Schedule Number: NC1-047-76-18

Some items in this schedule are either obsolete or have been superseded by new NARA approved records schedules. This information is accurate as of: 12/28/2021

ACTIVE ITEMS
These items, unless subsequently superseded, may be used by the agency to disposition records. It is the responsibility of the user to verify the items are still active.

All items not listed below remain active.

SUPERSEDED AND OBSOLETE ITEMS
The remaining items on this schedule may no longer be used to disposition records. They are superseded, obsolete, filing instructions, non-records, or were lined off and not approved at the time of scheduling. References to more recent schedules are provided below as a courtesy. Some items listed here may have been previously annotated on the schedule itself.

Item I was superseded by NC1-047-78-07, item II.H
REQUEST FOR AUTHORITY
TO DISPOSE OF RECORDS

(See Instructions on Reverse)

67

TO: GENERAL SERVICES ADMINISTRATION,
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, D.C. 20408

1. FROM (AGENCY OR ESTABLISHMENT)
Department of Health, Education, and Welfare

2. MAJOR SUBDIVISION
Social Security Administration

3. MINOR SUBDIVISION
Bureau of Field Operations

4. NAME OF PERSON WITH WHOM TO CONFER
George S. Yamamura

5. TEL. EXT.
301-594-5771

6. CERTIFICATE OF AGENCY REPRESENTATIVE:
I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records, and that the records described in this list or schedule of _______ pages are proposed for disposal for the reason indicated: ("X" only one)

A The records have ceased to have sufficient value to warrant further retention.

B The records cease to have sufficient value to warrant further retention on the expiration of the period of time indicated or on the occurrence of the event specified.

11/18/75

7. ITEM NO.

8. DESCRIPTION OF ITEM
(WITH INCLUSIVE DATES OR RETENTION PERIODS)

RECORDS RETENTION AND DISPOSAL SCHEDULE
SSI POST ELIGIBILITY DOCUMENTS

I. Form SSA-8220, SSA State SSI Information Exchange

This form is used by the servicing district/branch office to obtain information from the State in order to compute the correct State supplement payment amount. It also may be initiated by the State to notify SSA of a change in recipient minimum income level. The information is subsequently transmitted into the Supplemental Security Record.

Retain at the point of receipt for 7 months and then destroy. Exception: If the State submitted data is of substantive nature and essential in the redetermination decision, the SSA-8220 should be retained in the same fashion as the redetermination form itself.

II. Form SF-1193, Authorization for Deposit of Social Security Payments

This is a three part form used to obtain recipient's authorization for SSA to change the check payee to a financial organization and to direct the check to the address of that financial organization. It also confirms the organization's agreement to act as agent for the recipient. The recipient and financial organization each receive a copy of the form.

Copy to Agency 12-19-75

Four copies, including original, to be submitted to the National Archives and Records Service.
REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)</th>
<th>SAMPLE OR JOB NO.</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Servicing District/Branch Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transfer to the reviewing office after 60 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Reviewing Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>File in the claims folder. Retain in accordance with claims folder destruction instructions.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Barry R. Nelson
Records Liaison Officer, BFC

[Signature]

SSA Records Officer