



<https://socialsecurity.libertymedicare.com>

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## Social Security Questionnaire

Use a Single Questionnaire for Married Couples

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### 1. Personal Information (Required fields are in **RED**)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Spouse First Name:** \_\_\_\_\_ **Spouse Last Name:** \_\_\_\_\_ **Spouse Date of Birth:** \_\_\_\_\_

### 2. Are you Married?

☐ Yes ☐ No If Yes, Date of Marriage: \_\_\_\_\_

### 3. Are you or your spouse receiving any Social Security Benefits?

**YOU:** ☐ Yes ☐ No If Yes, provide the information below:

**Type of Benefits:** ☐ Retirement ☐ Spousal ☐ Survivor ☐ Disability

When benefits began (MM/YY): \_\_\_\_\_ Current Monthly Benefits (\$): \_\_\_\_\_

**SPOUSE:** ☐ Yes ☐ No If Yes, provide the information below:

**Type of Benefits:** ☐ Retirement ☐ Spousal ☐ Survivor ☐ Disability

When benefits began (MM/YY): \_\_\_\_\_ Current Monthly Benefits (\$): \_\_\_\_\_

#### 4. Past Earnings

You have two options to submit your past earnings (EACH of YOU for married couples):

- Upload earnings record from the Social Security website into a **.pdf** file
- Use Estimated Gross Monthly Retirement at **Full Retirement Age (FRA)**

**YOU:**

I will copy earning data from the Social Security Website: ☐ Yes ☐ No

If **Yes**, see INSTRUCTION below

I will use Estimated Gross Monthly Retirement at FRA: ☐ Yes ☐ No

If **Yes**, enter Estimated Gross Monthly Retirement at FRA (\$): \_\_\_\_\_

**SPOUSE:**

I will copy earning data from the Social Security Website: ☐ Yes ☐ No

If **Yes**, see INSTRUCTION below

I will use Estimated Gross Monthly Retirement at FRA: ☐ Yes ☐ No

If **Yes**, enter Estimated Gross Monthly Retirement at FRA (\$): \_\_\_\_\_

#### INSTRUCTION: How to upload your earnings from the Social Security website

1. Go to the [Social Security Administration website](#) and create **My Social Security** account if you don't already have one
2. Login into **My Social Security** using user name and password
3. Click the "**Earnings record**" link
4. Click "**Print / Save Your Full Statement**"
5. Save the copy of your earnings as the **.pdf** file
6. Upload a PDF copy of the file

#### 5. Future Earnings

If you **copied earning data from Social Security Website**, enter “Stop Working Date” here. “Stop Working Date” is the date after which you DO NOT EXPECT your yearly income will modify the list of the highest 35 years of yearnings.

**YOU:**

Stop Working Date: \_\_\_\_\_

**SPOUSE:**

Stop Working Date: \_\_\_\_\_

For each of the years starting with the last year (LY) NOT SHOWN in the Earning Record on your Social Security Statement and UP to “Stop Working Date”, enter the expected yearnings (\$):

**YOU:**

LY: \_\_\_\_\_ LY+1: \_\_\_\_\_ LY+2: \_\_\_\_\_ LY+3: \_\_\_\_\_ LY+4: \_\_\_\_\_

LY+5: \_\_\_\_\_ LY+6: \_\_\_\_\_ LY+7: \_\_\_\_\_ LY+8: \_\_\_\_\_ LY+9: \_\_\_\_\_

**SPOUSE:**

LY: \_\_\_\_\_ LY+1: \_\_\_\_\_ LY+2: \_\_\_\_\_ LY+3: \_\_\_\_\_ LY+4: \_\_\_\_\_

LY+5: \_\_\_\_\_ LY+6: \_\_\_\_\_ LY+7: \_\_\_\_\_ LY+8: \_\_\_\_\_ LY+9: \_\_\_\_\_

## **6. The questionnaire above does not include more complex situations, such as:**

- Former marriages
- Minor or Adult dependents living at home
- A job where you did NOT pay Social Security taxes and expect to receive a pension based on this job, etc.

If you are in one of such situations, we’ll provide an additional set of questions.

## **7. The Specific “WHAT-IF” Strategy**

The **PERSONALIZED DETAILED REPORT** includes the **maximized strategy** and the **"default" What-If strategy**. We also can generate the **UNLIMITED** number of "What-If" strategies.

If you have a **SPECIFIC** "What-If" strategy in mind that you'd like to run, please describe it below.

**YOU:**

**SPOUSE:**

## 8. Life Expectancy

We usually use a **Life Expectancy calculator** based on your **Gender** and **Date of Birth**. If you want us to use the specific numbers, please enter them:

**YOU:** Life Expectancy (yrs.): \_\_\_\_\_

**SPOUSE:** Life Expectancy (yrs.): \_\_\_\_\_

## 9. Are you enrolled, or plan to enroll, in Medicare?

**YOU:** ☐ Yes ☐ No

**SPOUSE:** ☐ Yes ☐ No

## **How to Proceed:**

- Fill the questionnaire and save it.
- Upload the PDF copies of the past earnings for you and your wife (see INSTRUCTION to “Past Earnings”).
- Send the saved copy of this questionnaire and the uploaded copies of the past earnings to: [info@libertymedicare.com](mailto:info@libertymedicare.com)

**For any help with this questionnaire, call Liberty Medicare at 877.657.7477**