

APPLICATION FOR CHILD'S INSURANCE BENEFITS

(Do not write in this space)

I apply on behalf of the child or children listed in item 3 below for all insurance benefits for which they may be eligible under title II (Federal Old-Age, Survivors and Disability Insurance) of the Social Security Act, as presently amended. (If you are applying on your own behalf, answer the questions on this form with respect to yourself.)

If you are applying for benefits based on the earnings record of a Deceased Worker, 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).

LIFE CLAIM DEATH CLAIM

1.	(a) PRINT name of Wage Earner or Self-Employed person (herein referred to as the "Worker"). _____ →	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(b) PRINT Worker's Social Security number. _____ →	
2.	(a) PRINT your name (unless you are the Worker). _____ →	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(b) PRINT your Social Security number. _____ →	

PART I—INFORMATION ABOUT THE WORKER'S CHILDREN

3. The Worker's children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) may be eligible for benefits based on the earnings record of the Worker. For a living Worker, the information below applies to this month or to any of the past 12 months. For a deceased Worker, the information below applies to the date of death or for any period since the Worker's death. Also list any student who is between the ages of 18 and 23 if the student was both: 1) previously entitled to Social Security benefits on any Social Security record for August 1981, and 2) was also in full-time attendance at a post-secondary school for May 1982.

LIST BELOW ALL SUCH CHILDREN (IN ORDER OF BIRTH BEGINNING WITH THE OLDEST) who are now, or who were at the appropriate time (above), UNMARRIED and:	Check (✓) Sex of Child		Date of Birth (Mo., day, yr.)	Check (✓) if Child 17 or Older is:		Check (✓) the Column That Shows Child's Relationship to Worker						CHILD'S SOCIAL SECURITY NUMBER
	M	F		Student	Disabled	Legitimate	Adopted	Stepchild	Dependent Grandchild	Other		
• UNDER AGE 18												
• AGE 18 TO 19 (OR TO AGE 23 FOR MONTHS PRIOR TO AUGUST 1982) AND ATTENDING SECONDARY SCHOOL												
• DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22)												
FULL NAME OF CHILD												
If you do not wish to be payee for any child or dependent grandchild named above, list the child's name and address in "Remarks" on page 5. You may apply for a child even though you do not wish to be payee for the child's benefits.												

4.	If any children in item 3 are stepchildren of the Worker, enter the date the Worker married the natural parent. _____ →	MONTH, DAY, YEAR
5.	(a) Is there a legal representative (guardian, conservator, curator, etc.) for any of the children in item 3? _____ →	<input type="checkbox"/> Yes (If "Yes," complete (b) and (c).) <input type="checkbox"/> No (If "No," go on to item 6.)

(b) Write the following information about the legal representative(s):

NAME (First name, middle initial, last name)

TELEPHONE NUMBER (INCLUDE AREA CODE)

ADDRESS

(c) Briefly explain the circumstances which led the court to appoint a legal representative.

6. Are you the natural or adoptive parent of the person(s) for whom you are filing? Yes No

7. Have any children in item 3 ever been adopted by someone other than the Worker? (If "Yes," enter the following information): Yes No

Name of Child

Date of Adoption

Name of Person Adopting

8. Are all the children in item 3 now living in the same household with you? (If "No," enter the following information about each child not living with you. If uncertain as to the whereabouts of any of these children, explain in "Remarks".) Yes No

Name of Child Not Living With You

Person With Whom Child Now Lives

Name and Address

Relationship to Child

9. Has any child in item 3 ever been married? (If "Yes," enter the information requested below.) Yes No

Name of Child

Date of Marriage (Month, day, year)

How Marriage Ended (If still married, write "not ended")

Date Marriage Ended (Month, day, year)

10. Has anyone ever before filed an application with the Social Security Administration for monthly benefits on behalf of any child in item 3? (If "Yes," enter below the name(s) of the child(ren) and the name(s) and Social Security number(s) of the person(s) on whose earnings record any other claim was based.) Yes No

Name of Child

Name of Worker

Social Security Number of Worker

If you are applying ONLY for a child age 18 or over who is disabled, omit items 11 through 14. In all other cases, answer items 11 through 14.

EARNINGS INFORMATION FOR LAST YEAR (Do not complete if the Worker died this year)

11. (a) Did any child in item 3 earn more than the exempt amount last year? (If "Yes," answer (b). If "No," go on to item 12.) Yes No

(b) NAME OF CHILD WHO EARNED OVER THE EXEMPT AMOUNT LAST YEAR	TOTAL EARNINGS OF CHILD	LIST EACH MONTH THAT CHILD DID NOT EARN MORE THAN \$ _____ IN WAGES AND DID NOT PERFORM SUBSTANTIAL SERVICES IN SELF-EMPLOYMENT
	\$	
	\$	
	\$	

EARNINGS INFORMATION FOR THIS YEAR

12. (a) Do you expect the total earnings of any child in item 3 to be more than the exempt amount this year? (Count all earnings beginning with the first of this year and all anticipated earnings through the end of this year.) (If "Yes," answer (b). If "No," go on to item 13.) Yes No

(b) NAME OF CHILD WHO EXPECTS TO EARN OVER THE EXEMPT AMOUNT THIS YEAR	EXPECTED EARNINGS OF CHILD	LIST EACH MONTH (INCLUDING THE PRESENT MONTH) THAT CHILD DID NOT OR WILL NOT EARN MORE THAN \$ _____ IN WAGES AND DID NOT OR WILL NOT PERFORM SUBSTANTIAL SERVICES IN SELF-EMPLOYMENT
	\$	
	\$	
	\$	

Complete item 13 ONLY if any child is now in the last 4 months of the child's taxable year (Sept., Oct., Nov., and Dec., if the taxable year is a calendar year).

EARNINGS INFORMATION FOR NEXT YEAR

13. (a) Do you expect the total earnings of any child in item 3 to be more than the exempt amount next year? (If "Yes," answer (b). If "No," go on to item 14.) Yes No

(b) NAME OF CHILD WHO EXPECTS TO EARN OVER THE EXEMPT AMOUNT NEXT YEAR	EXPECTED EARNINGS OF CHILD	LIST EACH MONTH THAT CHILD WILL NOT EARN MORE THAN \$ _____ IN WAGES AND WILL NOT PERFORM SUBSTANTIAL SERVICES IN SELF-EMPLOYMENT
	\$	
	\$	
	\$	

14. If any of the children for whom you are filing uses a fiscal year (one that does not end on December 31), print here the name of the child and the month the fiscal year ends. NAME OF CHILD AND MONTH FISCAL YEAR ENDS

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Complete items 15 and 16 ONLY if the Worker is living. Otherwise, go on to item 17.

15. If any children in item 3 are children adopted by the Worker, print below the name of each such child and the date of adoption by the Worker.

NAME OF ADOPTED CHILD	DATE OF ADOPTION

16. Have all of the children in item 3 lived with the Worker during each of the last 13 months (counting the present month)? Yes No
(If "No," enter the information requested below.)

NAME OF CHILD WHO DID NOT LIVE WITH THE WORKER IN EACH OF THE LAST 13 MONTHS	LIST EACH MONTH IN WHICH THIS CHILD DID NOT LIVE WITH THE WORKER	PERSON WITH WHOM CHILD LIVED	
		NAME AND ADDRESS	RELATIONSHIP TO CHILD

PART II-INFORMATION ABOUT THE DECEASED. Complete items 17 through 28 ONLY if the Worker is deceased. Otherwise, go on to PART III, item 29 and 30.

17. (a) Print date of birth of Worker _____ MONTH, DAY, YEAR
 (b) Print Worker's name at birth if different from item 1 (a) _____
 (c) Check (✓) one for the Worker Male Female

18. (a) Print date of death _____ MONTH, DAY, YEAR
 (b) Print place of death _____ CITY AND STATE

19. Print the name of the state or foreign country where the Worker had a fixed, permanent home at the time of death. _____ STATE OR FOREIGN COUNTRY

20. Did the Worker work in the railroad industry for 7 years or more? Yes No

21. (a) Was the Worker in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968? Yes (If "Yes," answer (b) and (c).) No (If "No," go on to item 22.)
 (b) Enter dates of service _____ FROM (month-year) TO (month-year)
 (c) Has anyone (including the Worker) received, or does anyone expect to receive, a benefit from any other Federal agency? Yes No

22. (a) Did the worker have social security credits (for example, based on work or residence) under another country's social security system? Yes (If "Yes," answer (b).) No (If "No," go on to item 23.)
 (b) List the country(ies). _____

23. (c.) Did the worker have wages or self-employment income covered under Social Security in all years from 1978 through last year? Yes (If "Yes," skip to item 24.) No (If "No," answer (b).)
 (b.) List the years from 1978 through last year in which the worker did not have wages or self-employment income covered under Social Security. _____

Answer item 24 ONLY if death occurred within the last 2 years.

24. (a) About how much did the Worker earn from employment and self-employment during the year of death? _____ AMOUNT \$
 (b) About how much did the Worker earn the year before death? _____ AMOUNT \$

An ANNUAL REPORT of earnings must be filed with the Social Security Administration within 3 months and 15 days after the end of any taxable year in which any child earns more than the yearly limit and receives some benefits in that year.

I AGREE TO FILE AN ANNUAL REPORT OF EARNINGS. THE ANNUAL REPORT IS REQUIRED BY LAW AND FAILURE TO REPORT MAY RESULT IN A MONETARY PENALTY.

BENEFITS MAY END if any of the following events occur. However, there are certain exceptions which are explained in the informational booklet which you will receive. You must report each of these events even if you believe an exception applies. We will advise you whether additional evidence is needed and how the benefits may be affected.

I AGREE TO PROMPTLY NOTIFY the Social Security Administration if any of the following events occur and to PROMPTLY RETURN ANY BENEFIT CHECK I receive to which a child is not entitled if:

- Any child MARRIES, is DIVORCED, or has a marriage ANNULMENT.
- A student, age 18 or over, STOPS ATTENDING SCHOOL, REDUCES SCHOOL ATTENDANCE BELOW FULL-TIME, CHANGES SCHOOLS, OR IS PAID BY AN EMPLOYER TO ATTEND SCHOOL.
- A disabled child, age 18 or over, GOES TO WORK, or the child's DISABLING CONDITION IMPROVES.
- Any child is INCARCERATED FOR CONVICTION OF A FELONY.
- I no longer have responsibility for the care and welfare of any child for whom I am filing.
- Any child for whom I am filing or who is in my care dies, leaves my care or custody, or changes address.

I UNDERSTAND that all payments made to me on behalf of a child must be spent for the child's present needs or (if not presently needed) saved for the child's future needs, and I AGREE to use the benefits that way. I will be held personally liable for repayment of benefits I receive if I misuse the payment or if I am found at fault with respect to an overpayment of such benefits.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION AS SOON AS I BELIEVE I WILL NO LONGER BE ABLE TO, OR WISH TO, ACT AS A REPRESENTATIVE PAYEE. (SUCH ADVANCE NOTIFICATION WILL ASSIST IN THE DEVELOPMENT OF AN ALTERNATE PAYEE AND WILL AVOID UNNECESSARY SUSPENSION OF PAYMENTS).

I ALSO AGREE TO FILE AN ACCOUNTING REPORT OF THE USE MADE OF THE PAYMENTS WHEN REQUESTED BY THE SOCIAL SECURITY ADMINISTRATION.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

SIGNATURE OF APPLICANT			DATE (Month, day, year)		
SIGNATURE (First name, middle initial, last name) (Write in ink)			TELEPHONE NUMBER(S) AT WHICH YOU MAY BE CONTACTED DURING THE DAY (INCLUDE AREA CODE)		
SIGN HERE			(AREA CODE)		
FOR OFFICIAL USE ONLY	Direct Deposit Payment Address (<i>Financial Institution</i>)				
	Routing Transit Number	C/S	Depositor Account Number	<input type="checkbox"/> No Account <input type="checkbox"/> Direct Deposit Refused	
Applicant's Mailing Address (<i>Number and street, Apt. No., P.O. Box, or Rural Route</i>) (Enter Residence Address in "Remarks," if different.)					
City and State		ZIP Code	County (<i>if any</i>) in which you now live		
Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below giving their full addresses. Also, print the applicant's name in the signature block.					
1. SIGNATURE OF WITNESS			2. SIGNATURE OF WITNESS		
ADDRESS (Number and Street, City, State, and ZIP Code)			ADDRESS (Number and Street, City, State, and ZIP Code)		

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 10.5 or 15.5 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.