

## COMPLETING FORM SSA-21, Edition 3-2006

**Block 1:** Enter the name of the person on whose work record the benefits are being claimed.

**Block 2:** Tab across and enter the worker's Social Security Number.

**Block 3:** Enter the worker's name in the row 3a, then complete the fields across as described. In rows 3b-3d, enter the names of other family members who are living together with the worker and complete the remaining information for each family member. For U.S. citizens only, enter the passport number and date that the current passport was issued in the last two columns.

**Block 4:** If the worker is living, enter the same names entered in Block 3. If the worker is deceased, do not enter the worker's name in this block. Enter the From and To dates for each period when each individual was outside the U.S. in the past 24 months. For the current period of residence, enter "Present" in the To field. For any person planning to return to the U.S. within the next 18 months, enter the planned date of return. Otherwise, enter "Indefinite." (This is pre-filled in the first row and may be changed to enter a date, if needed.)

**Block 5:** This block does not apply to persons who work for the U.S. government or under contract to the U.S. government and who have SOFA status. For these individuals, the No block has been pre-marked. For those who work for a foreign employer in Korea, Social Security benefits will not be paid for any month in which the worker works for 45 hours or more. This restriction applies until the worker reaches full retirement age.

**Block 6:** Same as Block 5.

**Block 7:** List all the names listed in Block 3. For those who have served in the U.S. military, all time served on military active duty is considered as "Lived in the U.S." Civil service time served overseas cannot be counted as "Lived in the U.S." For relationship, the first row is pre-filled since the "Worker" must be listed. The remaining rows should show the relationship to the worker for other family members, e.g., spouse, son, daughter, etc.

**Block 8:** Block 8 is used only if the claim is based on the work record of a deceased worker. If the survivors of a deceased military member (active duty or retired) believe they are eligible for or are receiving VA Dependency & Indemnity Compensation (DIC), then check "Yes."

**Block 9:** Supplemental Medicare insurance would not apply to anyone living outside the U.S. so this block should be ignored. (If you have it, you'd know. If you don't know, you don't have it.)

**Blocks 10, 11, 12, 13 and 14:** These blocks apply only to current holders of a valid Green Card. If information is entered in Block 10, then Blocks 11, 12, 13 and 14 must also be completed as per the instructions on the form. This information affects tax status and tax withholding of Green Card holders, so be sure to enter the correct information to avoid future problems with the Internal Revenue Service.

**Block 15:** This applies only to those wishing to have their checks mailed to them. If you have your benefits deposited directly to the bank or credit union, do not complete this block. For those specifying an APO or FPO address in Korea, the last field is pre-filled with "U.S. Forces Korea" to show the mailing address is not an international address. If a military address is not used here, change or delete this field's entry.

**Block 16:** This block is required and is the address to which all correspondence from the Social Security Administration will be sent. For those specifying an APO or FPO address in Korea, the last field is pre-filled with "U.S. Forces Korea" to show the mailing address is not an international address. If a military address is not used here, change this entry.

**Block 17:** This block must show the current residence address in Korea for all persons listed in Block 4. Do not enter a post office box. It must be the residence address. Complete all the information in row 17a, then for all other individuals at the same address, enter "same" in the second column of each row.

**Block 18:** Each person listed in Block 3 must sign the form. For a deceased worker, enter the worker's name in the first field of Row 10a and enter "Deceased" in the date field. Each living person or their representative payee (as designated by Social Security) must sign and date the form. For family members, enter the telephone number on the first line and "same" on the remaining lines when that applies to the other family members.

**Block 19:** Not required unless the individual is unable to sign his or her name and can only make a mark. In that case, two witnesses are required to sign and complete the address information.