

**REQUEST FOR AUTHORITY
 TO DISPOSE OF RECORDS**

(See Instructions on Reverse)

47

LEAVE BLANK	
DATE RECEIVED MAR 31 1976	JOB NO.
DATE APPROVED NC1	47-76-24

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
Office of Research and Statistics

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

5. TEL. EXT.
45770

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disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10.

4-22-76 James B. Phelan
 Date Archivist of the United States

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 will 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.

3/26/76
 (Date)

Eugene T. Reed, Jr.
 Eugene T. Reed, Jr.
 (Signature of Agency Representative)

Acting Dept. Records Mgt Office
 (Title)

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p style="text-align: center;"><u>RECORDS RETENTION AND DISPOSAL SCHEDULE</u> <u>OFFICE OF RESEARCH AND STATISTICS</u></p> <p><u>Current Medicare Survey (CMS) Statistics - Supplementary Medical Insurance Sample (Part B)</u></p> <p>Files providing current data on the utilization of medical care services by beneficiaries of the medical insurance program (Part B of Medicare). Included are the Current Medicare Survey questionnaires, which record such information as: name and address of respondent, date and place of doctor visits, type of physician, condition treated, medical services received (X-rays, medical tests, ambulance services, etc.), and total charges incurred. Also included is the Demographic Record, SSA-1758B, which records supplemental information on the characteristics of beneficiaries and their families.</p> <p>After completion of the survey for the sample year, transfer to the SSA Holding Area. Destroy sample year 3 years thereafter.</p>		

Copy to Agency 4-23-76