

APPLICATION FOR SPECIAL BENEFITS FOR WORLD WAR II VETERANS

I am applying for all benefits for which I am eligible under title VIII (Special Benefits for Certain World War II Veterans) of the Social Security Act, and for benefits under other programs administered by the Social Security Administration.

FILING DATE

Month, Day, Year

- Actual
or
 Protective

1. (a) Print your name _____ →	First Name, Middle Initial, Last Name	(b) Enter your date of birth ____/____/____ Month Day Year
2. (a) Enter your Social Security Number _____ →	____-____-____	

(b) Did you ever use any other names (including maiden name) or other Social Security Numbers (SSN)?
_____ → YES NO

(c) Other Names or SSNs Used

3. Sex male female

4. (a) Have you (or has someone on your behalf) ever filed an application for Supplemental Security Income (SSI)? Yes No

(b) Are you currently receiving SSI payments? Yes No
If "NO," when did you last receive SSI payments? _____
Month Year

5. (a) Were you in the active military, naval or air service of the United States after September 15, 1940 and before July 25, 1947? _____ → Yes No

(b) Enter dates of service. _____ →
From: (Month, Year)
To: (Month, Year)

6. (a) Were you in the organized military forces of the Government of the Commonwealth of the Philippines, while the forces were in the service of the Armed Forces of the United States pursuant to the military order of the President dated July 26, 1941? This includes organized guerrilla forces under commanders appointed, designated, or subsequently recognized by the Commander in Chief, Southwest Pacific Area, or other competent authority in the Army of the United States. You must have been in this service after July 25, 1941 and before December 31, 1946. _____ → Yes No

(b) Enter dates of service. _____ →
From: (Month, Year)
To: (Month, Year)

IF YOU ANSWER "NO" TO ITEMS 5 AND 6, GO ON TO SIGNATURE BLOCK ON PAGE 4.

7. (a) During the past 12 months, did you receive income from any of the following sources?

INCOME SOURCES	Yes	No	Dates Received		Monthly Amount
			From:	To:	
FEDERAL BENEFITS					
Social Security <i>(This does not include SSI)</i>					
Railroad Retirement					
Veterans Affairs					
Office of Personnel Management <i>(Civil Service)</i>					
Military Pension					
Black Lung					
Bureau of Indian Affairs					
STATE/LOCAL BENEFITS					
Unemployment Compensation					
Workers' Compensation					
State Disability					
State or Local Pension					
PRIVATE BENEFITS					
Employer or Union Pension					
Insurance or Annuity Payment					
OTHER PENSION, ANNUITY, RETIREMENT OR DISABILITY BENEFIT (Show Source)					

(b) During the past 12 months, did you receive a lump sum payment, instead of monthly or other recurring payments, from any of the above sources? _____ Yes No
 If "YES," explain below.

8. (a) Have you ever been deported or removed from the United States? _____ Yes No
 If "YES," answer (b) and (c) below.

(b) Enter Month, Day, Year you were deported or removed from the United States.

 Month Day Year

(c) Have you ever been lawfully admitted to the United States for permanent residence after the date in (b) above? _____ Yes No

IMPORTANT INFORMATION — PLEASE READ CAREFULLY

- You must tell us about any changes shown on the attached Reporting Instructions within 10 days after the end of the month it happens.
- The Social Security Administration will check your statements and compare its records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.

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	Date (Month, Day, Year)
Signature (First Name, Middle Initial, Last Name) (Write in ink)	Telephone Number
Sign Here	
Applicant's Mailing Address	(Number & Street, Apt. No., P.O. box) (Enter Residence Address in "Remarks," on page 3 if different.)

City and State	Country	Zip/Postal Code
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Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses. Also, print the applicant's name in the Signature block.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State, Country and Zip/Postal Code)	Address (Number and Street, City, State, Country and Zip/Postal Code)

REPORTING INSTRUCTIONS FOR SPECIAL BENEFITS FOR WORLD WAR II VETERANS

You must report to Social Security if:

- You change your mailing address or residence.
- You return to or visit the United States for a calendar month or longer.
- You become unable to manage benefits.
- You have been deported or removed from the United States.
- There is an unsatisfied warrant for your arrest for a felony crime in the United States, or in U.S. jurisdictions that do not define crimes as felonies, for a crime that is punishable by death or imprisonment for a term exceeding one year.
- You are in violation of a condition of probation or parole.
- You receive a pension, annuity or other recurring payment. This includes payments such as workers' compensation, veterans benefits or disability benefits. You must also report if the amount of these payments changes.
- Additionally, your family or other knowledgeable person must notify SSA if you die.

HOW TO REPORT

YOU CAN MAKE YOUR REPORTS BY TELEPHONE, MAIL OR IN PERSON. YOU CAN CONTACT ANY U.S. EMBASSY, CONSULATE, THE VETERANS AFFAIRS REGIONAL OFFICE IN THE PHILIPPINES, OR ANY U.S. SOCIAL SECURITY OFFICE.

RECEIPT FOR YOUR CLAIM FOR SPECIAL BENEFITS FOR WORLD WAR II VETERANS

NAME	SOCIAL SECURITY NUMBER ____ / ____ / _____	DATE
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Telephone Number to call if you have a question or something to report. (_ _)	Social Security Office you may contact
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Your application for Special Benefits for World War II Veterans will be processed as quickly as possible. If you have any questions about your claim, we will be glad to help you. You should hear from us within ____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.

PRIVACY ACT NOTICE

The Social Security Administration is authorized to collect the information on your application form under Section 806 of Section 251 of P.L. 106-169. Your response to this request is voluntary; however, as explained below, no benefits may be paid unless an application has been received by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure payments not authorized by the Social Security Act.

The information on your application is needed to enable Social Security to determine if you are eligible for Special Veterans Benefits. Failure to provide all or part of the information could prevent an accurate and timely decision on your claim, and could result in the loss of some payments. Although the information you furnish on the application is rarely used for any other purpose than stated in the foregoing, there is a possibility that information may be disclosed to another person or to another governmental agency as follows: (1) to enable a third party or an agency to assist Social Security in establishing rights to Special Veterans Benefits and (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the Department of Veterans Affairs).

Computer Matching: We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in U.S. Social Security offices. If you want to learn more about this, contact any U.S. Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Only comments relating to our time estimate should be provided, not the completed form.***