

## Background Information for Kamal Dhakal

Your information was received on September 21, 2021 at 4:54:37 PM.

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### Identification

#### Applicant Identification

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Name: **Kamal P Dhakal**

Social Security Number: \*\*\*-\*\*-0383

Date of Birth: **November 25, 1951**

Gender: **Male**

Blind or low vision: **No**

Disabled: **No**

#### Applicant's Contact Information

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##### Contact Information

Mailing Address: **12232 SE 196TH ST, KENT, Washington, 98031**

Reside at this address: **Yes**

Phone: **(253) 391-1532 Mobile**

Best time to call: **Anytime between 9 a.m. and 5 p.m.**

Email Address: **anishghimire2015@gmail.com**

Confirm Email Address: **anishghimire2015@gmail.com**

##### Language Preferences

Preferred language for speaking: **English**

Preferred language for reading: **English**

#### Birth and Citizenship Information

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Place of Birth: **Biratnagar, Nepal**

U.S. Citizen: **No**

Country of Citizenship: **Nepal**

Legal Residence: **Yes**

Permanent Resident Card Number:

#### Medicare Election

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Wish to apply for Medicare ONLY, but not for monthly retirement cash benefits: **No**

## Other Social Security Numbers and Names

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### Other Social Security Numbers

Any other Social Security Numbers used: **No**

### Other Names

Any other names used: **No**

General

## Marriage Information

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Currently married: **Yes**

Spouse's Name: **Rama Dhakal**

Spouse's Social Security Number: **780-66-9074**

Know Spouse's date of birth: **Yes**

Spouse's date of birth: **April 22, 1950**

Date of Marriage: **March 9, 1970**

Place of Marriage: **biratnagar, Nepal**

Marriage Type: **Other Ceremonial**

## Prior Marriages

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Any prior marriages: **No**

## Children

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Have any children: **Yes**

Any children who became disabled prior to age 22: **No**

Any unmarried children under age 18: **No**

Any unmarried children aged 18 to 19 still attending elementary or secondary school (below college level) full time: **No**

## Military Details

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Military service prior to 1968: **No**

## Employer Details

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Worked for an employer in 2020: **No**

Worked or will work for an employer in 2021: **No**

Will work for an employer in 2022: **No**

## Self-Employment Details

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Self-employed in 2020: **No**

Self-employed in 2021: **No**

Self-employed in 2022: **No**

## Supplemental Information

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Worked outside the US: **No**

Spouse worked outside the US: **No**

Agree with earnings history as shown on Social Security statement: **Not sure or I do not have a statement**

## Total Earnings

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Neither working for an employer nor self-employed in 2020 or later, last year worked: **2019**

## Other Pensions/Annuities

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Ever work in a job where U.S. Social Security taxes were not deducted or withheld: **No**

Spouse worked for the Railroad 5 years or more: **No**

Worked for the Federal Government in January 1983: **No**

Spouse worked for the Federal Government in January 1983: **No**

## When to Start Retirement Benefits

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Benefits to start in 09/2021: **Yes**

If eligible for both retirement and spouse's benefits, delay receipt of retirement benefit: **No**

## Direct Deposit Details

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Own or co-own a bank account to use for Direct Deposit: **Yes**

Account Type: **Checking**

Routing Number: **125000024**

Account Number: **138124536568**

Other Benefits

## Benefit Information

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Intend to apply for Supplemental Security Income benefits: **No**

Any previous application(s) for Medicare, Social Security, or Supplemental Security Income benefits: **Yes**

Types of benefits for which application submitted: **Medicare benefits**

Application for benefits submitted on own Social Security Number: **Yes**

## Health Insurance

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Already enrolled in Medicare Part B: **No**

Want to enroll in Medicare Part B: **Yes**

Receiving Medicaid (state health insurance): **Yes**

## Group Health Plan Information

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Covered under a Group Health Plan: **No**

Remarks & Options

### Remarks

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The following are your remarks:

## Managing Your Benefits

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### Advance Designation

Provide Advance Designee at this time: **Yes**

#### Designee 1

Name: **Anish Ghimire**

Primary Telephone Number: **(253) 391-1532**

Relationship: **Friend**

#### Designee 2

Name:

Primary Telephone Number:

Relationship:

#### Designee 3

Name:

Primary Telephone Number:

Relationship: