

16. Do you have any dependent children who are,

| | | | |
|--|--|-----------|----------|
| Under age 18 | If yes, indicate number next to yes. | Yes: ____ | No: ____ |
| Between age 18 and 22 presently attending school | | Yes: ____ | No: ____ |
| Under a disability that began before age 22 | | Yes: ____ | No: ____ |

17. If yes, include the following information:

| <u>NAME</u> | <u>AGE</u> | <u>DATE OF BIRTH</u> | <u>RELATIONSHIP TO YOU</u> |
|-------------|------------|----------------------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

18. List all employers for whom you worked during the last five (5) years.

| <u>NAME AND ADDRESS OF EMPLOYER</u> | <u>WORK BEGAN</u> (month/year) | <u>WORD ENDED</u> (month/year) |
|-------------------------------------|--------------------------------|--------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

19. How much were your total earnings at the end of last calendar year (including self employment)? \$

20. How much have you earned so far this calendar year? \$

21. Did you work more than 5 years for the Trust Territory Government (including Navy time) before July 1, 1968?

Yes: ____ No: ____

22. Indicate number of years, months, and days you worked for the Trust Territory Government prior to July 1, 1968 and monthly pay rate on July 1, 1968; or monthly pay rate effective on the date of termination prior to July 1, 1968:

Years: ____ Months: ____ Days: ____ Monthly Pay Rate: \$ _____

23. Have you ever engaged in work which was covered under any other social security system? Yes: ____ No: ____

If Yes, _____

| | | | |
|---------|------|-----------|-------|
| Country | When | SS Number | Dates |
|---------|------|-----------|-------|

24. Have you ever filed an application for Social Security Benefits? Yes: ____ No: ____

25. If yes, What kind of application did you file? Retirement: ____ Disability : ____

Survivor : ____ Lump Sum: ____

PART II

26. Describe (in detail) the nature of your disability.

27. What month, day and year did you become unable to work because of your disability?

Month _____ Day _____ Year _____

28. Are you still disabled? Yes: _____ No: _____

29. If no, enter the date you were able to return to work. Month _____ Day _____ Year _____

30. Have you received or do you expect to receive any kind of worker's compensation benefit? Yes: _____ No: _____

If yes, give details.

31. Did you receive any money from your employer(s) on or after the date you said you became unable to work because of disability? Yes: _____ No: _____

32. If yes, please give amounts and explain. \$

33. May Social Security ask your employers for information needed to process your application for benefits?

Yes: _____ No: _____

34. Do you authorize any physician or hospital to disclose to Social Security any medical records or other information about your disability? Yes: _____ No: _____

35. Do you agree to notify Social Security if any of the following events occur? Yes: _____ No: _____

Your medical condition improves.

You go back to work or a self employed person.

You apply for or currently receive any kind of worker's compensation payment.

Please initial here

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

SIGN
HERE: _____ **Date:** _____

Address: _____ **Phone:** _____

City and State: _____ **ZIP:** _____

Residence: _____

Direct Deposit: If you want your payments sent directly to the bank, check here [].

Please enter your bank's name: _____ **Bank Account No.:** _____

Bank mailing address: _____

Witness: *Required ONLY if this application has been signed by (X). If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.*

Sign
Here: _____

Address: _____

Sign
Here: _____

Address: _____
