

Required Information	Description and Explanation	Mark if You Have This Information or N/A
Your Name, Gender, and Social Security Number	Provide your full name, gender, and Social Security Number.	
Date and Place of Birth	Indicate your date of birth and the place (state, territory like Puerto Rico, or a foreign country).	
Citizenship Status	If you were not born in Puerto Rico or the United States, indicate your current citizenship status.	
Previous Social Security Benefit Applications	Indicate if you have previously applied for Social Security, Medicare, or Supplemental Security Income benefits.	
Use of Other Social Security Numbers	Indicate if you have used any other Social Security Number.	
Active Military Service Before 1968	If applicable, provide the dates of military service and whether you have received monthly benefits from any federal military or civilian agency.	
Social Security Credits in Another Country	Indicate if you have earned credits under the Social Security system of another country.	
Government Employment Pension or Annuity	Indicate if you qualify for or expect to receive a pension based on employment with the U.S. federal government or a local subdivision.	
Current Marital Status	Provide information about your current marital status and if married, the name, birthdate, and SSN of your spouse.	
Information on Ex-Spouses Married Over 10 Years	Indicate the names, birthdates of any ex-spouses along with the dates and places of the marriages and divorces. You do not need to provide this information if married less than 10 years.	
Information About Your Children	Detail the names of your children who are under 18, 18-19 in school, or disabled before the age of 22.	
Children Under 3 Years Old	If you had children under 3 years living with you in years without income, indicate so.	
Economic Dependency of Your Parents	Indicate if you have a parent who is economically dependent on you at the time of disability.	
Employer Information and Workplaces Last 15 Years	Name of employers or details of your self-employment and earnings amounts from this and last year.	
Income Received After Stopping Work	Indicate if you have received or expect to receive money from your employer since the date you were unable to work.	
Date Unable to Work	Date on which you became unable to work due to illnesses, injuries, or conditions.	
Information on Worker's Compensation	Detail any worker's compensation you have received or expect to receive.	