

PART III. CIVILIAN FEDERAL AGENCY BENEFIT INFORMATION
(Including Veterans Administration)

4.	(a) Have you ever been, or do you expect to be, entitled to receive a civilian Federal benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "no", omit the remaining questions and sign below.)		
	(b) Please check type of benefit that you are receiving, were receiving, or that you expect to receive. <input type="checkbox"/> Age or length of service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(PLEASE SPECIFY TYPE)</div>		
5.	(a) Name of Federal agency that was, is now, or will be paying benefit: <input type="checkbox"/> Office of Personnel Management (<i>Formerly Civil Service Commission</i>) <input type="checkbox"/> Veterans' Administration (<i>Check only if receiving benefits because of waiving all or part of military retirement pay</i>) <input type="checkbox"/> Office of Workers Compensation Programs (<i>Check only if receiving benefits because of waiving all or part of another Federal benefit</i>) Specify in remarks the agency and the type of benefit waived. <input type="checkbox"/> Other (<i>Specify</i>) _____		
	(b) Years of civilian Federal employment _____	(c) Date claim filed _____	(d) Federal Benefit claim number _____
6.	MOST RECENT Federal employer: (a) Name of agency (<i>if different from 5(a) above</i>) _____ (b) City and State where employed _____ (c) Date last worked _____		

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

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

SIGNATURE OF APPLICANT

Signature (<i>First name, middle initial, last name</i>) (<i>Write in ink</i>)	Date (<i>Month, day, year</i>) _____
SIGN HERE	Telephone Number (<i>include area code</i>) _____

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

City and State	ZIP 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 to the signing who know the applicant must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (<i>Number and street, City, State and ZIP Code</i>)	Address (<i>Number and street, City, State and ZIP Code</i>)