCH OF SERVICE PAYING
 9  N  BENEFIT: 9    1. ARMY                    5. COAST GUARD
10  E                2. NAVY                    6. PUBLIC HEALTH SERVICE
11                   3. AIR FORCE               7. COASTAL/GEODETIC SURVEY
12  R                4. MARINE CORPS            8. OTHER
13  E       IF OPTION 8 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXX
14  S     WAIVED ALL/PART OF RETIREMENT TO GET VA OR OTHER FED CREDIT (Y/N): X
15  E
16  R   IF ELIGIBLE FOR CIVILIAN FEDERAL AGENCY BENEFITS, INDICATE BENEFIT TYPE: 9
17  V       1. SERVICE  2. SURVIVOR  3. DISABILITY  4. OTHER
18  E       IF OPTION 4 CHOSEN, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXX
19  D     NAME OF FED AGENCY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
20        YEARS EMPLOYED: 99    DATE CLAIM FILED: 999999   CLAIM NO.: XXXXXXXXXXX
21        MOST RECENT AGENCY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
22         CITY: XXXXXXXXXXXX    STATE: XX    LAST WORKED: 999999
23  ***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************
24  ***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********
```

SCREEN FR MSOM

MCS

WORK DEDUCTIONS/ELECTION OPTION

```
Ln  0        1         2         3         4         5         6         7         7  8
No  1  2345678901234567890123456789012345678901234567890123456789012345678901234567890  0
 1  C  MCS        TRANSFER TO: XXXX  WORK DEDUCTIONS/ELECTION OPTION          DEME SC3  4
 2  0       NH SSSSSSSSS    SSSSS SSSSSSSSSS   CL  SSSSSSSSS   SSSSS SSSSSSSSSS
```

```
 3 L
 4 U   LIST TYPES, AMOUNTS, PRFS, AND NON-SERVICE MONTHS FOR SSSS SSSS SSSS
 5 M      TYPES ARE: 1=WAGES  2=SEI  3=WAGES AND SEI    PRF: P-PERM
 6 N   NON-SERVICE MONTHS PLACE AN X UNDER ALL, NONE, OR EACH MONTH THAT APPLIES
 7 *  YEAR TYPE  AMOUNT   ALL NONE  01 02 03 04 05 06 07 08 09 10 11 12  PRF FY END S
 8 O   SS   X   XXXXXXXXX  X    X    X  X  X  X  X  X  X  X  X  X  X  X    X    99
 9 N   SS   X   XXXXXXXXX  X    X    X  X  X  X  X  X  X  X  X  X  X  X    X    99
10 E   SS   X   XXXXXXXXX  X    X    X  X  X  X  X  X  X  X  X  X  X  X    X    99
11     IF OVER THE MAX OR NONCOVERED EARNINGS INVOLVED, CORRECT THE ABOVE AMOUNTS.
12 R   SPECIAL PAYMENTS INVOLVED (Y/N): X    IF YES, CORRECT ABOVE
13 E                          FOREIGN WORK SERVICE MONTHS
14 S              (YY)    ALL  01 02 03 04 05 06 07 08 09 10 11 12
15 E               99      X    X  X  X  X  X  X  X  X  X  X  X  X
16 R               99      X    X  X  X  X  X  X  X  X  X  X  X  X
17 V               99      X    X  X  X  X  X  X  X  X  X  X  X  X
18 E   ELECTION/ENTITLEMENT OPTION: X    DATE(MMYY): 9999
19 D       A. MOST ADVANTAGEOUS MONTH          B. EARLIEST MONTH WITHOUT REDUCTION
20         C. CLAIMANT'S CHOSEN MONTH          D. UNREDUCED CLAIMANT
21         E. NOT APPLICABLE (DIB AUX SPOUSE WHO MEETS CRITERIA)
22         F. OTHER: SPECIAL REASON SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
23    ***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************
24    ***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********
```

SCREEN FR MSOM

CLAIMANT MAILING ADDRESS

```
Ln  0  |         1         2         3         4         5         6         7         7  | 8
No  1  |2345678901234567890123456789012345678901234567890123456789012345678901234567890123456789| 0
 1  C  |MCS                            CLAIMANT MAILING ADDRESS                      CADR SC9  | 0
 2  0  |NH: SSSSSSSSS SSSSS SSSSSSSSSS           CL: SSSSSSSSS SSSSS SSSSSSSSSS               |
 3  L  |                                                                                      |
 4  U  |                                                                                      |
 5  M  |                                                                                      |
 6  N  |*ADDRESS 1: PPPPPPPPPPPPPPPPPPPPP          ADDRESS 2: PPPPPPPPPPPPPPPPPPPPP           |
 7  *  | ADDRESS 3: PPPPPPPPPPPPPPPPPPPPP          ADDRESS 4: PPPPPPPPPPPPPPPPPPPPP           |
 8  O  |*CITY: PPPPPPPPPPPPPPPPPPPPP                   STATE: PP          ZIP: PPPPP          |
 9  N  |STATE & COUNTY CODE: PPPPPP                    COUNTY: XXXXXXXXXXXXXXX                |
10  E  |                                                                                      |
11     |COUNTRY: PPPPPPPPPPPPPPPPPPPPP                        CONSULAR CODE: PPP              |
12  R  |FOREIGN POSTAL ZONE: PPPPPPPPPPPPPP                                                   |
13  E  |                                                                                      |
14  S  |BANK ACCOUNT (Y/N): X                      DIRECT EXPRESS (Y/N): X                    |
15  E  |                                                                                      |
16  R  |DIRECT DEPOSIT ROUTING TRANSIT NUMBER: 999999999        ACCOUNT TYPE (C/S): A         |
17  V  |DEPOSITOR ACCOUNT NUMBER: 99999999999999999                                           |
18  E  |                                                                                      |
19  D  |                                                                                      |
20     |DOMESTIC PHONE: PPPPPPPPPP                 FOREIGN PHONE: PPPPPPPPPPPPPP              |
21     |                                                                                      |
22     |                                                              TRANSFER TO: XXXX       |
23     |***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************       |
24     |***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********       |
```

SCREEN FR MSOM

MAILING ADDRESS

```
Ln 0         1         2         3         4         5         6         7         7 8
No 1 2345678901234567890123456789012345678901234567890123456789012345678901234567890 0
 1  C MCS                          APPLICANT MAILING ADDRESS                  ADDR SC0 9
 2  0 NH: SSSSSSSSS SSSSS SSSSSSSSSS          CL: SSSSSSSSS SSSSS SSSSSSSSSS
 3  L
 4  U APPLICANT NAME:
 5  M
 6  N *ADDRESS 1: PPPPPPPPPPPPPPPPPPPPP          ADDRESS 2: PPPPPPPPPPPPPPPPPPPPP
 7  *  ADDRESS 3: PPPPPPPPPPPPPPPPPPPPP          ADDRESS 4: PPPPPPPPPPPPPPPPPPPPP
 8  O *CITY: PPPPPPPPPPPPPPPPPPPPP                  STATE: PP          ZIP: PPPPP
 9  N STATE & COUNTY CODE: PPPPPP                  COUNTY: XXXXXXXXXXXXXXX
10  E
11    COUNTRY: PPPPPPPPPPPPPPPPPPPPP                    CONSULAR CODE: PPP
12  R FOREIGN POSTAL ZONE: PPPPPPPPPPPPPP
13  E
14  S ADDRESS EXPLANATION:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15  E XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
16  R XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
17  V
18  E
19  D
20    DOMESTIC PHONE: PPPPPPPPPP                FOREIGN PHONE: PPPPPPPPPPPPPP
21
22                                                          TRANSFER TO: XXXX
23    **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************
24    **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********
```

SCREEN FR MSOM

MCS

MISCELLANEOUS MEDICARE

```
Ln 0         1         2         3         4         5         6         7         7 8
No 1234567890123456789012345678901234567890123456789012345678901234567890123456789 0
 1 C MCS     TRANSFER TO: XXXX       MISCELLANEOUS MEDICARE                MEDI SC2 2
 2 0    NH SSSSSSSSSS   SSSSS  SSSSSSSSSS     CL SSSSSSSSS   SSSSS  SSSSSSSSSS
 3 L
 4 U  SPOUSE RECEIVING PENSION/ANNUITY FROM CIVIL SERVICE/OPM (Y/N): X
 5 M       IF YES, ENTER ANNUITY NUMBER: XXXXXXXXXX
 6 N       IF YES, SPOUSE ENROLLED IN SMI WITH SSA (Y/N): X
 7 *
 8 O  COMPLETE THE FOLLOWING QUESTIONS ONLY IF CLAIMANT OR SPOUSE EMPLOYED BY
 9 N   FEDERAL GOVERNMENT AFTER JUNE 1960:
10 E       COVERED UNDER A MEDICAL PLAN PROVIDED BY FEHBA OF 1959 (Y/N): X
11         IF NO, COMPLETE THE FOLLOWING:
12 R              WERE CLAIMANT AND SPOUSE BARRED FROM COVERAGE BECAUSE
13 E              EMPLOYMENT NOT LONG ENOUGH (Y/N): X
14 S       IF BARRED FROM COVERAGE, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15 E       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
16 R       IF NOT BARRED FROM COVERAGE, CLAIMANT OR SPOUSE EMPLOYED BY
17 V       FEDERAL GOVERNMENT AFTER FEBRUARY 15, 1965 (Y/N): X
18 E
19 D
20
21
22
23   ***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************
24   ***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)************
```

SCREEN FR MSOM

MCS

CL MILITARY SERVICE

```
Ln  0  |         1         2         3         4         5         6         7         7  | 8
No  1  |2345678901234567890123456789012345678901234567890123456789012345678901234567890123456789| 0
 1  C  |MCS                              CL MILITARY SERVICE                          CLMS SC2 | 3
 2  0  |NH: SSSSSSSSS SSSSS SSSSSSSSSS           CL: SSSSSSSSS SSSSS SSSSSSSSSS              |
 3  L  |FIRST NAME USED IN SERVICE: XXXXXXXXXX  MI: X LAST NAME: XXXXXXXXXXXXXXXXXX           |
 4  U  |SERVICE NO: XXXXXXXXX                                                                |
 5  M  |*RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT (SELECT ONE): 9           |
 6  N  |                    1=CIVILIAN  2=MILITARY  3=BOTH  4=NONE                           |
 7  *  |[ A/R  BRANCH OF SERVICE  START   END     N/E  RANK            PROOF                 |
 8  O  || X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX                   |
 9  N  || X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX                   |
10  E  || X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX                   |
11     || X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX                   |
12  R  || X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX                   |
13  E  || X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX                   |
14  S  || X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX                   |
15  E  || X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX                   |
16  R  || X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX                   |
17  V  || X    XXXXXXXXXXXXXXXXX  999999  999999  X    XXXXXXXXXXXXX  XXX                   |
18  E  |                                                                                     |
19  D  |[JAPANESE INTERNEE  START   END          PROOF     HOURLY WAGE                        |
20     ||                   999999  999999       X         99999999                          |
21     ||                   999999  999999       X         99999999                          |
22     |PF1 FOR HELP    MORE (Y/N): X             PAGE: 1          TRANSFER TO: XXXX        |
```

```
23 |  | ***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************
24 |  | ***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********
```

SCREEN FR MSOM

MCS

CL MILITARY RETIREMENT/FEDERAL BENEFIT

```
Ln | 0 |         1         2         3         4         5         6         7         8
No | 1 |2345678901234567890123456789012345678901234567890123456789012345678901234567890
 1 | C | MCS    TRANSFER TO: XXXX    CL MILITARY RETIREMENT/FEDERAL BENEFIT    CLMR SC2 6
 2 | 0 |     NH SSSSSSSSS   SSSSS   SSSSSSSSSS     CL SSSSSSSSS   SSSSS   SSSSSSSSSS
 3 | L |
 4 | U |  IF RETIRED FROM MILITARY, BASIS OF RETIREMENT: 9
 5 | M |   1. LENGTH OF SERVICE             3. RESERVE SERVICE PAYABLE AT AGE 60
 6 | N |   2. DISABILITY                    4. OTHER
 7 | * |      IF OPTION 4 CHOSEN, ESPLAIN: XXXXXXXXXXXXXXXXXXXXXXXX
 8 | O | IF RETIRED AND SERVICE AFTER DEC 31, 1956, INDICATE BRANCH OF SERVICE PAYING
 9 | N | BENEFIT: 9   1. ARMY                    5. COAST GUARD
10 | E |              2. NAVY                    6. PUBLIC HEALTH SERVICE
11 |   |              3. AIR FORCE               7. COASTAL/GEODETIC SURVEY
12 | R |              4. MARINE CORPS            8. OTHER
13 | E |      IF OPTION 8 CHOSEN, ESPLAIN: XXXXXXXXXXXXXXXXXXXXXXXX
14 | S |    WAIVED ALL/PART OF RETIREMENT TO GET VA OR OTHER FED CREDIT (Y/N): X
15 | E |
16 | R |  IF ELIGIBLE FOR CIVILIAN FEDERAL AGENCY BENEFITS, INDICATE BENEFIT TYPE: 9
17 | V |      1. SERVICE  2. SURVIVOR  3. DISABILITY  4. OTHER
18 | E |      IF OPTION 4 CHOSEN, ESPLAIN: XXXXXXXXXXXXXXXXXXXXXXXX
19 | D |    NAME OF FED AGENCY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
20 |   |    YEARS EMPLOYED: 99    DATE CLAIM FILED: 999999   CLAIM NO.: XXXXXXXXXXXX
21 |   |    MOST RECENT AGENCY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
22 |   |     CITY: XXXXXXXXXXXX    STATE: XX    LAST WORKED: 999999
23 |   | ***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************
24 |   | ***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********
```

MCS

RECORD OF CHANGE

```
Ln  0 |         1         2         3         4         5         6         7         7 | 8
No  1 |2345678901234567890123456789012345678901234567890123456789012345678901234567890| 0
 1  C | MCS     TRANSFER TO:            RECORD OF CHANGE                      CHNG SC3  | 8
 2  0 |    NH 999999999   SSSSS SSSSSSSSSS       CL 999999999   SSSSS SSSSSSSSSS      |
 3  L |                                                                               |
 4  U |        ELEMENT CHANGED      OLD DATA                          DATE     NAME  PO | S
 5  M |                                                                               |
 6  N | SSSSSSSSSSSSSSSSSSSSSSSS   SSSSSSSSSSSSSSSSSSSSSSSSSSSS  SSSSSS  SSSSSSSS S | S
 7  *  WHY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | X
 8  O |                                                                               |
 9  N | SSSSSSSSSSSSSSSSSSSSSSSS   SSSSSSSSSSSSSSSSSSSSSSSSSSSS  SSSSSS  SSSSSSSS S | S
10  E  WHY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | X
11  |                                                                               |
12  R | SSSSSSSSSSSSSSSSSSSSSSSS   SSSSSSSSSSSSSSSSSSSSSSSSSSSS  SSSSSS  SSSSSSSS S | S
13  E  WHY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | X
14  S |                                                                               |
15  E | SSSSSSSSSSSSSSSSSSSSSSSS   SSSSSSSSSSSSSSSSSSSSSSSSSSSS  SSSSSS  SSSSSSSS S | S
16  R  WHY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | X
17  V |                                                                               |
18  E | SSSSSSSSSSSSSSSSSSSSSSSS   SSSSSSSSSSSSSSSSSSSSSSSSSSSS  SSSSSS  SSSSSSSS S | S
19  D  WHY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | X
20  |                                                                               |
21  |  MORE (Y//N): Y                                          PAGE 01              |
22  |                                                                               |
23  |  ***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************  |
24  |  ***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********  |
```

SCREEN FR MSOM

REMARKS SCREEN

```
Ln  0 |         1         2         3         4         5         6         7         7 | 8
No  1 |2345678901234567890123456789012345678901234567890123456789012345678901234567890| 0
 1  C |MCS        TRANSFER TO: XXXX        REMARKS SCREEN                      RMKS SC4 | 2
 2  0 |   NH SSSSSSSSS    SSSSS SSSSSSSSSS   CL SSSSSSSSS    SSSSS SSSSSSSSSS          |
 3  L |                                                                               |
 4  U |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
 5  M |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
 6  N |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
 7  * |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
 8  O |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
 9  N |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
10  E |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
11    |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
12  R |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
13  E |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
14  S |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
15  E |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
16  R |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
17  V |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
18  E |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
19  D |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
20    |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
21    |XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX|
22    | MORE (Y/N): S             GO TO RPS (Y/N): N                        PAGE SS |
23    |***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************|
24    |***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********|
```

CASE RECORD OF CHANGE

```
Ln  0  |         1         2         3         4         5         6         7         7  | 8
No  1  |2345678901234567890123456789012345678901234567890123456789012345678901234567890123456789| 0
 1  C  |MCS      TRANSFER TO: XXXX      CASE RECORD OF CHANGE                      CROC SC3  | 9
 2  0  |    NH SSSSSSSSS    SSSSS SSSSSSSSSS     CL SSSSSSSSS    SSSSS SSSSSSSSSS          |
 3  L  |                                                                                     |
 4  U  |         ELEMENT CHANGED      OLD DATA                          DATE     NAME   PO  | S
 5  M  |                                                                                     |
 6  N  |SSSSSS SSSSSSSSSSSSSSSSSS  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SSSSSS  SSSSSS S  S   | S
 7  *  |APPLICANT WHO ALLEGED DATA: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS                          |
 8  O  |                                                                                     |
 9  N  |SSSSSS SSSSSSSSSSSSSSSSSS  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SSSSSS  SSSSSS S  S   | S
10  E  |APPLICANT WHO ALLEGED DATA: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS                          |
11     |                                                                                     |
12  R  |SSSSSS SSSSSSSSSSSSSSSSSS  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SSSSSS  SSSSSS S  S   | S
13  E  |APPLICANT WHO ALLEGED DATA: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS                          |
14  S  |                                                                                     |
15  E  |SSSSSS SSSSSSSSSSSSSSSSSS  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SSSSSS  SSSSSS S  S   | S
16  R  |APPLICANT WHO ALLEGED DATA: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS                          |
17  V  |                                                                                     |
18  E  |SSSSSS SSSSSSSSSSSSSSSSSS  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS SSSSSS  SSSSSS S  S   | S
19  D  |APPLICANT WHO ALLEGED DATA: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS                          |
20     |                                                                                     |
21     |                                                                                     |
22     |MORE (Y/N): S                                                          PAGE S    |
23     |***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************    |
24     |***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)************    |
```

MCS

NUMIDENT/DEATH ALERT

```
Ln  0  |         1         2         3         4         5         6         7         7  | 8
No  1  | 2345678901234567890123456789012345678901234567890123456789012345678901234567890 | 0
 1  C  | MCS                              NUMIDENT/DEATH ALERT                    ERFA SC6 | 1
 2  0  |  NH SSSSSSSSSS S SSSSSSSSSSSSSSSSSS   CL SSSSSSSSSS S SSSSSSSSSSSSSSSSSS       |
 3  L  |                                                                                  |
 4  U  | DATA ENTERED FOR NH                       NUMIDENT DATA                          |
 5  M  | SSN: SSSSSSSSS                                                                   |
 6  N  | NAME: SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  NAME: SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  S |
 7  *  | DATE OF BIRTH: SSSSSS                     DATE OF BIRTH: SSSSSS                  |
 8  O  | SEX: S                                    SEX: S                                 |
 9  N  |                                           DATE OF DEATH: SSSSSS                  |
10  E  |                                                                                  |
11     |                                                                                  |
12  R  | DATA ENTERED FOR CL                       NUMIDENT DATA                          |
13  E  | SSN: SSSSSSSSS                                                                   |
14  S  | NAME: SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  NAME: SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  S |
15  E  | DATE OF BIRTH: SSSSSS                     DATE OF BIRTH: SSSSSS                  |
16  R  | SEX: S                                    SEX: S                                 |
17  V  |                                           DATE OF DEATH: SSSSSS                  |
18  E  |                                                                                  |
19  D  |                                                                                  |
20     |                                                                                  |
21     |                                                                                  |
22     |                                                                                  |
23     | ***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************  |
24     | ***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********  |
```

SCREEN FR MSOM