This checklist will help you gather the information you may need to complete the Internet Disability Benefits Application and the Disability Report. Please print this page to use while you gather your materials.

**DISABILITY APPLICATION**

- Military Service discharge information (Form DD 214) for all periods of active duty.
- W-2 Form (or your IRS 1040 and Schedules C and SE if self-employed) from last year.
- Social Security Number(s) for your spouse and minor children.
- Checking or savings account number and bank routing number, if you want Direct Deposit for your benefit checks.

**DISABILITY REPORT**

- Name, address and phone number of someone we can contact who knows about your medical conditions and can help with your claim.
- Names, addresses, phone numbers, patient ID numbers, and dates of treatment for all doctors, hospitals, and clinics. 
  **NOTE:** You may want to refer to any Medical Records you have.
- Names of medicines you are taking and who prescribed them. 
  **NOTE:** You may want to have your medicine bottles available.
- Names and dates of medical tests you have had and who sent you for them.
- Types of jobs and dates you worked for your last 5 jobs.
- Information about any insurance or workers’ compensation claims you filed, such as claim number and name, address and phone number of insurance company.

We may contact you for additional information after you submit your application and report.