RSSA

Client Information Form

Date:_____

Client Family Name:	Email:	Phone #:
Address:	City:	State: Zip Code:

☐ Provided Social Security Statement (earnings records) in XML format from www.ssa.gov

DEMOGRAPHIC INFO	CLIENT	SPOUSE*
Name:		
Birthdate:		
Projected Maximum Age of Life: See www.livingto100.com		

RELATIONSHIP STATUS	CLIENT	SPOUSE*
Include all marriages, divorces*, and deaths. Date of marriage(s), Date of divorce(s), Date of death(s) Use a separate sheet as needed.		

WORK & CLAIMING STATUS	CLIENT	SPOUSE*
Are you currently collecting benefits?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, start date and monthly amount?		
If yes, whose earnings record is the benefit based on?	☐ Own record ☐ Spouse's record	☐ Own record ☐ Spouse's record
If no, when do you plan to file for benefits:		
Other claiming ages to review:		
Last age (year) of earnings:		
Current year annual earnings:		

PENSION(S)	CLIENT	SPOUSE*
Do you or will you receive a pension(s) from work that **did not** pay into Social Security? *(non-covered pension)*	☐ Yes ☐ No	☐ Yes ☐ No
Pension start date:		
Annual amount (current year if already started):		

DEPENDENT(S)	CLIENT	SPOUSE*
Do you have any eligible children**? If yes, list all names and birth dates below:	☐ Yes ☐ No	☐ Yes ☐ No

ADDITIONAL INFORMATION (use a separate sheet as needed)

*Ex-spouse benefits may be available if married at least 10 years, are currently unmarried, and at least 62 years old.

**Children's benefits may be available if children are under age 19, still in high school, or were permanently disabled before age 22.