APPLICATION FOR LUMP-SUM DEATH PAYMENT*

I am applying for the lump sum death payment for which I am eligible under Section 202(i) of the Social Security Act, as presently amended, on the named deceased's Social Security record. This application must be filed within 2 years after the date of death of the wage earner or self- employed person.

* This may serve as an application for insurance benefits payable under the Railroad Retirement Act.

1.	PRINT your name	FIRST NAME, MIDDLE INITIAL, LAST NAME	
2.	(a) PRINT name of Deceased Wage Earner or Self-Employed Person (herein referred to as the "deceased")	FIRST NAME, MIDDLE INITIAL, LAST NAME	
	(b) Enter deceased's Social Security Number		
3.	Enter date of birth of deceased *(MM/DD/YYYY)*		
4.	(a) Enter date of death *(MM/DD/YYYY)*		
	(b) Enter place of death *(City and State)*		
5.	ANSWER ITEM 5 **ONLY** IF THE DECEASED WORKED WITHIN THE PAST 2 YEARS.		
	(a) About how much did the deceased earn from employment and self-employment during the year of death?	AMOUNT $	
	(b) About how much did the deceased earn the year before death?	AMOUNT $	
6.	ANSWER ITEM 6 **ONLY** IF THE DECEASED DIED PRIOR TO AGE 66 AND WITHIN THE PAST 4 MONTHS		
	(a) Was the deceased unable to work because of illness, injuries or conditions at the time of death?	☐ Yes *(If "Yes," answer (b).)*	☐ No *(If "No," go on to item 7.)*
	(b) Enter the date the deceased became unable to work *(MM/DD/YYYY)*		
7.	(a) Was the deceased in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968?	☐ Yes *(If "Yes," answer (b) and (c).)*	☐ No *(If "No," go on to item 8.)*
	(b) Enter dates of service.	From: *(MM/YYYY)*	To: *(MM/YYYY)*
	(c) Has anyone (including the deceased) received, or does anyone expect to receive, a benefit from any other Federal agency?	☐ Yes	☐ No
8.	Did the deceased work in the railroad industry for 7 years or more?	☐ Yes	☐ No

9. (a) Did the deceased ever engage in work that was covered under the social security system of a country other than the United States? ☐ Yes *(If "Yes," answer (b).)* ☐ No *(If "No," go on to item 10.)*

(b) If "Yes," list the country(ies).

10. (a) Is the deceased survived by a spouse? If "Yes," enter information about the marriage at the time of death below. If "No," go on to item 10(b) if the deceased had prior marriages or item 11 if the deceased never married. ☐ Yes ☐ No

Spouse's Name *(including Maiden Name)*	When *(MM/DD/YYYY)*	Where *(Name of City and State)*
How marriage ended	When *(MM/DD/YYYY)*	Where *(Name of City and State)*
Marriage performed by: ☐ Clergyman or public official ☐ Other *(Explain in "Remarks")*	Spouse's date of birth (or age)	Spouse's Social Security Number *(If none or unknown, please indicate)*

(b) If the deceased had a prior marriage(s) that lasted at least 10 years, enter the information below. If the deceased married the same individual multiple times and the remarriage took place within the year immediately following the year of the divorce, and the combined period of marriage totaled 10 years or more, include the marriage. If no prior marriages or if information is unavailable, please indicate below.

Spouse's Name *(including Maiden Name)*	When *(MM/DD/YYYY)*	Where *(Name of City and State)*
How marriage ended	When *(MM/DD/YYYY)*	Where *(Name of City and State)*
Marriage performed by: ☐ Clergyman or public official ☐ Other *(Explain in "Remarks")*	Spouse's date of birth (or age)	If spouse deceased, give date of death

Spouse's Social Security Number *(If none or unknown, please indicate)*

(c) If the deceased has a surviving child(ren) as defined in item 11 and the deceased was married to the child's mother or father but the marriage ended in divorce, enter information on the marriage if not already listed in 10(b). If no prior marriages or if information is unavailable, please indicate below.

Spouse's Name *(including Maiden Name)*	When *(MM/DD/YYYY)*	Where *(Name of City and State)*
How marriage ended	When *(MM/DD/YYYY)*	Where *(Name of City and State)*
Marriage performed by: ☐ Clergyman or public official ☐ Other *(Explain in "Remarks")*	Spouse's date of birth (or age)	If spouse deceased, give date of death

Spouse's Social Security Number *(If none or unknown, please indicate)*

11. The deceased's surviving children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) may be eligible for benefits based on the earnings record of the deceased.

List below ALL such children who are now or were in the past 12 months **unmarried** AND:
- Under age 18
- Age 18 to 19 and attending elementary or secondary school (grade 12 or below) full time OR
- Age 18 or older with a disability that began before age 22. **(If none, write "None.")**

Full Name of Child	Full Name of Child

12. Is there a surviving parent (or parents) of the deceased who was receiving support from the deceased either at the time the deceased became disabled under the Social Security law or at the time of death? ☐ Yes ☐ No (If "Yes," enter the name and address of the parent(s) in "Remarks".)

13. Have you filed for any Social Security benefits on the deceased's earnings record before? ☐ Yes ☐ No

NOTE: If there is a surviving spouse, continue with item 14. If not, skip items 14 through 17.

14. If you are not the surviving spouse, enter the surviving spouse's name and address here

15.	(a) Were the deceased and the surviving spouse living together at the same address when the deceased died?	☐ Yes (If "Yes," go on to item 16.)	☐ No (If "No," answer (b).)
	(b) If either the deceased or surviving spouse was away from home (whether or not temporarily) when the deceased died, give the following:		
	Who was away?	☐ Deceased	☐ Surviving spouse
	Date last home	Reason absence began	Reason they were apart at time of death
	If separated because of illness, enter nature of illness or disabling condition.		

If you are the surviving spouse, and if you are under age 66, answer item 16.

16.	(a) Are you currently disabled and unable to work or was there a period during the last 14 months when you were disabled and unable to work?	☐ Yes	☐ No
	(b) If "Yes," enter the date you became disabled.	*(MM/DD/YYYY)*	

Answer item 17 ONLY if you are the surviving spouse.

17.	Were you married before your marriage to the deceased? If yes, enter information about your prior marriage(s) that lasted at least 10 years or ended due to death of the spouse. If you divorced then remarried the same individual within the year immediately following the year of the divorce and the combined period of marriage totaled at least 10 years, include the marriage. If you need more space, use "Remarks" section on back page or attach a separate sheet.			☐ Yes ☐ No
	Spouse's Name *(including Maiden Name)*	When *(MM/DD/YYYY)*	Where *(Name of City and State)*	
	How marriage ended	When *(MM/DD/YYYY)*	Where *(Name of City and State)*	
	Marriage performed by: ☐ Clergyman or public official ☐ Other *(Explain in "Remarks")*	Spouse's date of birth (or age)	If spouse deceased, give date of death	
	Spouse's Social Security Number *(If none or unknown, please indicate)*			

For additional information about survivor benefits see Publication No. 05-10084 at www.socialsecurity.gov.

Remarks: *(You may use this space for any explanation. If you need more space, attach a separate sheet.)*

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 ***(First name, middle initial, last name) (Write in ink)***	Date *(MM/DD/YYYY)* Telephone Number(s) at Which You May Be Contacted During the Day (Area Code)

Mailing Address *(Number and Street, Apt. No., P.O. Box, or Rural Route)*

City and State	ZIP Code	Enter Name of County (if any) in which you now live

Direct Deposit Payment Information (Financial Institution)

Routing Transit Number	Account Number	☐ Checking ☐ Savings	☐ Enroll in Direct Express ☐ Direct Deposit Refused

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.

1. Signature of Witness	2. Signature of Witness
Address *(Number and Street, City, State, and ZIP Code)*	Address *(Number and Street, City, State, and ZIP Code)*

RECEIPT FOR YOUR CLAIM FOR THE SOCIAL SECURITY LUMP-SUM DEATH PAYMENT

TELEPHONE NUMBER TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT	SSA OFFICE	DATE CLAIM RECEIVED
TELEPHONE NUMBER		

RECEIPT FOR YOUR CLAIM

Your application for the lump-sum death payment has been received and will be processed as quickly as possible.

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.

In the meantime, if you change your mailing address, you should report the change.

Always give us your claim number when writing or telephoning about your claim.

If you have any questions about your claim, we will be glad to help you.

CLAIMANT	BENEFICIARY NOTICE CONTROL NUMBER (BNC)

DECEASED'S NAME (If surname differs from claimant's name)

Privacy Act Statement
Collection and Use of Personal Information

Section 202 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed and may result in the loss of benefits.

We will use the information you provide to authorize a one-time lump-sum death payment. We may also share your information for the following purposes, called routine uses:

- To contractors and other Federal agencies, as necessary, for the purpose of assisting us in the efficient administration of our programs. We will disclose information under this routine use only in situations in which we may enter into a contractual or similar agreement to obtain assistance in accomplishing an SSA function relating to this system of records; and

- To student volunteers, individuals working under a personal services contract, and other workers who technically do not have the status of Federal employees, when they are performing work for SSA, as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned agency functions.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

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