

# Completing Your Claim Forms for the Social Security Widow(er) Benefit

Full Retirement Age for Social Security Widow(er)'s Benefit					
Before 1940	1940	1941	1942	1943	1944
65	65+2 mos	65+4 mos	65+6 mos	65+8 mos	65+10 mos
1945-56	1957	1958	1959	1960	1961
66	66+2 mos	66+4 mos	66+6 mos	66+8 mos	66+10 mos

**For those born in 1962 and later, full retirement age is 67**

Your Social Security benefit as a widow or widower is based on to the benefit to which 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 widow(er) benefit as early as age 60, but it is reduced. For all widow(er)s, the age 60 benefit is 71.5% of the amount your husband/wife actually received. If your spouse did not start receiving Social Security, then it is based on the spouse's FRA benefit. If you want to receive the maximum amount of Social Security, you must wait until FRA to receive 100% of your benefit. For all widow(er)s who are entitled to receive this benefit, waiting past the FRA will not increase the benefit.

For a non-resident alien Korean citizen widow(er), the benefit is taxed at 25.5% which is non-refundable. However, this tax can be applied to joint taxes owed for the year of the spouse's death. 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 widow(er)'s benefit if you are not working and three forms are required if you are still working. 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](mailto: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.**)

**Block 1:** Enter the name of the person (worker) on whose work record the widow(er) 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 the worker's country of birth in the second column, "Deceased" in the third column and citizenship in the fifth column. Passport information is not required. In rows 3b-3d, enter the names of the widow(er) and other family members who are living together with the widow(er) 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:** Do not enter the worker's name, but enter the widow(er) and any other 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 must be completed because 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 the 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-10-BK, Application for Widow(er)’s Insurance Benefits**

**Block 1:** Enter your spouse’s name, check the appropriate gender block and enter your spouse’s Social Security number

**Block 2:** Enter your name, Social Security number and your name at birth if different from the name you now use

**Block 3:** Enter the date of birth of your deceased spouse

**Block 4:** Enter the date your spouse died and the city and state, or city and country, where your spouse died

**Block 5:** Enter the state or country where your spouse had a permanent home (normally this would be Korea if your spouse lived here permanently)

**Block 6:** If your spouse had applied for or was already receive Social Security benefits of any type, select “Yes”, otherwise select either “No” or “Unknown”. Complete the other information if the answer is “Yes” (include your spouse’s name and SSN if he/she was receiving benefits)

**Block 7:** Read the note and then complete this block if it applies

**Block 8:** Read the information in (a) of this block then select the appropriate answer and provide the other information. If your spouse received military retired pay or other DFAS payments, you should mark “Yes” in (c).

**Block 9:** Read the note above. If this applies, enter the information if known. If the spouse worked but the information is not available, enter “Not available.”

**Blocks 10-11:** Self-explanatory

**Block 12:** This block applies to marriages by your spouse. Start with the marriage to you and use your maiden name if female. For how marriage ended, enter “His death” or “her death” as appropriate. Complete the other information. If your spouse was marriage before, enter the information (usually available on your marriage certificate if married in Korea). If spouse was not married before, enter “None”

**Blocks 13-14:** Self-explanatory

**Block 15:** In the first marriage field, enter your spouse’s name only, then proceed to the next marriage field. If not previously married, enter “None”

**Blocks 16-17:** Self-explanatory

**Block 18:** Read the note above and answer as appropriate

**Block 19:** Answer “Yes” only if you were in the U.S. military

**Block 20:** Only applies to persons who worked in the U.S. railroad industry

**Block 21:** 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 22:** This applies only if you worked for the U.S. federal government or a U.S. state government. Normally, you would select the “No.” If this applies, select

“Yes” and complete the rest of the information. 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 23:** If you are nearing age 65, you must decide whether you want to enroll in Medicare Part B. If you live in Korea and plan to continue using TRICARE to reimburse you for civilian medical care, then select “Yes”. If you plan to live in the U.S., then you should seriously consider enrolling in Medicare Part B as Medicare and TRICARE will cover virtually all medical expenses.

**Blocks 24-26:** 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. Ignore Block 27 unless you are absolutely certain it applies to you.

**Block 28:** Select first choice if you 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 with 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 29:** If you have sufficient earning to qualify for Social Security on your own work record, and you are within four months of reaching age 62, this block applies to you. Social Security will determine which benefit is more advantageous to you, i.e., which gives you more money. Otherwise, ignore it.

**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”

## **SSA-795 (Felony) (Specially adapted by the Social Security Manila Office)**

Enter your spouse's name and SSN in the top line, and enter your own name and SSN in the second line

Check the appropriate answers in 1 and 2, then sign it and enter the current date, your phone number and address the same as on the SSA-1

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## **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

Spouse's 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.

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## **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.