

See
Privacy Act Notice

1. CLAIMANT NAME	CLAIMANT SSN — —	2. WAGE EARNER NAME, IF DIFFERENT
3. CLAIMANT CLAIM NUMBER, IF DIFFERENT — —	4. SPOUSE'S NAME, IF NOT WAGE EARNER	SPOUSE'S CLAIM NUMBER OR SSN — —

<input type="checkbox"/> RSI only	(RSI)
<input type="checkbox"/> Title II Disability-worker or child only	(DIWC)
<input type="checkbox"/> Title II Disability-Widow(er) only	(DIWW)
<input type="checkbox"/> SSI Aged only	(SSIA)
<input type="checkbox"/> SSI Blind only	(SSIB)
<input type="checkbox"/> SSI Disability only	(SSID)
<input type="checkbox"/> SSI Aged/Title II	(SSAC)
<input type="checkbox"/> SSI Blind/Title II	(SSBC)
<input type="checkbox"/> SSI Disability/Title II	(SSDC)
<input type="checkbox"/> Title XVIII	(HI/SMI)
<input type="checkbox"/> Title VIII Only	(SVB)
<input type="checkbox"/> Title VIII/Title XVI	(SVB/SSI)
<input type="checkbox"/> Other - Specify:	

PAPERWORK/PRIVACY ACT NOTICE

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b) (1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a)) and Section 1839(i) of the Act (P.L. 108-173) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.***