

CLAIM FOR AMOUNTS DUE IN THE CASE OF A DECEASED BENEFICIARY

PRINT NAME OF DECEASED	SOCIAL SECURITY NUMBER OF DECEASED
If the deceased received benefits on another person's record, print name of that worker	NAME OF THE WORKER

The deceased may have been due a Social Security payment and/or a Medicare Premium refund. The Social Security Act provides that amounts due a deceased may be paid to the next of kin or the legal representative of the estate under priorities established in the law. To help us decide who should receive any payment due, please COMPLETE THIS ENTIRE FORM and RETURN it to us in the enclosed envelope.

This claim for the amounts due is being made on behalf of the family or the estate of _____ who died on the _____ day of _____ (name of deceased) (month) (year)

and who lived in the state of _____

PRINT NAME OF APPLICANT	RELATIONSHIP TO DECEASED (Widow, Son, Legal Representative, etc.)
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THE FOLLOWING ARE THE NEXT OF KIN OR LEGAL REPRESENTATIVE OF THE DECEASED NAMED ABOVE:

1.	NAME OF SURVIVING WIDOW(ER) (Please print. If none, state "NONE".)	ADDRESS OF SURVIVING WIDOW(ER) (Please print house number, street, apt. number, P.O. box, rural route, city, state, and zip code.)
	ENTER SOCIAL SECURITY NUMBER(S) OF WIDOW(ER) NAMED ABOVE.	
	WAS THE WIDOW(ER) NAMED ABOVE LIVING IN THE SAME HOUSEHOLD WITH THE DECEASED AT THE TIME OF DEATH?	<input type="checkbox"/> YES If "YES", then SKIP items 2, 3, 4, 5 and SIGN at bottom of page 2 <input type="checkbox"/> NO
	WAS HE OR SHE ENTITLED TO A MONTHLY BENEFIT ON THE SAME EARNINGS RECORD AS THE DECEASED AT THE TIME OF DEATH?	<input type="checkbox"/> YES If "YES", then SKIP items 2, 3, 4, 5 and SIGN at bottom of page 2 <input type="checkbox"/> NO (Go on to item 2)

2. ENTER NUMBER OF LIVING CHILDREN OF THE DECEASED. INCLUDE ADOPTED CHILDREN AND STEPCHILDREN; INCLUDE GRANDCHILDREN AND STEP-GRANDCHILDREN IF THEIR PARENTS ARE DISABLED OR DECEASED; OR IF THEY HAVE BEEN ADOPTED BY THE SURVIVING SPOUSE OF THE DECEASED. IF NONE OF THE ABOVE, SHOW "NONE" AND GO ON TO ITEM 4.	NUMBER
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PRINT NAME AND COMPLETE ADDRESS OF EACH CHILD

Remarks (If you need more space for explaining any answers to the questions, attach a separate sheet.)

NAME OF CHILD	ADDRESS OF CHILD (Include house number, street, apt. number, P.O. Box, rural route, city, state, and ZIP code)
RELATIONSHIP TO DECEASED (Grandchild, stepchild, etc.)	SOCIAL SECURITY NUMBER OF CHILD
NAME OF CHILD	ADDRESS OF CHILD (Include house number, street, apt. number, P.O. Box, rural route, city, state, and ZIP code)
RELATIONSHIP TO DECEASED (Grandchild, stepchild, etc.)	SOCIAL SECURITY NUMBER OF CHILD

3. If any child listed in item 2 has a different name from that given at birth, attach a separate sheet with the following information: Child's Present Name, Name Given At Birth, and a brief explanation for the difference (e.g. Marriage or Court Order).

4. ENTER NUMBER OF LIVING PARENTS OF THE DECEASED (Include adopting parents and stepparents. If none, show "None") IF THERE ARE NO LIVING PARENTS, GO ON TO ITEM 5.	NUMBER
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PRINT NAME AND COMPLETE ADDRESS OF EACH PARENT

NAME OF LIVING PARENT	ADDRESS OF LIVING PARENT (Include house number, street, apt. number, P.O. Box, rural route, city, state, and ZIP code)
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ENTER SOCIAL SECURITY NUMBER OF PARENT NAMED	
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NAME OF LIVING PARENT	ADDRESS OF LIVING PARENT (Include house number, street, apt. number, P.O. Box, rural route, city, state, and ZIP code)
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ENTER SOCIAL SECURITY NUMBER OF PARENT NAMED	
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5. **LEGAL REPRESENTATIVE OF THE DECEASED'S ESTATE (Skip this item if relatives are listed in 1, 2, or 4.)**

NAME OF LEGAL REPRESENTATIVE (Please print)	ADDRESS OF LEGAL REPRESENTATIVE (Please print house number, street, apt. number, P.O. Box, rural route, city, state, and ZIP code.)
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NOTE: If you are applying as legal representative, please submit a certified copy of your letters of appointment.

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.

SIGNATURE OF APPLICANT

SIGNATURE (First name, middle initial, last name)	DATE (Month, day, year)	TELEPHONE NUMBER (Include area code)
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MAILING ADDRESS (House number and street, apt. number, P.O. Box, or rural route)

CITY	STATE	NAME OF COUNTY	ZIP CODE
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Direct Deposit Payment Address (Financial Institution)

Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Nine Digit Routing Number
Account Number	

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.

SIGNATURE OF WITNESS	SIGNATURE OF WITNESS
ADDRESS (House number and street, city, state, and zip code)	ADDRESS (House number and street, city, state, and zip code)