

# SSA-21 SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES

## 記入要領

本記入要領を参考に該当の項目をご記入のうえ、最寄りの年金事務所に「合衆国年金の請求申出書」やその他の申請書類と共に署名済みの「SSA-21」をご提出ください。原則、米国外から年金を請求する際に提出が必要です。本要領では、各記入項目について順を追って説明しており、記入例や注意点も掲載していますので、申請の際にご活用ください。

### 記入にあたっての注意事項

- 本記入要領は SSA-21 (08-2022) をベースに説明しております。黒のボールペンで記入するか、オンラインで作成してください (<https://www.ssa.gov/forms/ssa-21.pdf>)。
- 記入（入力）内容に誤りがある場合は二重線で訂正し、二重線の近くにお名前のイニシャル 2 文字を記入してください。
- 記入方法についてのお問い合わせはお控えください。不明な箇所は、空欄のまま、又は「？」を記入し、ご提出ください。不備等がある場合は、大使館年金課より電話にて確認させていただきますのでご安心ください。
- 申請書には、必ず手書きで署名をしてください（アルファベット、漢字、ひらがな、カタカナ、いずれも可）。

「SSA-21」は全 5 ページで構成されています。

Form SSA-21 (08-2022) UF Discontinue Prior Editions Social Security Administration				Page 1 of 5 OMB No. 0605-0051	
<b>SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES</b> (To be completed by or on behalf of person who is, was, or will be outside the U.S.)					
For Social Security purposes, a person is outside the United States (U.S.) if he or she is physically outside the 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa for 30 consecutive days or more.					
1. NAME OF WORKER ON WHOSE EARNINGS THIS CLAIM IS BASED		2. WORKER'S SOCIAL SECURITY NUMBER			
3. Complete line (a) below for the worker (even if deceased). Complete (b) through (d) for each claimant or beneficiary who is not a U.S. citizen, and is outside the U.S. has been outside the U.S. for the past 24 months, or expects to be outside the U.S. for 30 consecutive days or more. Enter only the claimants or beneficiaries living in the same household. Complete a separate form for each household. If you need more space, use the "REMARKS" section on page 4.					
FULL NAME		COUNTRY(IES) OF PRESENT CITIZENSHIP (or at time of death)	PASSPORT NO.	DATE ISSUED	
a.					
b.					
c.					
d.					
<b>FOR EACH WORKER LISTED ABOVE, CONTINUE TO LIST INFORMATION REQUESTED BELOW:</b>					
WORKER/PERSON LISTED ABOVE		COUNTRY OF BIRTH	DATES OUTSIDE THE U.S.		COUNTRY (WHERE LIVING)
			FROM Mo-Day-Yr	TO Mo-Day-Yr	
WORKER LISTED ABOVE IN ROW (a.)					
PERSON LISTED ABOVE IN ROW (b.)					
PERSON LISTED ABOVE IN ROW (c.)					
PERSON LISTED ABOVE IN ROW (d.)					
<b>NOTE: ALL PERSONS LISTED ABOVE AND IN THE "REMARKS" SECTION ON PAGE 4, OR THEIR REPRESENTATIVE PAYEE, MUST SIGN THE CERTIFICATION IN ITEM 18.</b>					
4. Complete line (a) for the worker (even if deceased). Complete (b) through (d) for each claimant or beneficiary listed in item 3 who is not a U.S. citizen. Do not include the dates that residents of Canada or Mexico enter the U.S. on a daily basis to work or visit and return each day to their residence in Canada or Mexico, as dates lived in the U.S. If you need more space, use the "REMARKS" section on page 4.					
FULL NAME		TOTAL NUMBER OF YEARS LIVED IN THE U.S.	DATES LIVED IN THE U.S.		RELATIONSHIP TO WORKER NAMED IN ITEM 1 DURING THIS PERIOD
			FROM Mo-Day-Yr	TO Mo-Day-Yr	
a.					
b.					
c.					
d.					
5. Has any person listed in item 3 been employed or self-employed outside the U.S. during any of the past 12 months? If "yes," give name(s) and date(s) work began and submit Form SSA-715 (available at <a href="https://www.ssa.gov/policy/docs">www.ssa.gov/policy/docs</a> ). If you need more space, use the "REMARKS" section on page 4.					
NAME		Date (Mo - Yr)	NAME		Date (Mo - Yr)

Form SSA-21 (08-2022) UF Discontinue Prior Editions Social Security Administration		Page 5 of 5	
<b>Privacy Act Statement</b> <b>Collection and Use of Personal Information</b>			
Sections 202(i), 203, 205, and 1836(b) of the Social Security Act and sections 871(a)(3) and 1441 of the Internal Revenue Code, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part may prevent us from making an accurate and timely decision on any claim filed or could result in the loss of benefits.			
We will use the information you provide to determine eligibility for benefits. We may also share your information for the following purposes, called routine uses:			
• To the IRS, Department of the Treasury, for the purpose of auditing SSA's compliance with the safeguard provisions of the IRC of 1986, as amended; and			
• To the Centers for Medicare & Medicaid Services (CMS), for the purpose of administering Medicare Part D enrollment and premium collection and Medicare Advantage Part C premium collections, as well as Medicare Part B income-related monthly adjustment amounts; and			
• To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose information under the routine use only in situations in which SSA may enter into a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.			
In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.			
A list of additional routine uses is available in our Privacy Act System of Records Notices (SORNs) 60-0089, entitled Claims Folder System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422; 60-0090, entitled Master Beneficiary Record, as published in the FR on January 11, 2006 at 71 FR 1826; and 60-0321, entitled Medicare Database File, as published in the FR on July 25, 2008, at 71 FR 42159. Additional information, and a full listing of all of our SORNs, is available on our website at <a href="https://www.ssa.gov/policy">www.ssa.gov/policy</a> .			
<b>Paperwork Reduction Act Statement.</b> This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.			

- 1 ページ目から 4 ページ目：申請書本体です。
- 5 ページ目：個人情報保護法及び個人情報の収集と利用についての説明です。

SSA-21 SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES

記入要領

Form SSA-21 (08-20)  
Discontinue Prior Edition  
Social Security Administration  
**SUPPL**  
(To be completed)  
For Social Security purposes  
District of Columbia  
consecutive days or more.

- 【1. 被保険者の名前】米国で働いていた方の名前を記入（例：TARO YAMADA）
- 【2. SSN】被保険者（米国で就労した方）のSSNを記入（例：123-45-6789）
- 【3. 本人・配偶者・家族などの情報】被保険者がお亡くなりになっても「a.」に記入、「b.から d.」には同一世帯の米国年金受給者または申請者の情報（氏名、国籍）を記入。
- 💡 パスポート番号欄及び発行日は空欄のままで結構です。

名前	国籍	パスポート番号	発行日
a. Taro Yamada	Japan		
b. Saeko Yamada	Japan		

1. NAME OF WORKER ON WHOSE EARNINGS THIS CLAIM IS BASED		2. WORKER'S SOCIAL SECURITY NUMBER	
3. Complete line (a) below for the worker (even if deceased). Complete (b) through (d) for each claimant or beneficiary who is not a U.S. citizen, and is outside the U.S., has been outside the U.S. in the past 24 months, or expects to be outside the U.S. for 30 consecutive days or more. Enter only the claimants or beneficiaries living in the same household. Complete a separate form for each household. If you need more space, use the "REMARKS" section on page 4.			
FULL NAME	COUNTRY(IES) OF PRESENT CITIZENSHIP (Or at time of death)	PASSPORT NO.	DATE ISSUED
a.			
b.			
c.			
d.			

- 【3. 本人・配偶者・家族などの情報の続き】それぞれの出生国、米国から帰国（又は他国へ出国）した年月日、現在住んでいる国名を記入
- 例：Japan、05/31/1990、Present(現在)、Japan

FOR EACH WORKER LISTED ABOVE, CONTINUE TO LIST INFORMATION REQUESTED BELOW:				
WORKER/PERSON LISTED ABOVE	COUNTRY OF BIRTH	DATES OUTSIDE THE U.S.		
		FROM Mo-Day-Yr	TO Mo-Day-Yr	COUNTRY WHERE LIVING
WORKER LISTED ABOVE IN ROW (a.)	Japan	05/31/1990	Present	Japan
PERSON LISTED ABOVE IN ROW (b.)	Japan	05/31/1990	Present	Japan
PERSON LISTED ABOVE IN ROW (c.)				
PERSON LISTED ABOVE IN ROW (d.)				

NOTE: ALL PERSONS LISTED ABOVE AND IN THE "REMARKS" SECTION REPRESENTATIVE PAYEES, MUST SIGN THE CERTIFICATION IN ITEM 4.

4. Complete line (a) for the worker (even if deceased). Complete (b) through (d) for each claimant or beneficiary who is not a U.S. citizen. Do not include the days that residents of Canada or Mexico enter work or visit and return each day to their residence in Canada or Mexico, as dates lived in the space, use the "REMARKS" section on page 4.			
FULL NAME	TOTAL NUMBER OF YEARS LIVED IN THE U.S.	DATES LIVED	
		FROM Mo-Day-Yr	TO Mo-Day-Yr
a.			
b.			
c.			
d.			
5. Has any person listed in item 3 been employed or self-employed outside the U.S. during any of the past 12 months? If "yes," give name(s) and date(s) work began and submit Form SSA-7163 (available at <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a> ). If you need more space, use the "REMARKS" section on page 4.			
NAME	Date (Mo - Yr)	NAME	

- 【4. 米国での居住期間について】被保険者がお亡くなりになっても「a.」に記入、「b.から d.」には3番に記載した受給者または申請者の方の情報（氏名と過去に米国に住んでいた期間）を記入。「合計年数」「From(日付)」「To(日付)」「続柄」もすべて記入。詳細な日付がわからなければ「年月」のみ記入し、被保険者から見た続柄を最後の欄に記入。
- 💡 被保険者本人は「Self」、配偶者は「Spouse」、子供「Child」、遺族「Widow や Widower」等と記入。

- 【5. 過去12か月の米国外での就労について】3番に記載した受給者/申請者のうち、米国外で働いている方がいる場合は、「Yes」にチェックし、その方の名前と仕事を始めた年月を記入。どなたも働いていない場合は、「No」にチェックし、6番へ。

# SSA-21 SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES

## 記入要領

**【6.米国外で働く予定について】** 3 番に記載した受給者/申請者のうち、今後米国外で働く予定の方がいる場合は、「Yes」にチェックし、その方の名前と仕事を始める予定の年月を記入。どなたも働く予定がない場合は「No」にチェックし、7 番へ。

**【7. 被保険者の死亡について】** 被保険者が既にお亡くなりになっている場合は、原則「No」にチェックし、8 番へ。  
 ⚡ 被保険者のご存命の場合、この項目は空欄のままとし、8 番へ。被保険者が米国の軍務中に死亡したか、軍務中に発症又は悪化した疾病もしくは障害が原因で死亡した場合に限り、「Yes」にチェックを入れてください。

**【8.医療保険(有料)解約について】** 3番に記載した方のうち、米国の有料医療保険(メディケア・パートB)に加入しており、その解約を希望される方がいる場合は、それぞれの氏名を記入。該当者がいない場合は、空欄のままにしてください。

NAME	Date (Mo - Yr)	NAME	Date (Mo - Yr)

7. Answer item 7 only if the worker named in item 1 is deceased. Did the worker die while in the military service of the U.S. or as a result of disease or injury incurred or made worse while in military service? ☐ YES ☐ NO

8. Supplementary Medical Insurance generally is payable only for medical services provided inside the U.S. If anyone listed in item 3 is now enrolled in Supplementary Medical Insurance under Medicare and wishes to terminate that enrollment, enter his or her name here. If you need more space, use the "REMARKS" section on page 4.

NAME(S) \_\_\_\_\_

The U.S. Internal Revenue income tax from 85 per cent citizens nor residents of withhold this tax from the with the U.S. that provide Egypt, Germany, India, changes regarding income.

For Federal income tax States, if he or she:

- Has not claimed
- Has been lawfully or determined
- Meets a substantial present in the presence in the the total number exclusions for

If you are a U.S. resident tax, regardless of where

**COMPLETE ITEMS 9 CITIZENS AND W**

9. Enter below the name of U.S. Also show the number date that card was issued he or she is a U.S. resident

NAME	Date (Mo-Yr)	NAME	Date (Mo-Yr)

10. Enter the name(s) of any person(s) listed in item 9 who has ever notified the U.S. government, by letter or formal application, that he or she has abandoned, or wishes to abandon, his or her U.S. residence status, or has commenced to be treated as a resident of a foreign country under the provisions of a tax treaty between the U.S. and the foreign country.

NAME	Date (Mo-Yr)	NAME	Date (Mo-Yr)

**【9. 連邦所得税法上の米国居住外国人について】** 3 番に記載した受給者または申請者の方で、米国外に居住している間も連邦所得税法上の米国居住者である方の氏名、永住権 (グリーンカード) 番号及びその発行日を記入。もし合法的に永住権を認められていない人がいる場合は、「None」とし、米国居住者である理由を 4 ページの「REMARKS」欄に記入してください。

**【10. 米国居住資格の放棄について】** 9 番に記載した人物のうち、書簡または正式な申請書により、米国居住資格を放棄したこと、または放棄を希望していること、または米国と外国との間の租税条約の規定により外国の居住者として扱われはじめたことを米国政府に通知したことがある人物の氏名と告知した日を記入。

# SSA-21 SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES

## 記入要領

【11. 永住権のはく奪について】9 番に記載した人物のうち、グリーンカードが取り上げられた、または米国政府から米国居住資格が取り上げられたと通知された人物の氏名とグリーンカードが取り上げられた日付を記入。

【12. 所得税の課税対象について】9 番に記載した人物は、連邦所得税法上の「米国居住外国人」として、全世界におけるすべての所得が実際の居住地に関係なく、米国所得税の課税対象となることを理解していますか？理解している場合は「Yes」にチェックし、13 番へ。理解していない場合は、「No」にチェックし、理解していない方の氏名を 4 ページの「REMARKS」欄に記入。

Form SSA-21 (08-2022) UF

Page 3 of 5

11. Enter the name(s) of any person(s) listed in item 9 whose Permanent Resident Card has been taken away, or who has been notified by the U.S. government that his or her U.S. resident status has been taken away. Enter the date of the notice or the date the Permanent Resident Card was taken away.

NAME	Date (Mo-Yr)	NAME	Date (Mo-Yr)

12. Does each person listed in item 9 understand that, as a U.S. resident, his or her worldwide income will be subject to U.S. income tax regardless of where he or she is living? If no, enter the name of each individual who does not understand in the "REMARKS" section on page 4.

☐ YES ☐ NO

13. Does each person listed in item 9 agree to notify SSA promptly if he or she abandons his or her U.S. residence status, or if he or she commences to be treated as a resident of a foreign country under the provisions of a tax treaty between the U.S. and the foreign country? If no, enter the name of each individual who does not agree in the "REMARKS" section on page 4.

☐ YES ☐ NO

14. **INCOME TAX TREATY BENEFITS** Complete this item for any person(s) who intend(s) to claim a reduced rate of Federal income tax withholding under the provisions of an income tax treaty with the U.S. To enter additional person(s), use the "REMARKS" section on page 4.

NAME	TAX TREATY COUNTRY OF RESIDENCE	DATES OF RESIDENCE	
		FROM (Mo-Yr)	TO (Mo-Yr)
Taro Yamada	Japan	05/31/1990	Present
Sanae Yamada	Japan	05/31/1990	Present

15. **PAYMENT ADDRESS** (Where payments should be sent while you are abroad. If your payments are, or will be, sent directly to a bank or other financial institution, do not complete this item. Go to item 16.) If more than one address is required, use the "REMARKS" section below and show names for each address.

NUMBER AND STREET	CITY	POSTAL CODE	COUNTRY

16. **MAILING ADDRESS** (Where your mail should be sent while you are abroad. If it is the same as the address in item 15, enter "same as 15" and go to item 17.) If more than one address is required, use the "REMARKS" section on page 4 and show names for each address.

NUMBER AND STREET	CITY	POSTAL CODE	COUNTRY

17. **RESIDENCE ADDRESS** (You must complete this item if you live, or will live, at an address other than the address shown in item 15 or 16. If the address where you live, or will live, is the same as the address in item 15 or 16, enter "same as 15 (or 16 if appropriate)" and go to item 18.) If your payments are not, or will not be, sent directly to a bank or other financial institution and you receive, or will receive, them by mail at an address that is not your residence address, explain the reason in the "REMARKS" section on page 4.

NAME	NUMBER AND STREET	CITY	POSTAL CODE	COUNTRY
a.				
b.				
c.				
d.				

### 【13. 永住権の放棄について】

9 番に記載した人物のうち、米国の居住資格を放棄した場合、または租税条約による相手の居住者として扱われ始めた場合は、速やかに SSA に通知することに同意しますか？同意する場合は「Yes」にチェックし、15 番へ。同意しない場合は「No」にチェックし、同意しない方の氏名を 4 ページの「REMARKS」欄に記入。

### 【14. 租税条約上の年金の取り扱いについて】

租税条約により、所得税の源泉徴収率の軽減・免税を申請する方の氏名、居住国、居住期間「From(日付)」 「To(日付)」を記入。

💡【注意】米国の永住権等をお持ちでなく、日本に居住している場合は、9 番から 13 番は記入せずに、14 番にのみ記入してください。行数が足りない場合は 4 ページの「備考」欄を使用してください。居住期間「To(日付)」については「Present(現在)」と記入してください。

【15. 支払先住所】原則、空欄のままにし、16 番へ。

【16. 郵送先住所】SSA からの手紙等を受け取るための住所を記入。

【17. 居住地住所】居住地の住所をそれぞれ記入。郵送先と同じであれば「Same as 16」と記入。



# SSA-21 SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES

## 記入要領

【備考欄】追加の情報や説明事項がある場合は、この欄にご記入ください。この書式の特定の項目に関する情報を記載する場合は、必ずその項目番号も併せてご記入ください。

Form SSA-21 (08-2022) UF Page 4 of 5

**REMARKS** (You may use this space for any additions and explanations. If you are giving information for a particular item on this form, enter the item number in your remark. If you need more space, attach a separate sheet.)

【宣誓について】以下のいずれかに該当する場合は、速やかに SSA に通知することに同意します。

- ・米国外で新たに仕事を開始した場合（自営業を含む）
  - ・国籍を変更した場合
  - ・17 番に記載された（現在の居住）国以外の国に 30 日間以上滞在する場合
- また、受給資格のない支払いがあった場合については、速やかに返還することに同意します。

💡【注意】必ず原文をご確認の上、署名欄に署名（サイン）してください。以下は概要となります。

この書類を提出する方は、記載された情報を十分に精査し、本人が知る限りにおいて、真実かつ正確であり、完全であることを宣言するものとします。故意に虚偽または誤解を招くような記載をした者、あるいは他人にそのような記載をさせた者は、犯罪を犯したこととなり、刑務所への収監、その他の罰則、またはその両方を受ける可能性があることを理解しているものとします。

I agree to notify the or self-employed with indicated in item 17

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

18. SIGNATURE (FIRST NAME, MIDDLE INITIAL, AND LAST NAME) OF EACH PERSON LISTED IN ITEM 3. REPRESENTATIVE PAYEES MUST SIGN FOR MINORS AND FOR INCAPABLE OR INCOMPETENT ADULTS. (Write in ink)	DATE	TELEPHONE NUMBER WHERE YOU MAY BE CONTACTED DURING THE DAY
a.		
b.		
c.		
d.		

【18.署名について】3 番に記載された方、全員の署名が必要になります（アルファベット、漢字、ひらがな、カタカナ、いずれも可）。署名した日付と日中連絡がつく電話番号も記入します。

💡【注意】未成年者等については代理受取人が署名をしてください。

Witnesses are required only if this application has been signed by mark (X) in item 18.  
If signed by mark (X), two witnesses who know the signer(s) must sign below, giving their full addresses.

19. (1) SIGNATURE OF WITNESS			2. SIGNATURE OF WITNESS		
ADDRESS (NUMBER AND STREET)			ADDRESS (NUMBER AND STREET)		
CITY	POSTAL CODE	COUNTRY	CITY	POSTAL CODE	COUNTRY

【19.証人欄について】申請者本人が署名できず、18 番に (X)印を記入した場合のみ証人が必要。

💡【解説】(X)印を記入した場合、申請者を知っている証人 2 名が、それぞれの住所を明記して署名する必要があります。