

Completing Your Claim Forms for the Social Security Spouse Benefit

Full Retirement Age for Social Security Husband's or Wife's Benefit					
Before 1938	1938	1939	1940	1941	1942
65	65+2 mos	65+4 mos	65+6 mos	65+8 mos	65+10 mos
1943-54	1955	1956	1957	1958	1959
66	66+2 mos	66+4 mos	66+6 mos	66+8 mos	66+10 mos

For those born in 1960 and later, full retirement age is 67

Your Social Security benefit as spouse is equal to 50% of the benefit your husband/wife is entitled. The above chart shows the full retirement age (FRA) based on your year of birth. You may take the Social Security retirement benefit as early as age 62, but it is reduced based on the year of birth. For those born before 1938, age 62 benefit is 80% of FRA. For those born in 1943-54, age 62 benefit is 75% of FRA. For those born in 1960 or later, age 62 benefit is 70% of the FRA benefit.

This reduction is applied to 50% of either the actual amount of benefit your spouse is receiving, or the amount your spouse would be entitled to receive based on his/her age even if he/she has not yet started receiving the benefit. For you to receive the benefit based on your spouse's work record, he/she must be eligible by his/her age to receive Social Security. For a non-resident alien Korean citizen spouse, the benefit is taxed at 25.5% which is non-refundable. However, this tax can be applied to joint taxes owed. There cannot be a refund of any part of this non-refundable tax.

A total of two forms must be completed to apply for the spouse benefit if you are not working and three forms are required if you are still working. One more form must be completed by your spouse. Below are instructions for completing them. If you have questions, just call the Military Retiree Assistance Office at commercial 031-663-0319, or e-mail mrao@rao-osan.com. All forms are available at <http://www.rao-osan.com> under "Applying for".

Jack Terwiel
Military Retiree Assistance Office

SSA-21, Supplement to Claim of Persons Outside the United States

This form is required from everyone who lives outside the U.S. (SOFA status does not apply when deciding whether to use this form. **It is required.**) However, if the husband's/wife's claim is being submitted together with the worker's claim for the retirement benefit, only one SSA-21 is needed.

Block 1: Enter the name of the person on whose work record the spouse benefit is 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: Enter the same names entered in Block 3. 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 benefit 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 benefit 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.

SSA-2 (Edition 3-2006), Application for Wife’s or Husband’s Insurance Benefits

Block 1: Enter your spouse’s name and check the appropriate gender block

Block 2: Enter your spouse’s Social Security number (tab to move to next field)

Block 3: Enter your name and Social Security number (tab to move to next field)

Block 4: You can select whether or not you want to use SSA internet/phone service

Block 5: If English is your primary language, skip this block. Otherwise, enter your preferred spoken and written language

Block 6-9: These are self-explanatory

Block 10: Read the note above this block before answering

Block 11: Unless you received child's benefit due to death of primary family wage-earner, or if you previously received Social Security disability benefit, this should be marked "No"

Block 12: Read the note above this block then provide the information. In most cases, you will complete this block. If you receive military retired pay or other DFAS payments, you should mark "Yes" in 12c.

Block 13: Only applies to persons who worked in the U.S. railroad industry

Block 14: Applies only to those who worked for a foreign employer and earned credits in the equivalent of that country's Social Security retirement system (such as Korea's National Pension System)

Block 15: Persons such as some civil service employees might be required to make an entry here if they worked under a federal pension system that did not withhold FICA tax

Block 16: Self-explanatory

Block 17: First read the note above this question. Then read the note about children who would qualify. If you have none, select "No".

Block 18: Self-explanatory

Blocks 19-21: Enter the amount you earned from employment and upon which FICA tax was withheld. Military retired pay does not count here. Don't mark blocks or enter any other information unless you know it applies.

Block 22: Select first choice if you are under full retirement age and want your money as soon as possible. Select second choice if you want your full retirement age benefit and you're within four months of that age. Select the third choice if you want to specify a start date (month and year) for your benefit. This must be within four months of the date you are submitting the application.

Block 23: Note the bold print above and check as appropriate.

Block 24: Only applies to those who are physically residing in the U.S.

Block 25-26: Pre-checked to presume innocence until you check the other block

Remarks: You can enter additional information such as additional marriages from Block 16. Be sure if you supplement information entered in a block to identify which block number you are referring to. If there is insufficient room, continue on a separate sheet. Be sure to include your name and SSN on each supplemental sheet you add.

Completing the Form: Sign your name, enter the date, and your commercial telephone number (be sure to enter it starting with the Korea country code 82 and leave the leading zero off the city/province code or cell phone number).

If you want direct deposit of benefit, include either a voided check or deposit slip from your checkbook, or complete form 1199a for direct deposit (form is available at bank or credit union). If you use the 1199a, be sure the form is signed by a representative of the financial institution.

Enter your military mailing address, or home mailing address including Korean postal code if you do not have an APO address (note that the last block requests COUNTY, not COUNTRY, so leave it blank)

No witnesses are required unless the form is signed with an “X”

Additional Form for Those Who Are Still Working

SSA-7163, Questionnaire About Employment or Self-Employment Outside the U.S.

For people who work for a foreign employer such as English language teachers who work for a Korean school or Hagwon (institute). Pre-filled for those who work under SOFA. (Remember that if you work for a foreign employer, you are not eligible for Social Security if you work 45 hours or more per month until you reach Full Retirement Age.

Supporting Documents (*must be original or certified/notarized copies*)

Worker's Birth Certificate

DD Form 214 (retirement)

Marriage Certificate

Spouse's Birth Certificate (Family Register for Korean spouses)

Divorce Decree(s) of any previous marriage for both worker and spouse (for Korean spouse, divorce and other key events are recorded in Family Register)

Important: Photocopies of any supporting document without a raised seal will not be accepted by the Social Security Administration.

Additional Form for Completion by Spouse-Worker

SSA-3, Marriage Certification

This form is required to be completed by the worker who is the husband or wife of the person submitting a form SSA-2 for spouse benefit. **It is required unless** the spouse benefit claim is being submitted together with the worker's benefit claim.

Top: Enter your name and Social Security number. Read the next line, then enter your wife's/husband's name as follows: first and middle name in first field, family name in second field and married name in third field.

Block 1: Mark the appropriate box and explanation if "Other" is checked

Block 2: Check the appropriate block and enter any previous marriages in the fields below. If additional space is required enter in the small "Remarks" area, or include on a supplemental sheet and enter your name and Social Security number on any supplemental sheets that you include.

Completing the Form: Sign your name, enter the date, and your commercial telephone number (be sure to enter it starting with 82 and leave the leading zero off the city/province code or cell phone number).

Enter your military mailing address, or home mailing address including Korean postal code if you do not have an APO address (note that the last block requests COUNTY, not COUNTRY, so leave it blank)

No witnesses are required unless the form is signed with an "X"

Handling Claims and Supporting Documents Safely

All claims processed by the Military Retiree Assistance Office are sent to the Social Security office in Manila via Certified Mail/Return Receipt so that a record of receipt is available. This is undeniable proof if future questions arise as to when the claim was filed, or if Social Security says the claim was never received, but claim has been received but cannot be located by the receiving office.

If original documents are provided to the Military Retiree Assistance Office to send to the U.S. Embassy in Seoul to obtain certified copies, the documents are sent via Certified Mail/ Return Receipt, and are returned by the U.S. Embassy via Certified Mail/Return Receipt.

Additional Note for Social Security Recipients

For those who already receive Social Security benefit, a new SSA-21 must be submitted each time there is a change, such as establishing a foreign residence or changing from one to another foreign residence.