SOCIAL SECURITY ADMINISTRATION ☐ TEL TOE 120/145 Form Approved OMB No. 0960-0060

APPLICATION FOR DISABILITY INSURANCE BENEFITS

(Do not write in this space)

I apply for a period of disability and/or all insurance benefits for which I am eligible under Title II and Part A of Title XVIII of the Social Security Act, as presently amended.

1.	PRINT your name →	FIRST NAME, MIDDLE INITIAL, LAST NAME
2.	Enter your Social Security Number →	___ ___ ___ / ___ ___ / ___ ___ ___ ___
3.	Check (X) whether you are →	☐ Male ☐ Female
4.	If this claim is awarded, do you want a password to use SSA's Internet/phone service?	☐ Yes ☐ No

Answer question 5 if English is not your preferred language. Otherwise, go to item 6.

5.	Enter the language you prefer to: speak _____	write _____
6.	(a) Enter your date of birth →	MONTH, DAY, YEAR
	(b) Enter name of State or foreign country where you were born. →	
	(c) Was a public record of your birth made before you were age 5?	☐ Yes ☐ No ☐ Unknown
	(d) Was a religious record of your birth made before you were age 5?	☐ Yes ☐ No ☐ Unknown
7.	(a) Are you a U.S. citizen? →	☐ Yes Go to item 8 ☐ No Go to item (b)
	(b) Are you an alien lawfully present in the U.S.?	☐ Yes ☐ No
8.	(a) Enter your name at birth if different from item (1)	
	(b) Have you used any other names? →	☐ Yes Go to (c) ☐ No Go to item 9
	(c) Other name(s) used.	
9.	(a) Have you used any other Social Security number(s)? →	☐ Yes Go to (b) ☐ No Go to item 10
	(b) Enter Social Security number(s) used. →	___ ___ ___ / ___ ___ / ___ ___ ___ ___
10.	Enter the date you became unable to work because of your illness, injuries, or conditions. →	
11.	(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? →	☐ Yes (If "Yes," answer (b) and (c).) ☐ No ☐ Unknown (If "No," or "Unknown," go to item 12.)
	(b) Enter name of person on whose Social Security record you filed the other application. →	
	(c) Enter Social Security Number of person named in (b). → *If unknown, check this block.* ☐	___ ___ ___ / ___ ___ / ___ ___ ___ ___

Answer item 12, if you have been in the military service. Otherwise, go to item 13.

12.	(a) Were you in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968? →	☐ Yes (If "Yes," answer (b) and (c).)	☐ No (If "No," go to item 13.)
	(b) Enter dates of service →	FROM: (Month, Year)	TO: (Month, Year)
	(c) Have you *ever* been (or will you be) eligible for a monthly benefit from a military or civilian Federal agency? (Include Veterans Administration benefits *only* if you waived military retirement pay.) →	☐ Yes	☐ No
13.	Have you or your spouse worked in the railroad industry for 5 years or more? →	☐ Yes	☐ No
14.	(a) Do you have Social Security credits (for example, based on work or residence) under another country's Social Security System? →	☐ Yes (If "Yes," answer (b).)	☐ No (If "No," go to item 15.)
	(b) List the country(ies): →		
15.	(a) Are you entitled to, or do you expect to become entitled to, a pension or annuity based on your work after 1956 not covered by Social Security?	☐ Yes (If "Yes," answer (b) and (c).)	☐ No (If "No," go on to item 16.)
	(b) ☐ I became entitled, or expect to become entitled, beginning →	MONTH	YEAR
	(c) ☐ I became eligible, or expect to become eligible, beginning →	MONTH	YEAR

I AGREE TO PROMPTLY NOTIFY the Social Security Administration if I become entitled to a pension or annuity based on my employment after 1956 not covered by Social Security, or if such pension of annuity stops.

16.	(a) Have you ever been married? →		☐ Yes Go to (b)	☐ No Go to item 17
	(b) To whom married	When (Month, day, year)	Where (Name of City and State)	
Current or Last Marriage	How marriage ended (If still in effect, write "Not Ended.")	When (Month, day, year)	Where (Name of City and State)	
	Marriage performed by: ☐ Clergyman or public official ☐ 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)	___ ___ / ___ ___ / ___ ___ ___ ___		

Give the following information about each of your previous marriages. **(If none, write "NONE.")**

(c) To whom married	When (Month, day, year)	Where (Name of City and State)	
Your previous marriage How marriage ended	When (Month, day, year)	Where (Name of City and State)	
Marriage performed by: ☐ Clergyman or public official ☐ 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 for information about any other marriages.

17. If your claim for disability benefits is approved, your children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) may be eligible for benefits based on your earnings record.

List below: FULL NAME OF ALL such children who are now or were in the past 12 months UNMARRIED and:
- UNDER AGE 18
- AGE 18 TO 19 AND ATTENDING ELEMENTARY OR SECONDARY SCHOOL FULL-TIME
- DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22)

18. (a) Did you have wages or self-employment income covered under Social Security in all years from 1978 through last year? ☐ Yes (If "Yes," go to item 19.) ☐ No (If "No," answer (b).)

(b) List the years from 1978 through last year in which you did not have wages or self-employment income covered under Social Security.

19. (a) Enter below the names and addresses of all the persons, companies, or Government agencies for whom you have worked this year and last year. IF NONE, WRITE "NONE" BELOW AND GO TO ITEM 20.

NAME AND ADDRESS OF EMPLOYER (If you had more than one employer, please list them in order beginning with your last (most recent) employer)	Work Began		Work Ended (If still working show "Not Ended")	
	MONTH	YEAR	MONTH	YEAR

(If you need more space, use "Remarks".)

(b) Are you an officer of a corporation or related to an officer of a corporation? → ☐ Yes ☐ No

20. May the Social Security Administration or State agency reviewing your case, ask your employers for information needed to process the claim? → ☐ Yes ☐ No

21. Complete item 21 even if you were an employee.

(a) Were you self-employed this year or last year? → ☐ Yes Go to (b) ☐ No Go to item 22

(b) Check the year (or years) you were self-employed	In what type of trade/business were you self-employed? (For example, storekeeper, farmer, physician)	Were your net earnings from the trade or business $400 or more? (Check "Yes" or "No")
☐ This year		
☐ Last year		☐ Yes ☐ No

22. (a) How much were your total earnings last year? Count both wages and self-employment income. (If none, write "None.") → Amount $ _____

(b) How much have you earned so far this year? (If none, write "None.") → Amount $ _____

23. Check if applicable:

☐ Please compute my benefits and complete my claim without using recent earnings that are not yet included on my (the deceased's, if applicable) earnings record. I understand that the earnings record will be updated automatically within 24 months and that any increase in benefits resulting from these earnings will be paid with the full retroactivity.

24.	What are the illnesses, injuries, or conditions that limit your ability to work? (Give a brief description.)		
25.	(a) Are you still unable to work because of your illnesses, injuries, or conditions? →	☐ Yes Go to item 26	☐ No Go to (b)
	(b) Enter the date you became able to work. →	MONTH, DAY, YEAR	

IMPORTANT INFORMATION ABOUT DISABILITY INSURANCE BENEFITS
PLEASE READ CAREFULLY

SUBMITTING MEDICAL EVIDENCE: I understand that I must provide medical evidence about my disability and I may be asked to assist the Social Security Administration in obtaining the evidence. I understand that I may be requested by the State Disability Determination Services to have a consultative examination at the expense of the Social Security Administration and that if I do not go, my claim may be denied.

26.	Are your illnesses, injuries, or conditions related to your work in any way? →	☐ Yes	☐ No
27.	(a) Have you filed, or do you intend to file, for any other public disability benefits (including workers' compensation, Black Lung benefits and SSI)? →	☐ Yes Go to(b)	☐ No Go to item 28
	(b) The other public disability benefit(s) you have filed (or intend to file) for is (Check as many as apply): ☐ Veterans Administration Benefits ☐ Welfare ☐ Supplemental Security Income (SSI) ☐ Other (If "Other," complete a Workers' Compensation/Public Disability Benefit Questionnaire)		
28.	(a) Did you receive any money from an employer(s) on or after the date in item 10 when you became unable to work because of your illnesses, injuries, or conditions? If "Yes", give the amounts and explain in "Remarks". →	☐ Yes Amount $ _____	☐ No
	(b) Do you expect to receive any additional money from an employer, such as sick pay, vacation pay, other special pay? If "Yes," please give amounts and explain in "Remarks". →	☐ Yes Amount $ _____	☐ No
29.	Do you, or did you, have a child under age 3 (your own or your spouse's) living with you in one or more calendar years when you had no earnings?	☐ Yes	☐ No
30.	Do you have a dependent parent who was receiving at least one-half support from you when you became unable to work because of your disability? If "Yes," enter the parent's name and address and Social Security number, if known, in "Remarks".	☐ Yes	☐ No
31.	If you were unable to work before age 22 because of an illness, injury or condition, do you have a parent (including adoptive or stepparent) or grandparent who is receiving social security retirement or disability benefits or who is deceased? If yes, enter the name(s) and Social Security number, if known, in "Remarks" (if unknown, write "Unknown").		
32.	Do you have any unsatisfied felony warrants for your arrest? →	☐ Yes	☐ No
33.	Do you have any unsatisfied Federal or State warrants for your arrest for violating the conditions of your probation or parole? →	☐ Yes	☐ No

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

I declare under penalty of perjury that I have examined all the information on the form and any accompanying statements or forms, and it is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT	Date (Month, Day, Year)
Signature (First name, middle initial, last name) (Write in ink) **SIGN HERE** ▶	Telephone Number(s) at which you may be contacted during the day. (Include the area code)

FOR OFFICIAL USE ONLY	Direct Deposit Payment Address *(Financial Institution)*			
	Routing Transit Number	C/S	Depositor Account Number	☐ No Account ☐ Direct Deposit Refused

Applicant's 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	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 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)*