Form Approved
OMB No. 0960-0448

APPLICATION FOR BENEFITS UNDER A U.S. INTERNATIONAL SOCIAL SECURITY AGREEMENT

(Do not write in this space)

If the worker is living, this application should be completed by or on behalf of the worker. If the worker is deceased, this application should be completed by one of the worker's survivors who is claiming benefits under the provisions of the international social security agreement.

PART I

Complete Part I in all cases.

1. (a) Print name of worker (First name, middle initial, last name)

   (b) U.S. Social Security Number
   __ __ __ / __ __ /__ __ __ __

2. Provide the following information about the worker's social security credits (coverage) and last place of residence in the foreign country.

(a) Use columns (1) - (5) to enter information about the worker's periods of employment or self-employment in the foreign country. *(If additional space is required, enter the information in Remarks -- item 19.)*

(1) Dates Worked (From - To)	(2) Name and *Address of* employer or self-employment activity	(3) Type of Industry or business	(4) Social Insurance Number used while working	(5) Name of Agency to which contributions paid

(b) Use columns (1) - (4) to enter information about the worker's periods of coverage under the foreign social insurance system which are not based on employment or self-employment (e.g., coverage for voluntary contributions, deemed or equivalent coverage, periods of military service, illness, etc.)

(1) Dates Covered (From - To)	(2) Type of coverage	(3) Social Insurance Number used for this coverage if different than shown in item 2(a)(4)	(4) Name of Agency to which contributions paid (if any)

(c) Enter the worker's last place of residence in the foreign country:

(City and State or Province)

PLEASE REMOVE PAGE 1 OF THIS FORM BEFORE COMPLETING THE REST OF THE APPLICATION. AFTER APPLICATION IS COMPLETED AND SIGNED, STAPLE DETACHED PAGE TO APPLICATION.

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(b) U.S. Social Security Number
__ __ __ / __ __ /__ __ __ __

2. Provide the following information about the worker's social security credits (coverage) and last place of residence in the foreign country.

(a) Use columns (1) - (5) to enter information about the worker's periods of employment or self-employment in the foreign country. *(If additional space is required, enter the information in Remarks -- item 19.)*

(1) Dates Worked (From - To)	(2) Name and *Address of* employer or self-employment activity	(3) Type of Industry or business	(4) Social Insurance Number used while working	(5) Name of Agency to which contributions paid

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(1) Dates Covered (From - To)	(2) Type of coverage	(3) Social Insurance Number used for this coverage if different than shown in item 2(a)(4)	(4) Name of Agency to which contributions paid (if any)

(c) Enter the worker's last place of residence in the foreign country:

(City and State or Province)

3.	I apply for all benefits for which I am eligible under the provisions of the social security agreement between the United States and →	Name of country

4. This application may be used to claim benefits from the U.S. and/or the foreign country shown in item 3. Check (X) the block(s) indicating the type of benefit(s) for which you are applying under the country(ies) from which you are claiming the benefit(s).

BENEFIT CLAIMED FROM FOREIGN COUNTRY

Type of Benefit Claimed From Foreign Country:

☐ Retirement/Old-Age ☐ Survivors ☐ None

☐ Disability or Sickness/Invalidity ☐ Other (Specify) _____

BENEFIT CLAIMED FROM THE UNITED STATES

(a) Are you presently receiving benefits from the United States? →	☐ Yes *(If "Yes" answer (b) below.)*	☐ No *(If "No" answer (c) below.)*
(b) If you are already receiving U.S. benefits, do you wish to file for a different type of U.S. benefit? →	☐ Yes *(If "Yes" answer (d) below.)*	☐ No *(If "No" go on to item 5.)*
(c) If you are not presently receiving U.S. benefits, do you wish to file for U.S. benefits at this time? →	☐ Yes *(If "Yes" answer (d) below.)*	☐ No *(If "No" go on to item 5.)*

(d) Indicate the type of benefit you wish to claim from the United States:

☐ Retirement ☐ Disability ☐ Survivors

INFORMATION ABOUT THE WORKER

5. (a) Print worker's name at birth, if different from item 1(a)

(b) Check (X) one for the worker ☐ Male ☐ Female	(c) Enter worker's social insurance number in the foreign country if different than shown in items 2(a)(4) or 2(b)(3)

(d) If the worker's Social Security number in either the United States or the foreign country is not known, enter the worker's parents' names:

Mother's name (First name, middle initial, last name, maiden name)

Father's name (First name, middle initial, last name)

(e) Enter the worker's citizenship (Enter name of country)

6.	Do you want this application to protect an eligible spouse's and/or child's right to Social Security benefits? →	☐ Yes	☐ No
7.	(a) Was the worker or any other person claiming benefits on this application a refugee or stateless person at any time?	☐ Yes *(If "Yes" answer (b) below.)*	☐ No *(If "No" go on to item 8.)*

(b) If "Yes" enter the following information about the person:

Name	Dates of refugee or stateless status

PART II

Complete Part II ONLY if you are claiming benefits from a foreign country.

8.	If you are applying for sickness or disability/invalidity benefits, enter the date you became disabled. Otherwise enter ''N/A.'' →	Date *(Month, day , year)*
9.	(a) If you are applying for retirement/old-age benefits, have you stopped or do you plan to stop working? →	☐ Yes *(If "Yes" answer (b) below.)* ☐ No *(If "No" go on to item 10.)*
	(b) If ''Yes,'' enter the date you stopped or plan to stop working. →	Date *(Month, day , year)*
10.	(a) Are you applying for foreign social security benefits under a special system that covers a specific occupation (e.g., miners, seamen, farmers)? →	☐ Yes *(If "Yes" answer (b) and (c) below.)* ☐ No *(If "No" go on to item 11.)*
	(b) What was your occupation in the foreign country? →	
	(c) Did you perform the same type of work in the U.S? →	☐ Yes ☐ No

INFORMATION ABOUT THE APPLICANT

Complete item 11 ONLY if you are not the worker. If you are the worker, leave this question blank and go on to item 12.

11.	(a) Print your name (First name, middle initial, last name, maiden name)	(b) What is your relationship to the worker?
	(c) Enter your U.S. Social Security number	(d) Enter your social insurance number in the foreign country *(if none or unknown, so indicate)*

ADDITIONAL INFORMATION ABOUT THE WORKER

12.	(a) Enter worker's date of birth (Month, day, year)		(b) Enter worker's place of birth *(City, state, province, country)*
13.	If the worker is deceased, enter the date and place of death →	(a) Date (Month, day, year)	(b) Place *(City, state, province, country)*
14.	(a) Was the worker in the active military or naval service of the U.S. (including U.S. reserve or U.S. National Guard active duty for training) or a foreign country after September 7, 1939? →		☐ Yes *(If "Yes" answer (b) thru (c) below.)* ☐ No *(If "No"go on to item 15.)*
	(b) Enter the name of country served and dates of service: →	Country	Dates of Service: FROM: *(Month, day , year)* TO: *(Month, day , year)*
	(c) Has anyone (living or deceased) received, or does anyone expect to receive, a benefit from any U.S. Federal agency based on the worker's military or naval service? →		☐ Yes *(If "Yes" answer (d) below* ☐ No *(If "No" go on to item 15*

(d) If ''Yes'' enter the following information for each person: (If additional space is required, enter the information in Remarks -- item 19)

Name	U. S. Agency	Claim No.

15. (a) During the past 24 months, did the worker engage in employment or self-employment covered by the U.S. Social Security system? → ☐ Yes ☐ No

(If "Yes" answer (b) and (c) below.) *(If "No" go on to item 16.)*

List the periods of work covered by the U.S. Social Security system and the name and address of the employer or self-employment activity

(b) Name and address of employer or self-employment activity	Work Began (Month-Year)	Work Ended (Month-Year)

(c) May we ask any employer listed above for wage information needed to process this claim? → ☐ Yes ☐ No

INFORMATION ABOUT DEPENDENTS FOR WHOM BENEFITS ARE CLAIMED

16. (a) Are there any children of the worker who are now, or were in the past 12 months, unmarried and: →

Under age 18 ☐ Yes ☐ No

OR

Age 18 or over and a student or disabled ☐ Yes ☐ No

If either block is checked "Yes", enter the information for each child. NOTE: Children include natural children, step-children and adopted children plus grandchildren living in the same household as the worker.

(b) Name of child	(c) Relationship to worker	(d) Sex (M or F)	(e) Date of birth (Month, day, year)

17. The spouse, widow or widower of the worker may be eligible for a benefit. In addition, a former spouse of the worker may be eligible as a divorced spouse, widow or widower. Provide the following information about any spouse or former spouse of the worker.

	SPOUSE	FORMER SPOUSE	FORMER SPOUSE
(a) Name (including maiden name)			
(b) Date of Birth (Mo., day, yr.)			
(c) Date of Marriage (Mo., day, yr.)			
(d) Date of Divorce (if any) (Mo., day, yr.)			
(e) Country of Citizenship			
(f) Social Insurance Number in foreign country			
(g) U. S. Social Security Number (if any)			

18. (a) Has the worker, or any other person listed on this application, ever previously applied for U.S. Social Security benefits or social insurance benefits from the country shown in item 3 of this application?

☐ Yes *(If "Yes" answer (b) thru (f) below.)*

☐ No *(If "No" go on to item 19.)*

If "Yes" enter the information requested for each person. I*(If additional space is required, enter the information in Remarks -- item 19.)*

(b) Name	(c) Type of benefit (e.g., Retirement)

(d) Claim Number	(e) Amount of benefit (if benefit awarded)	(f) Agency which approved or denied claim

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

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 30 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM ALONG WITH ANY EVIDENCE TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001.* ***Send only comments relating to our time estimate to this address, not the completed form.***

PRIVACY ACT NOTICE

Statutory Authority: This form requests information under the authority of Section 203(a) and 233 (d) of the Social Security Act as amended (42 USC 405(a) and 433 (d)).

Mandatory or Voluntary: While it is not mandatory, except in circumstances explained below, for you to furnish the information on this form to Social Security, no benefits may be paid under an international agreement on social security unless an application has been received. 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.

Purpose: The information on this form is needed to enable Social Security authorities in the U.S. and the foreign country you listed on page 3 of this application to determine if you are entitled to benefits under an international agreement on social security.

Effect: Failure to provide all or part of this information could prevent an accurate and timely decision on your claim and could result in the loss of some benefits.

Use of information: Information from this form will be forwarded to the Social Security authorities of the foreign country you listed on page 3 of this application to help them locate information about the worker's periods of coverage under that system. It will also serve as an application for benefits payable under the foreign laws as well as under U.S. laws if the intent to claim benefits under that system has been indicated in item 4 of this application form. The Social Security Administration cannot be responsible for assuring the confidentiality of information provided to a foreign social insurance agency. In general, that country's rules of confidentiality will apply. The information may also be used (1) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs, and (2) to comply with Federal laws requiring the exchange of information between the Social Security Administration and another U.S. government agency.

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.

I hereby authorize the United States to furnish to the competent social insurance agency of the other country all of the information and evidence in its possession which relates or could relate to this application for benefits. I also authorize the agency(ies) of the other country to furnish the Social Security Administration or a United States Foreign Service post all of the information and evidence in its possession which relates to this application for benefits.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

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 __ __ __ (Area Code)

Mailing Address *(Number and street, Apt. No., P.O. Box, or Rural Route)* (Enter resident address in "Remarks" if different)

City and State	ZIP Code	Country *(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 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)