

APPLICATION FOR CHILD'S INSURANCE BENEFITS

(Do not write in this space)

I apply on behalf of the child or children listed in item 3 below for all insurance benefits for which they may be eligible under title II (Federal Old-Age, Survivors and Disability Insurance) of the Social Security Act, as presently amended. (If you are applying on your own behalf, answer the questions on this form with respect to yourself.)

If you are applying for benefits based on the earnings record of a Deceased Worker, this may also be considered an application for survivors benefits under the Railroad Retirement Act and for Veterans Administration payments under Title 38, U.S.C., Veterans Benefits, Chapter 13 (which is, as such, an application for other types of death benefits under Title 38).

LIFE CLAIM DEATH CLAIM

1.	(a) PRINT name of Wage Earner or Self-Employed person (herein referred to as the "Worker"). _____	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(b) PRINT Worker's Social Security number. _____	_ _ _ _ / _ _ _ / _ _ _ _
2.	(a) PRINT your name (unless you are the Worker). _____	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(b) PRINT your Social Security number. _____	_ _ _ _ / _ _ _ / _ _ _ _

PART I- INFORMATION ABOUT THE WORKER'S CHILDREN

3. The Worker's children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) may be eligible for benefits based on the earnings record of the Worker. For a living Worker, the information below applies to this month or to any of the past 12 months. For a deceased Worker, the information below applies to the date of death or for any period since the Worker's death. Also list any student who is between the ages of 18 and 23 if the student was both: 1) previously entitled to Social Security benefits on any Social Security record for August 1981, and 2) was also in full-time attendance at a post-secondary school for May 1982.

LIST BELOW ALL SUCH CHILDREN (IN ORDER OF BIRTH BEGINNING WITH THE OLDEST) who are now, or who were at the appropriate time (above), UNMARRIED and:	Check (X) Sex of Child		Date of Birth (Mo., day, yr.)	Check (X) if Child 17 or Older is:		Check (X) the Column That Shows Child's Relationship to Worker						CHILD'S SOCIAL SECURITY NUMBER
	M	F		Student	Disabled	Legitimate	Adopted	Stepchild	Dependent Grandchild	Other		
<ul style="list-style-type: none"> • UNDER AGE 18 • AGE 18 TO 19 (OR TO AGE 23 FOR MONTHS PRIOR TO AUGUST 1982) AND ATTENDING SECONDARY SCHOOL • DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22) 												_ _ _ _ / _ _ _ / _ _ _ _
FULL NAME OF CHILD												_ _ _ _ / _ _ _ / _ _ _ _
												_ _ _ _ / _ _ _ / _ _ _ _
												_ _ _ _ / _ _ _ / _ _ _ _
												_ _ _ _ / _ _ _ / _ _ _ _
												_ _ _ _ / _ _ _ / _ _ _ _

If you do not wish to be payee for any child or dependent grandchild named above, list the child's name and address in "Remarks" on page 5. You may apply for a child even though you do not wish to be payee for the child's benefits.

4.	If any children in item 3 are stepchildren of the Worker, enter the date the Worker married the natural parent. _____	MONTH, DAY, YEAR
5.	(a) Is there a legal representative (guardian, conservator, curator, etc.) for any of the children in item 3? _____	<input type="checkbox"/> Yes (If "Yes," complete (b) and (c).) <input type="checkbox"/> No (If "No," go on to item 6.)

(b) Write the following information about the legal representative(s):	NAME (First name, middle initial, last name)	TELEPHONE NUMBER (INCLUDE AREA CODE)
	ADDRESS	
(c) Briefly explain the circumstances which led the court to appoint a legal representative.		
6.	Are you the natural or adoptive parent of the person(s) for whom you are filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have any children in item 3 ever been adopted by someone other than the Worker? (If "Yes," enter the following information): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Child	Date of Adoption
	Name of Person Adopting	
8.	Are all the children in item 3 now living in the same household with you? (If "No," enter the following information about each child not living with you. If uncertain as to the whereabouts of any of these children, explain in "Remarks".) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Child Not Living With You	Person With Whom Child Now Lives
		Name and Address
		Relationship to Child
9.	Has any child in item 3 ever been married? (If "Yes," enter the information requested below.) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Child	Date of Marriage (Month, day, year)
	How Marriage Ended (If still married, write "not ended").	Date Marriage Ended (Month, day, year)
10.	Has anyone ever before filed an application with the Social Security Administration for monthly benefits on behalf of any child in item 3? (If "Yes," enter below the name(s) of the child(ren) and the name(s) and Social Security number(s) of the person(s) on whose earnings record any other claim was based.) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Child	Name of Worker
		Social Security Number of Worker
		____ / ____ / _____
		____ / ____ / _____
		____ / ____ / _____
		____ / ____ / _____

If you are applying **ONLY** for a child age 18 or over who is disabled, omit items 11 through 14. In all other cases, answer items 11 through 14.

EARNINGS INFORMATION FOR LAST YEAR (Do not complete if the Worker died this year)

11.	(a) Did any child in item 3 earn more than the exempt amount last year? (If "Yes," answer (b). If "No," go on to item 12.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b)	LIST EACH MONTH THAT CHILD DID NOT EARN MORE THAN \$ _____ IN WAGES AND DID NOT PERFORM SUBSTANTIAL SERVICES IN SELF-EMPLOYMENT	
	NAME OF CHILD WHO EARNED OVER THE EXEMPT AMOUNT LAST YEAR	TOTAL EARNINGS OF CHILD	
		\$	
		\$	
		\$	

EARNINGS INFORMATION FOR THIS YEAR

12.	(a) Do you expect the total earnings of any child in item 3 to be more than the exempt amount this year? (Count all earnings beginning with the first of this year and all anticipated earnings through the end of this year.) (If "Yes," answer (b). If "No," go on to item 13.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b)	LIST EACH MONTH (INCLUDING THE PRESENT MONTH) THAT CHILD DID NOT OR WILL NOT EARN MORE THAN \$ _____ IN WAGES AND DID NOT OR WILL NOT PERFORM SUBSTANTIAL SERVICES IN SELF-EMPLOYMENT	
	NAME OF CHILD WHO EXPECTS TO EARN OVER THE EXEMPT AMOUNT THIS YEAR	EXPECTED EARNINGS OF CHILD	
		\$	
		\$	
		\$	

Complete item 13 ONLY if any child is now in the last 4 months of the child's taxable year (Sept., Oct., Nov., and Dec., if the taxable year is a calendar year).

EARNINGS INFORMATION FOR NEXT YEAR

13.	(a) Do you expect the total earnings of any child in item 3 to be more than the exempt amount next year? (If "Yes," answer (b.) If "No," go on to item 14.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b)	LIST EACH MONTH THAT CHILD WILL NOT EARN MORE THAN \$ _____ IN WAGES AND WILL NOT PERFORM SUBSTANTIAL SERVICES IN SELF-EMPLOYMENT	
	NAME OF CHILD WHO EXPECTS TO EARN OVER THE EXEMPT AMOUNT NEXT YEAR	EXPECTED EARNINGS OF CHILD	
		\$	
		\$	
		\$	

14.	If any of the children for whom you are filing uses a fiscal year (one that does not end on December 31), print here the name of the child and the month the fiscal year ends.	NAME OF CHILD AND MONTH FISCAL YEAR ENDS
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Complete items 15 and 16 ONLY if the Worker is living. Otherwise, go on to item 17.

15.	If any children in item 3 are children adopted by the Worker, print below the name of each such child and the date of adoption by the Worker.	
	NAME OF ADOPTED CHILD	DATE OF ADOPTION

16.	Have all of the children in item 3 lived with the Worker during each of the last 13 months (counting the present month)? \longrightarrow (If "No," enter the information requested below.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	NAME OF CHILD WHO DID NOT LIVE WITH THE WORKER IN EACH OF THE LAST 13 MONTHS	LIST EACH MONTH IN WHICH THIS CHILD DID NOT LIVE WITH THE WORKER	PERSON WITH WHOM CHILD LIVED	
			NAME AND ADDRESS	RELATIONSHIP TO CHILD

PART II- INFORMATION ABOUT THE DECEASED. Complete items 17 through 28 ONLY if the Worker is deceased. Otherwise, go on to PART III, item 29 and 30.

17.	(a) Print date of birth of Worker \longrightarrow	MONTH, DAY, YEAR	
	(b) Print Worker's name at birth if different from item 1 (a) \longrightarrow		
	(c) Check (X) one for the Worker \longrightarrow	<input type="checkbox"/> Male	<input type="checkbox"/> Female
18.	(a) Print date of death \longrightarrow	MONTH, DAY, YEAR	
	(b) Print place of death \longrightarrow	CITY AND STATE	
19.	Print the name of the state or foreign country where the Worker had a fixed, permanent home at the time of death. \longrightarrow	STATE OR FOREIGN COUNTRY	
20.	Did the Worker work in the railroad industry for 7 years or more? \longrightarrow	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	(a) Was the Worker 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? \longrightarrow	<input type="checkbox"/> Yes (If "Yes," answer (b) and (c).)	<input type="checkbox"/> No (If "No," go on to item 22.)
	(b) Enter dates of service \longrightarrow	FROM (month -year)	TO (month -year)
	(c) Has anyone (including the Worker) received, or does anyone expect to receive, a benefit from any other Federal agency? \longrightarrow	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	(a) Did the worker have social security credits (for example, based on work or residence) under another country's social security system? \longrightarrow	<input type="checkbox"/> Yes (If "Yes," answer (b).)	<input type="checkbox"/> No (If "No," go on to item 23.)
	(b) List the country(ies). \longrightarrow		
23.	(a) Did the worker have wages or self-employment income covered under Social Security in all years from 1978 through last year? \longrightarrow	<input type="checkbox"/> Yes (If "Yes," skip to item 24.)	<input type="checkbox"/> No (If "No," answer (b).)
	(b) List the years from 1978 through last year in which the worker did not have wages or self-employment income covered under Social Security. \longrightarrow		

Answer item 24 ONLY if death occurred within the last 2 years.

24.	(a) About how much did the Worker earn from employment and self-employment during the year of death? \longrightarrow	AMOUNT \$
	(b) About how much did the Worker earn the year before death? \longrightarrow	AMOUNT \$

The law requires that a report of earnings be filed with SSA within 3 months and 15 days after the end of any taxable year in which the child earns more than the annual exempt amount. You may contact SSA to file a report for the child. Otherwise, SSA will use the earnings reported by the child's employer(s) and the child's self-employment tax return (if applicable) as the report of earnings required by law, to adjust benefits under the earnings test. It is your responsibility to ensure that the information you give concerning the child's earnings is correct.

I UNDERSTAND THE EARNINGS REPORTING REQUIREMENT AND I AGREE TO PROVIDE EARNINGS INFORMATION WHEN NEEDED TO ENSURE ACCURATE PAYMENT OF BENEFITS.

BENEFITS MAY END if any of the following events occur. However, there are certain exceptions which are explained in the informational booklet which you will receive. You must report each of these events if you believe an exception applies. We will advise you whether additional evidence is needed and how the benefits may be affected.

I AGREE TO PROMPTLY NOTIFY the Social Security Administration if any of the following events occur and to PROMPTLY RETURN ANY BENEFIT CHECK I receive to which a child is not entitled if:

- Any child MARRIES, is DIVORCED, or has a marriage ANNULMENT.
- A student, age 18 or over, STOPS ATTENDING SCHOOL, REDUCES SCHOOL ATTENDANCE BELOW FULL-TIME, CHANGES SCHOOLS, OR IS PAID BY AN EMPLOYER TO ATTEND SCHOOL.
- A disabled child, age 18 or over, GOES TO WORK, or the child's DISABLING CONDITION IMPROVES.
- Any child is confined to jail, prison, penal institution or correctional facility for conviction of a crime or confined to a public institution by court order in connection with a crime.
- I no longer have responsibility for the care and welfare of any child for whom I am filing.
- Any child for whom I am filing or who is in my care dies, leaves my care or custody, or changes address.

I UNDERSTAND that all payments made to me on behalf of a child must be spent for the child's present needs or (if not presently needed) saved for the child's future needs, and I AGREE to use the benefits that way. I will be held personally liable for repayment of benefits I receive if I misuse the payment or if I am found at fault with respect to an overpayment of such benefits.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION AS SOON AS I BELIEVE I WILL NO LONGER BE ABLE TO, OR WISH TO, ACT AS A REPRESENTATIVE PAYEE. (SUCH ADVANCE NOTIFICATION WILL ASSIST IN THE DEVELOPMENT OF AN ALTERNATE PAYEE AND WILL AVOID UNNECESSARY SUSPENSION OF PAYMENTS).

I ALSO AGREE TO FILE AN ACCOUNTING REPORT OF THE USE MADE OF THE PAYMENTS WHEN REQUESTED BY THE SOCIAL SECURITY ADMINISTRATION.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

SIGNATURE OF APPLICANT			DATE (<i>Month, day, year</i>)		
SIGNATURE (<i>First Name, Middle Initial, Last Name</i>) (<i>Write in ink</i>)			TELEPHONE NUMBER(S) AT WHICH YOU MAY BE CONTACTED DURING THE DAY (INCLUDE AREA CODE)		
SIGN HERE			_____ (AREA CODE)		
FOR OFFICIAL USE ONLY	Direct Deposit Payment Address (<i>Financial Institution</i>)				
	Routing Transit Number	C/S	Depositor Account Number	<input type="checkbox"/> No Account <input type="checkbox"/> Direct Deposit Refused	
Applicant's Mailing Address (<i>Number and street, Apt No., P.O. Box, or Rural Route</i>) (<i>Enter Residence Address in "Remarks," if different.</i>)					
City and State		ZIP Code	County (<i>if any</i>) 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 who know the applicant must sign below giving their full addresses. Also, print the applicant's name in the 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)		

PAPERWORK REDUCTION ACT NOTICE AND TIME IT TAKES STATEMENT:

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 10.5 or 15.5 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

The law requires that a report of earnings be filed with SSA within 3 months and 15 days after the end of any taxable year in which the child earns more than the annual exempt amount. You may contact SSA to file a report for the child. Otherwise, SSA will use the earnings reported by the child's employer(s) and the child's self-employment tax return (if applicable) as the report of earnings required by law, to adjust benefits under the earnings test. It is your responsibility to ensure that the information you give concerning the child's earnings is correct.

I UNDERSTAND THE EARNINGS REPORTING REQUIREMENT AND I AGREE TO PROVIDE EARNINGS INFORMATION WHEN NEEDED TO ENSURE ACCURATE PAYMENT OF BENEFITS.

BENEFITS MAY END if any of the following events occur. However, there are certain exceptions which are explained in the informational booklet which you will receive. You must report each of these events if you believe an exception applies. We will advise you whether additional evidence is needed and how the benefits may be affected.

I AGREE TO PROMPTLY NOTIFY the Social Security Administration if any of the following events occur and to PROMPTLY RETURN ANY BENEFIT CHECK I receive to which a child is not entitled if:

- Any child MARRIES, is DIVORCED, or has a marriage ANNULMENT.
- A student, age 18 or over, STOPS ATTENDING SCHOOL, REDUCES SCHOOL ATTENDANCE BELOW FULL-TIME, CHANGES SCHOOLS, OR IS PAID BY AN EMPLOYER TO ATTEND SCHOOL.
- A disabled child, age 18 or over, GOES TO WORK, or the child's DISABLING CONDITION IMPROVES.
- Any child is confined to jail, prison, penal institution or correctional facility for conviction of a crime or confined to a public institution by court order in connection with a crime.
- I no longer have responsibility for the care and welfare of any child for whom I am filing.
- Any child for whom I am filing or who is in my care dies, leaves my care or custody, or changes address.

BENEFITS ARE NOT PAYABLE to a stepchild beginning with the month after the month the worker and the stepchild's parent divorce. I agree to promptly notify the Social Security Administration if the worker and the stepchild's parent divorce and promptly return any benefit payment I receive on behalf of the stepchild for months after the month the divorce becomes final.

I UNDERSTAND that all payments made to me on behalf of a child must be spent for the child's present needs or (if not presently needed) saved for the child's future needs, and I AGREE to use the benefits that way. I will be held personally liable for repayment of benefits I receive if they are not spent for the child or if I am found at fault with respect to an overpayment of such benefits.

Collection and Use of Information from Your Application- Privacy Act/Paperwork Act Notice

- I. The Social Security Administration is authorized to collect the information on this form under sections 202(d) and 205(a) of the Social Security Act, as amended (42 U.S.C. 402(d) and 405(a)).
- II. While it is not mandatory, except in the circumstances explained below, for you to furnish the information on this form to Social Security, no benefits may be paid unless an application has been received by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure benefits not authorized by the Social Security Act.
- III. The information on this form is needed to enable Social Security to determine if you and your dependents are entitled to insurance coverage and/or monthly benefits, to determine if you have the necessary qualifications to serve as payee and to administer the collection of overpayments once liability is established.
- IV. Failure to provide all or part of this information could prevent an accurate and timely decision on your claim or your dependent's claim, could result in the loss of some benefits or insurance coverage, and could prevent an accurate and timely decision on your request to be selected as payee.
- V. Although the information you furnish on this form is almost never used for any other purpose than stated in Part III, above, there is a possibility that in the administration of the Social Security programs or for the administration of programs requiring coordination with the Social Security Administration, information may be disclosed to another person or to another government agency as follows:
 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits;
 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Veterans Administration);
 3. To facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).
- VI. **COMPUTER MATCHING:** 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 you provide us 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.

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY CHILD'S INSURANCE BENEFITS

TELEPHONE NUMBER(S) TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT	BEFORE YOU RECEIVE A NOTICE OF AWARD ____ ____ (AREA CODE)	SSA OFFICE	DATE CLAIM RECEIVED
	AFTER YOU RECEIVE A NOTICE OF AWARD ____ ____ (AREA CODE)		

Your application for Social Security benefits on behalf of the child(ren) named below has been received. You will be notified by mail as soon as a decision is made on your claim.

You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.

In the meantime, if you or any child(ren) changes address, or if there is some other change that may affect your claim, you or someone for you should report the change. The changes to be reported are listed below.

Always give us your claim number when writing or telephoning about your claim.

If you have any questions about your claim, we will be glad to help you.

CLAIMANT	SOCIAL SECURITY CLAIM NUMBER

WORKER'S NAME (If surname differs from name of claimant(s).)

CHANGES TO BE REPORTED AND HOW TO REPORT

FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAYED AND IN POSSIBLE MONETARY PENALTIES

- ▶ You or any child changes mailing address for checks or residence. *To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office.*
- ▶ Any beneficiary goes outside the U.S.A. for 30 consecutive days or longer.
- ▶ Any beneficiary dies or becomes unable to handle benefits
- ▶ Work Changes - On your application you told us

_____ expected total earnings for _____
(Name of Child)
 to be \$ _____

_____ (is) (is not) earning wages of
(Name of Child)
 more than \$ _____ a month.

_____ (is) (is not) self-employed
(Name of Child)
 rendering substantial services in a trade or business

(Report AT ONCE if this work pattern changes.)

- ▶ Custody Change - Report if a child for whom you are filing or who is in your care dies, leaves your care or custody, or changes address.
- ▶ Change of Marital Status- Marriage, divorce, annulment of marriage of any child

- ▶ Change in school attendance
- ▶ The child is confined to jail, prison, penal institution or correctional facility for conviction of a crime or confined to a public institution by court order in connection with a crime.
- ▶ Disability Applicants
 In addition to the applicable reporting requirements listed above:
 1. The disabled adult child returns to work (as an employee or self-employed) regardless of amount of earnings
 2. The disabled adult child's condition improves

An agency in your State that works with us in administering the Social Security disability program is responsible for making the disability decision on the child's claim. In some cases, it is necessary for them to get additional information about the child's condition or to arrange for the child to have a medical examination at Government expense.

HOW TO REPORT

You can make your reports by telephone, by mail, or in person, whichever you prefer.

WHEN A CHANGE OCCURS AFTER YOU RECEIVE A NOTICE OF AWARD, YOU SHOULD REPORT BY CALLING THE APPROPRIATE TELEPHONE NUMBER SHOWN NEAR THE TOP OF THIS PAGE.