



SOCIAL SECURITY ADMINISTRATION

Embassy of the United States of America
Federal Benefits Unit Bogota - San Jose Region
FBUBogota@state.gov / SJRegion@ssa.gov

CLAIMANT INFORMATION SHEET

Online Application re-entry number

- Retirement
- Spouse
- Child
- Disability
- Disabled Adult Child
- Disabled Widow(er)
- Mother w/Minor in care
- Widow(er)
- Lump Sum Death Pay
- Medicare
- Representative Payee

Evidence Submitted

- Birth Certificate
- Marriage Certificate
- US Resident Card
- Physical Presence
- Passport
- Country ID
- Divorce Certificate
- DD 214
- Death Certificate
- Other:

Information For The U.S. Wage Earner/Worker

Name Of The Worker (First, Middle, Last) : _____

Social Security Number : _____

Date of Birth: _____ If applicable, Date of Death: _____

If applicable, Onset Date of Disability: _____

Mailing Address : _____

Email: _____ Tel Number : 011-57- ____ - _____

Cell Number : 011-57- _____

Information For The Applicant (If different from above)

Full Name (First, Middle, Last): _____

Social Security Number: _____

Date of Birth (Month/date/yyyy): _____

Onset Date of Disability [if disabled] (Month/date/yyyy) : _____

Spoken/Written Language: English Spanish Creole Portuguese Other

BANCOLOMBIA
Account Information: Routing number 021000018

Account Number: Savings
165000- _____

Other bank: _____

Other RTN: _____

Savings / Checking: _____

Remarks:

