

**REQUEST FOR RECORDS DISPOSITION AUTHORITY**  
(See Instructions on reverse)

TO **GENERAL SERVICES ADMINISTRATION,  
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408**

1 FROM (AGENCY OR ESTABLISHMENT)  
Health Care Financing Administration

2 MAJOR SUBDIVISION  
OMB/OHRAS

3 MINOR SUBDIVISION  
DCS/RMIMB

4 NAME OF PERSON WITH WHOM TO CONFER  
E. J. Frack

5. TEL EXT  
594-0040

LEAVE BLANK	
JOB NO	NCL-440-84-1
DATE RECEIVED	12-29-83
NOTIFICATION TO AGENCY	
In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10	
1-4-84 Date	<i>Robert W. May</i> Archivist of the United States

6 CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of 2 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

☐ A Request for immediate disposal.

☒ B Request for disposal after a specified period of time or request for permanent retention.

C DATE 12/12/83	D. SIGNATURE OF AGENCY REPRESENTATIVE <i>George Deal</i> Dr. George Deal	E. TITLE Department Records Management Officer	
7. ITEM NO	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO	10. ACTION TAKEN
II K	<p>Records Retention and Disposal Schedule</p> <p>Health Insurance For the Aged and Disabled Program (Medicare)</p> <p><u>Intermediary and Carrier Letter of Credit Files</u></p> <p>Records authorizing a Federal Reserve Bank to disburse funds to designated intermediaries and carriers on behalf of HCFA upon presentation of payment vouchers to a commercial bank for collection through a Federal Reserve System. Included is SF-1193, Letter of Credit, or its equivalent, and amending letters.</p> <p><u>All Offices</u></p> <p>Destroy 6 years and 3 months after the year in which cancelled.</p>		
		3 items	

115-107

Copy sent to agency, 1/6/84.

**MASS DATA CHANGE SHEET NOT REQUIRED**

**STANDARD FORM 115**  
Revised April, 1975  
Prescribed by General Services  
Administration  
FPMR (41 CFR) 101-11.4

Request for Records Disposition Authority—Continuation		JOB NO	PAGE OF
7 ITEM NO	8 DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9 SAMPLE OR JOB NO	10 ACTION TAKEN
II L	<p><u>Intermediary and Carrier Payment Vouchers and Transmittal Files</u></p> <p>SF-218, Payment Voucher on Letter of Credit, and similar documents prepared by the intermediaries and carriers to obtain Federal funds from selected commercial banks for expenses incurred in administering the Health Insurance and Supplementary Medical Insurance Programs. Also included is HCFA-1521, Payment Voucher on Letter of Credit Transmittal, a transmittal that forwards copies of payment vouchers to HCFA and shows the purpose for which funds were drawn, i.e., hospital insurance benefits, supplementary medical insurance benefits, administrative costs and total amount of payment vouchers.</p> <p>1. <u>HCFA Headquarters</u></p> <p>Destroy after 6 years and 3 months.</p> <p>2. <u>Intermediaries and Carriers</u></p> <p>Destroy after 6 years and 3 months.</p>		