

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

(Do not write in this space)

I apply for all insurance benefits for which I am 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 (✓) 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. →	
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, such 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? (Include natural child, adopted child, stepchild, and stepgrandchild.) (If "Yes," enter the information requested below) →	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">Name of child</th> <th style="width:60%;">Months child lived with you (If all, write "All")</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name of child	Months child lived with you (If all, write "All")											
Name of child	Months child lived with you (If all, write "All")													
6.	(a) Have you (or has someone on your behalf) ever filed an application for Social Security benefits, a period of disability under Social Security, Supplemental Security Income, or hospital or medical insurance under Medicare? →	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer (b) and (c).) (If "No," go on to item 7.)												
	(b) Enter name of person on whose Social Security record you filed other application. →													
	(c) Enter Social Security number of person named in (b). (If "Unknown," so indicate.) →													

7. (a) Are you so disabled that you can't work, or was there some period during the last 14 months when you were so disabled that you could not work? Yes No
(If "Yes," answer (b).) (If "No," go on to item 8.)

(b) Enter the date you became disabled. _____
 Month, Day, Year

8. Did you work in the railroad industry for 7 years or more? Yes No

9. (a) Have you ever engaged in work that was covered under the social security system of a country other than the United States? Yes No
(If "Yes," answer (b).) (If "No," go on to item 10.)

(b) List the country(ies). _____

10. 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? Yes No
(If "Yes," enter the name and address of the parent(s) in "Remarks".)

11. Enter below information about each of your marriages. Include information on your marriage to the Deceased and any other marriages, whether before or after you married the Deceased. If you are applying for father's benefits, enter the maiden name of the Deceased.

To whom married		When (Month, day, year)	Where (Name of City and State)
Your last marriage	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.)		
To whom married		When (Month, day, year)	Where (Name of City and State)
Your previous marriage (IF NONE, WRITE "NONE.")	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 back of page for information about any other previous marriage)

12. Enter below the information requested about each marriage of the Deceased, including the marriage to you. (Indicate your marriage to the Deceased by entering your name; it is not necessary to repeat other information about this marriage you have already given in item 11.) Enter complete information on all other marriages.

To whom married		When (Month, day, year)	Where (Name of City and State)
Last marriage of Deceased	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.)		
To whom married		When (Month, day, year)	Where (Name of City and State)
Previous marriage of the Deceased (IF NONE, WRITE "NONE.")	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 back page for information about any other previous marriage)

If you are applying for surviving divorced spouse's benefits, omit 13 and go on to item 14.

13. (a) Were you and the Deceased living together at the same address when the Deceased died? Yes No
(If "Yes," go on to item 14.) (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? You 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 14 ONLY if the Deceased died before this year.

14. (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."

*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits."

NONE		ALL
JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEPT
OCT	NOV	DEC

15. (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."

*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits."

NONE		ALL
JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEPT
OCT	NOV	DEC

Answer this item 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).

16. (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."

*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits."

NONE		ALL
JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEPT
OCT	NOV	DEC

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

17. (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)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," check the box in item (b) that applies.) (If "No," go on to item 18.)
(b) <input type="checkbox"/> I receive a government pension or annuity. <input type="checkbox"/> I received a lump sum in place of a government pension or annuity. <input type="checkbox"/> I applied for and am awaiting a decision on my pension or lump sum.	<input type="checkbox"/> 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 _____

I AGREE TO PROMPTLY NOTIFY the Social Security Administration if I begin to receive a government pension or annuity, based on my own earnings, from the Federal government or any State (or any political subdivision thereof), or if my present government pension or annuity amount changes.

18. It is possible for your Social Security monthly payments to be forwarded directly to your bank, savings and loan, credit union, or other financial institution for deposit to your account. This method of payment is known as direct deposit. If you wish direct deposit, you will have to contact your financial institution to complete the necessary form. We will advise you when your direct deposit request is processed. If you do not wish direct deposit, your benefits will be paid by check to your mailing address.	
Do you plan to file a form through your financial institution to begin direct deposit payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

It is possible that your claim will be ready to be paid before the direct deposit form is returned by your financial institution. Your claim can be processed and any payments due will be sent to you until your direct deposit request is received.


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 you earn more than the yearly limit and receive some benefits during the taxable 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 either 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 your benefits may be affected.

- I AGREE TO PROMPTLY NOTIFY the Social Security Administration and to PROMPTLY RETURN ANY BENEFIT CHECK I receive if the check is for a month in or after the month in which:
- I MARRY.
 - I NO LONGER HAVE IN MY CARE the Deceased's child or dependent grandchild under age 16 or disabled who is entitled to benefits.
 - I am INCARCERATED FOR CONVICTION OF A FELONY.

REMARKS (You may use this space for any explanations. If you need more space, attach a separate sheet.)

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
SIGN HERE 		_____ (AREA CODE)
Mailing Address (Number and street, Apt No., P.O. Box, or Rural Route) (Enter residence address in "Remarks" if different)		
City and State	ZIP Code	Enter Name of County (if any) 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)