

## Screen shots of online A/B application

### Apply for Benefits

#### Information About Applicant

**Your Name:**  
Please provide the name as it appears on the most recent Social Security card.

First Middle Last Suffix

**Social Security Number (SSN):**

**Date of Birth:**

Month Day Year

**Gender:**

Male  Female

**Are you blind or do you have low vision even with glasses or contacts?**

Yes  No

During the last 14 months, have you been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death? [More Info](#)

**Mailing Address:**

**Country:**

**Street Address:**

Street Line 1:

Street Line 2:  [Add Line](#)

**City/Town:**  **State/Territory:**  **ZIP Code:**

**Do you live at this address?**

Yes  No

**Daytime Phone Number:**

U.S.  International

10-digit Number Phone Type

**What is the best time to call?**

9 a.m. to Noon  Noon to 5 p.m.  Anytime between 9 a.m. and 5 p.m.

**Email Address:**  
We will send an acknowledgement to this address.

**Confirm Email Address:**  
Please retype to confirm your email address.

Note that in the below example this person was born outside the US and so for place of birth, "Other" is checked so it asks for city and country. But if you are born in US and check that, then it will ask for city and state.

**Apply for Benefits**

Identification | General | Other Benefits | Remarks | Review & Sign

### Birth and Citizenship Information for [Redacted]

**Place of Birth:** [More Info](#)  
Provide place of birth as it was known at the time of your birth.

United States or U.S. Territory  Other

City/Town: [Text Box] Country: [Dropdown Menu]

**Are you a U.S. citizen?** [More Info](#)  
 Yes  No

**Type of Citizenship:** [More Info](#)  
Naturalized citizen [Dropdown Menu]

**Date of Citizenship:**  
Month: [Dropdown Menu] Day: [Text Box] Year: [Text Box]

[Next](#) [Previous](#)

**In this section...**

- Applicant Identification
- Contact Information
- Birth and Citizenship**
- Medicare Information
- Re-entry Number
- Other SSNs and Names

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### Medicare Information for [Redacted]

Do you wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time? [Things to Consider](#)  
 Yes  No

Are you already enrolled in Medicare under a Social Security Number other than your own? [More Info](#)  
 Yes  No

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**In this section...**

- Applicant Identification
- Contact Information
- Birth and Citizenship
- Medicare Information**
- Re-entry Number
- Other SSNs and Names

The reentry number is erased in the example below, but when you do your application, the reentry number for you will be there.

Security Administration (US) | <https://secure.ssa.gov/IClaim/Iri0055submit.do>

Zapquote.com Southern California Zero Hedge Invest Frontier.com Sell Se DSL Extr

## Apply for Benefits

Identification General Other Benefits Remarks Review & Sign

**i** You must print this page or write down the re-entry number.

Re-entry Number: [blurred]


If something causes you to exit or you choose to save and return at a later time, you must use this number to continue your saved application process.

If you lose your re-entry number, log into your [my Social Security](#) account, or register for an account, to view your re-entry number. Social Security employees will never ask for your re-entry number, or will have access to it. This is to protect your privacy.

[Print this page](#)

Medicaid is called "Medi-Cal" in California

Text Size Accessibility H

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## Apply for Benefits

Identification General Other Benefits Remarks Review & Sign

**Medicare Coverage for** [Redacted]

Do you want to enroll in Medicare Part B? [More Info](#)


Yes  No

**Other Health Insurance Coverage**


Are you receiving Medicaid (state health insurance)? [More Info](#)

Yes  No

[Next](#) [Previous](#) [Save & Exit](#)



Please note that if you are covered under a Group Health Plan but will not be when your Medicare starts, then the answer is below should be "No."

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Identification General Other Benefits Remarks Review & Sign

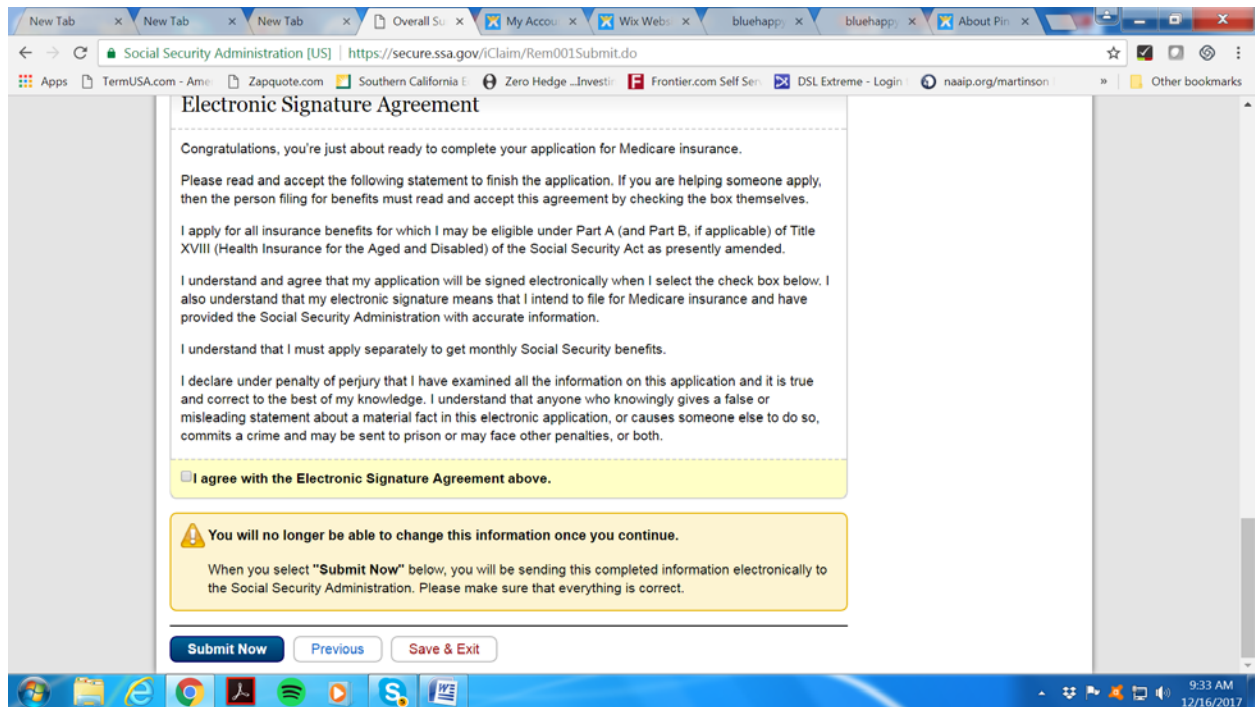
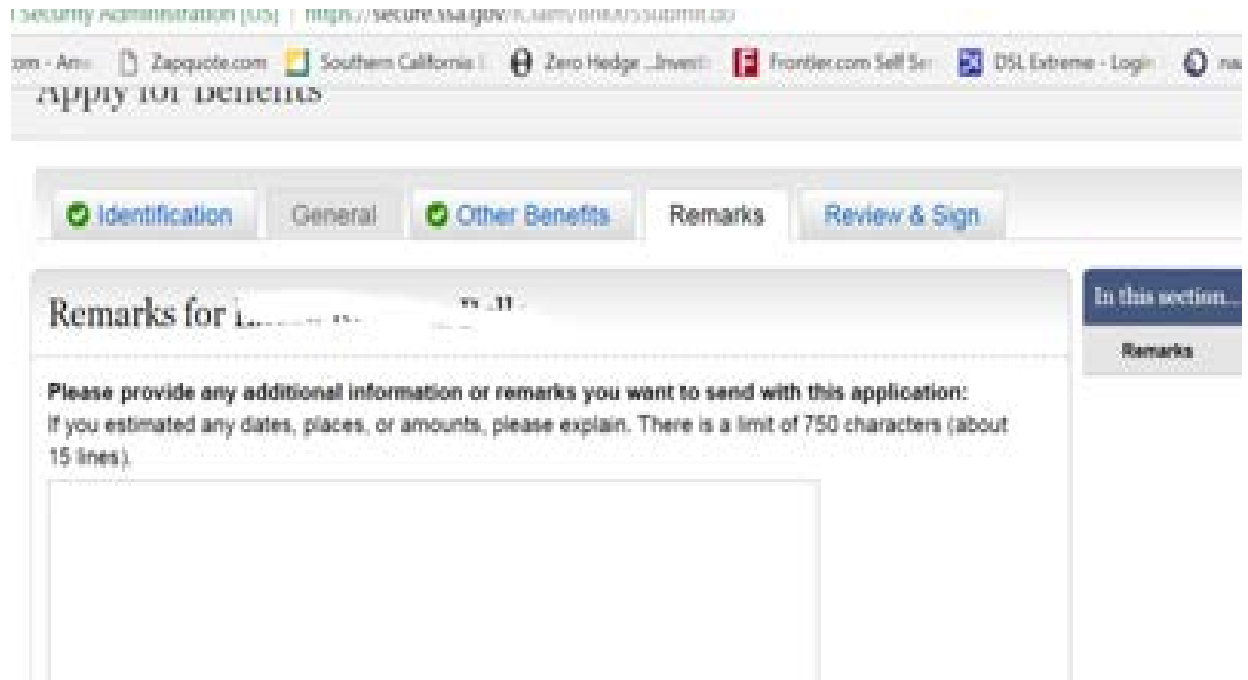
**Group Health Plan Information for E** [Redacted]

Are you covered under a Group Health Plan? [More Info](#)

Yes  No

[Next](#) [Previous](#) [Save & Exit](#)

Remarks would usually be left blank. The exception is as mentioned below. If you had estimated a date you were unsure of such as the date you became a citizen (if born outside the USA) then here in remarks you would explain that fact.



The page below is the final page you see after clicking on submit. In this example you read it and you see there is nothing else they are asking for right now. But in some case it says something like, "We will also need a certified copy of your birth certificate," which you would then need to deliver to the local Social Security office.



The screenshot shows the Social Security Administration website. At the top left is the SSA logo. To its right, the text reads "Social Security" in a large font, with "The Official Website of the U.S. Social Security Administration" in a smaller font below it. A horizontal line separates the header from the main content area. The main content area has a light gray background and is titled "Apply for Benefits" in a large, bold font. Below this title is a green-bordered box containing a confirmation message. The message starts with a green checkmark icon and the text "Thank you for applying for Medicare online." followed by "Your Confirmation Number is: [redacted]". It then says "You can check the status of your application by logging into your [my Social Security account](#), or registering for a [my Social Security account](#)." and "We will contact you with any updates or questions we may have about your information." To the right of this box is a "Print" icon and the text "Print th". Below the green box is a section titled "View & Print Your Receipt" with the text "We recommend that you keep a copy for your records." Below this is a "Useful Links" section with a "Contact Us" button. The links listed are: "Reporting Responsibilities: What Needs to be Reported", "Frequently Asked Questions - Internet Benefit Claim", "Social Security Online: What You Can Do Online", "Voluntary Tax Withholding", and "Help With Prescriptions".

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## Apply for Benefits

 **Thank you for applying for Medicare online.**

Your Confirmation Number is: [redacted]

You can check the status of your application by logging into your [my Social Security account](#), or registering for a [my Social Security account](#).

We will contact you with any updates or questions we may have about your information.

[View & Print Your Receipt](#)

We recommend that you keep a copy for your records.

Useful Links [Contact Us](#)

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- [Frequently Asked Questions - Internet Benefit Claim](#)
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