APPLICATION FOR DISABILITY INSURANCE BENEFITS

(Do not write in this space)

I apply for a period of disability and/or all insurance benefits for which I am eligible under Title II and Part A of Title XVIII of the Social Security Act, as presently amended.

1.	**PRINT your name**	FIRST NAME, MIDDLE INITIAL, LAST NAME
2.	Enter your Social Security Number	
3.	Check (X) whether you are	☐ Female ☐ Male

Answer question 4 if English is not your preferred language. Otherwise, go to item 5.

4.	Enter the language you prefer to: speak	write
5.	(a) Enter your date of birth	
	(b) Enter name of city and state or foreign country where you were born.	
6.	(a) Are you a U.S. citizen?	☐ Yes (If "Yes," go to item 7) ☐ No (If "No," answer (b))
	(b) Are you an alien lawfully present in the U.S.?	☐ Yes (If "Yes," answer (c)) ☐ No (If "No," go to item 7)
	(c) When were you lawfully admitted to the U.S.?	
7.	(a) Enter your name at birth if different from item (1)	
	(b) Have you used any other names?	☐ Yes (If "Yes," answer (c)) ☐ No (If "No," go to item 8)
	(c) Other name(s) used.	
8.	(a) Have you used any other Social Security number(s)?	☐ Yes (If "Yes," answer (b)) ☐ No (If "No" go to item 9)
	(b) Enter Social Security number(s) used.	
9.	When do you believe your condition(s) became severe enough to keep you from working (even if you have never worked)?	
10.	Did you or your spouse (or prior spouse) work in the railroad industry for 5 years or more?	☐ Yes ☐ No
11.	(a) Do you have Social Security credits (for example, based on work or residence) under another country's Social Security System?	☐ Yes (If "Yes," answer (b)) ☐ No (If "No," go to item 12)
	(b) List the country(ies):	
12.	(a) Are you entitled to, or do you expect to be entitled to, a pension or annuity (or a lump sum in place of a pension or annuity) based on your work after 1956 not covered by Social Security?	☐ Yes (If "Yes," answer (b) and (c)) ☐ No (If "No," go to item 13)

(b)	☐ I became entitled, or expect to become entitled, beginning	MONTH	YEAR
(c)	☐ I became eligible, or expect to become eligible, beginning	MONTH	YEAR

I AGREE TO PROMPTLY NOTIFY the Social Security Administration if I become entitled to a pension or annuity based on my employment not covered by Social Security, or if such pension or annuity stops.