



# Schedule of Social Security Benefit Payments 2019

JANUARY 2019						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

FEBRUARY 2019						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

MARCH 2019						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL 2019						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY 2019						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE 2019						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

JULY 2019						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST 2019						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER 2019						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER 2019						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER 2019						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

DECEMBER 2019						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Benefits paid on	Birth date on
Second Wednesday	1 <sup>st</sup> – 10 <sup>th</sup>
Third Wednesday	11 <sup>th</sup> – 20 <sup>th</sup>
Fourth Wednesday	21 <sup>st</sup> – 31 <sup>st</sup>

- Supplemental Security Income (SSI)
- Social Security benefits prior to May 1997; or if receiving both Social Security and SSI, Social Security is paid on the third

*If you don't receive your payment on the expected date, please allow three additional mailing days before contacting Social Security.*



Securing today  
and tomorrow



[SocialSecurity.gov](http://SocialSecurity.gov)

Social Security Administration  
Publication No. 05-10031  
ICN 456100 | Unit of Issue — HD (one hundred)  
July 2018 (Recycle prior editions)  
Schedule of Social Security Benefit Payments 2019  
Produced and published at U.S. taxpayer expense



Social Security Benefit Billing Authorization Form

- Transamerica Financial Life Insurance Company
Home Office: Harrison, New York
Transamerica Life Insurance Company
Home Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499
Transamerica Premier Life Insurance Company
Home Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499

POLICY # SOCIAL SECURITY BENEFIT PAYMENT PAID ON:

Box A - Required

Please select only one box to indicate the DEPOSIT/WITHDRAWAL options:

- Beneficiary receiving Supplemental Security Income (SSI) 1st of the month (Option A)
Benefits paid on 3rd of each month, started receiving SS benefits prior to May 1997 or receiving both SS benefits and SSI payments (Option B)
Benefit paid on Second Wednesday (Option C)
Benefit paid on Third Wednesday (Option D)
Benefit paid on Fourth Wednesday (Option E)

Initial Draft Month (Cannot exceed one benefit payment cycle past application date)

INITIAL AND RECURRING PREMIUM PAYMENTS for Social Security Benefit Billing options: (Complete Box B or Box C)

Box B - Bank Withdrawal Account

Insured Name: Birthdate of Insured:

Payor Name if different than Insured: Birthdate of Payor:
Survivor Account

Financial Institution Name, Office or Branch Financial Institution Address City, State, Zip

List All Authorized Account Holders Check One: Checking Savings \$ Premium amount

Transit Routing Number Account Number Account Holder Signature

Box C - Direct Express MasterCard (Note: this card starts with 5332)

Insured Name: Birthdate of Insured:

Payor Name if different than Insured: Birthdate of Payor:

PCI Token # Survivor Account \$ Premium amount
(Please visit https://creditcardtoken.transamerica.com/ to get a secure token number.)

Card Expiration Cardholder Name (Please print) MM/DD/YYYY

Cardholder Signature Date

I, the undersigned Cardholder or Accountholder, hereby authorize any of the Companies named above to make charges from my card or withdrawals from my account with the financial institution named above for: premiums becoming due and/or such other payments as I may authorize the Companies to make. I request that this authorization, unless previously revoked, continue to apply to any conversion, renewal or change later made to the policy(ies). I understand that if a charge or withdrawal is not honored for payment, with or without cause and whether intentionally or inadvertently, and the premiums are not otherwise paid within the grace period allowed by a policy, the policy may terminate.

As a convenience to me, I hereby request MasterCard and the financial institution named above (and its successors and assigns) to accept and honor the charges or withdrawals made by the Companies from my card or account. I agree MasterCard and the financial institution shall be fully protected in honoring such charges or withdrawals.

This authorization shall take effect when recorded and processed by the Companies and financial institution and will remain in effect until I notify the Companies or the financial institution in writing to terminate and the Companies or financial institution have a reasonable time to act on the termination request. I hereby terminate any prior authorization of the Companies to initiate charges to my card or withdrawals from this account for the above policy(ies) effective the date on which the initial charge or withdrawal is made under this authorization. I also understand and agree that if a charge or withdrawal is not honored by the financial institution for any reason, the Companies may cease attempting to make charges or withdrawals through the use of this authorization.

Signature of Authorized Account Holder Date SSBA 0718