

Social Security Administration



SUMMARY OF BENEFIT HISTORY

CLAIMANT: _____

SSN: _____

1) HAS THE ABOVE CLAIMANT EVER BEEN ENTITLED TO DISABLED ADULT CHILD (DAC) BENEFITS?

_____ YES _____ NO

IF YES, EFFECTIVE DATE _____

CLAIM NUMBER: _____

2) HAS THE ABOVE CLAIMANT EVER BEEN ENTITLED TO SSI BENEFITS? _____ YES _____ NO

IF YES, EFFECTIVE DATE _____

3) HAVE SSI BENEFITS TERMINATED? _____ YES _____ NO

IF YES, EFFECTIVE DATE _____

REASON FOR TERMINATION:

_____ DAC ENTITLEMENT OR INCREASE IN DAC BENEFITS

_____ OTHER

REMARKS:

SSA EMPLOYEE: _____

DATE: _____