BE/USA 3

		AL/REQUES				RITY	
FROM TRANSMITTAL/REQUES			TO: Social Security Administration Office of International Operations P.O. Box 17049 Baltimore, MD 21235 U.S.A.				
I. INFORMATION ABO	OUT THE CLAIM		da ar		4 The -	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Name of Worker			Complete	Name	and Address of	Applicant	
U.S. Social Security Number							
				Type of Benefits Claimed			
Belgian Social Insurance Number			L\ Retirement \_\ Survivor \_\ Disability  Date Claim Filed  day\month\year				
II. CERTIFICATION O	F DATA						
A. Information About							
Name at Birth	Citizenship	Date of Birth		Date of the Beginning of Incapacity		Date of Death	
		day/month/year	. d	day/month/year		day/month/year	
B. Information About						=	
Full Name	Citizenship	Date of Birth		Date of Marriage  day/month/year		Date of Divorce	
C. Information About	the Children	day/month/year	. [0	ay/mo	nth/year	day/month year	
C. Information About the Children  Name  Date of			Birth	_	Relationship to	Worker -	
Traine .		day/mo	nth/year				
	1150		IV INFO	BMATI	ON REQUESTS		
III. MATERIAL ATTACHED			IV. INFORMATION REQUESTED  /// A claim for bonefits under the Agreement has been				
A. /_/ Medical Evidence from the file  B. /_/ Coverage Record			filed under the subject account number and this information is needed to process that claim.				
C. / J Request for Appeal			A. /_/ No Information Needed				
D. /_/ No Material			B. / J Coverage Record				
E. /_/ Authorization to Disclose			C. /_/ Medical Evidence from the File D. /_/ Status of Request of				
F. /_/ Other (Specify)			E. I. / Decision Information				
		F. /_/ Statement About Income					
		G. I J Other (See Remarks)					

This inform Signature: Seat Date: