

March 3

PAGE 1

BNC#:

SG-SSA-1

UNIT:

DA

# APPLICATION SUMMARY FOR RETIREMENT INSURANCE BENEFITS

On March 3 we talked with you and completed your application for SOCIAL SECURITY BENEFITS. We stored this information electronically in our records. We are enclosing a summary of your statements.

I APPLY FOR ALL INSURANCE BENEFITS FOR WHICH I AM ELIGIBLE UNDER TITLE II (FEDERAL OLD-AGE, SURVIVORS, AND DISABILITY INSURANCE) AND PART A OF TITLE XVIII (HEALTH INSURANCE FOR THE AGED AND DISABLED) OF THE SOCIAL SECURITY ACT, AS PRESENTLY AMENDED.

MY NAME IS DA

MY SOCIAL SECURITY NUMBER IS 28

MY DATE OF BIRTH IS Ma

I AM A CITIZEN OF THE UNITED STATES.

A PREVIOUS APPLICATION HAS BEEN FILED WITH THE SOCIAL SECURITY ADMINISTRATION BY OR FOR ME.

I DO NOT WANT TO FILE FOR SSI.

I AM MARRIED TO S. WE WERE MARRIED ON IN OH BY A CLERGYMAN OR PUBLIC OFFICIAL. MY SPOUSE'S AGE OR BIRTHDATE IS SOCIAL SECURITY NUMBER IS 2

I HAD NO PREVIOUS MARRIAGES THAT LASTED 10 YEARS OR MORE OR ENDED IN DEATH.

I DO NOT HAVE ANY CHILDREN UNDER AGE 18; AGE 18-19 ATTENDING ELEMENTARY OR SECONDARY SCHOOL FULL TIME; OR AGE 18 OR OVER AND DISABLED BEFORE AGE 22 WHO MAY BE ELIGIBLE FOR SOCIAL SECURITY BENEFITS ON THIS RECORD. THIS INCLUDES CHILDREN WHO MAY OR MAY NOT BE LIVING WITH ME.

I AM NOT ENTITLED TO NOR DO I EXPECT TO BECOME ENTITLED TO A PENSION OR ANNUITY BASED IN WHOLE OR IN PART ON WORK AFTER 1956 NOT COVERED BY SOCIAL SECURITY.

I WANT BENEFITS BEGINNING WITH 2024.

Date & Time Stamped to Phone Call

BNC#: [REDACTED]

M [REDACTED] 10:56  
SG-SSA-1 PAGE 2

I WANT TO ENROLL IN PART B OF MEDICARE.

REMARKS:

I HAVE REVIEWED THE WAGES ON MY RECORD. I DO NOT PLAN TO DISPUTE THE EARNINGS. I AGREE WITH THE EARNINGS ON RECORD.

I AM NOT FILING FOR THE EXTRA HELP WITH THE MEDICARE PRESCRIPTION DRUG COVERAGE.

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 CONNECTION WITH THIS CLAIM IS TRUE.

MY TELEPHONE NUMBER IS ([REDACTED])

BNC#:

SG-SSA-1

PAGE 3

SOCIAL SECURITY ADMINISTRATION  
IMPORTANT INFORMATION

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY RETIREMENT INSURANCE BENEFITS

D/

YOUR APPLICATION FOR RETIREMENT BENEFITS HAS BEEN RECEIVED AND WILL BE PROCESSED AS QUICKLY AS POSSIBLE.

YOU SHOULD HEAR FROM US WITHIN 30 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 CHANGE YOUR ADDRESS, OR IF THERE IS SOME OTHER CHANGE THAT MAY AFFECT YOUR CLAIM, YOU - OR SOMEONE FOR YOU - SHOULD REPORT THE CHANGE.

We are providing the attached application for your records.

But what is stored?

We stored your application information electronically so there is no reason for us to retain a paper copy of your application.

IMPORTANT REMINDER

Penalty of Perjury

Applies to THIS form.

You declared under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge. You were told that you could be liable under law for providing false information.

THE TELEPHONE NUMBERS TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT ARE:

BEFORE YOU RECEIVE A NOTICE ABOUT YOUR AWARD: (877)457-1738

AFTER YOU RECEIVE A NOTICE ABOUT YOUR AWARD: 1-800-772-1213

SOCIAL SECURITY INFORMATION IS ALSO AVAILABLE TO INTERNET USERS AT [WWW.SOCIALSECURITY.GOV](http://WWW.SOCIALSECURITY.GOV).

What You Need To Do

- o Review the summary to make sure we recorded your statements correctly.
- o If you agree with all your statements, you may keep the information for your records.

Better Correct and Clarify !

10 Days to Correct !

BNC#: [REDACTED]

SG-SSA-1

PAGE 4

- o If you disagree with any of your statements, please contact us within 10 days after receiving this notice to let us know.

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.

WE ARE RETURNING ANY DOCUMENT(S) YOU MAY HAVE SUBMITTED WITH YOUR APPLICATION.

YOU CAN GET A FOOD STAMP APPLICATION AND INFORMATION AT ANY SOCIAL SECURITY OFFICE.

CLAIMANT

D [REDACTED]

SOCIAL SECURITY CLAIM NO.

[REDACTED]