

**REQUEST FOR AUTHORITY
 TO DISPOSE OF RECORDS**

(See Instructions on Reverse)

3 items

47

TO: GENERAL SERVICES ADMINISTRATION,
 NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON 25, D. C.

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

2. MAJOR SUBDIVISION
 Social Security Administration

3. MINOR SUBDIVISION
 Office of Program Operations

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

5. TEL. EXT.
 594-5770

LEAVE BLANK	
DATE RECEIVED MAY 26 1976	JOB NO.
DATE APPROVED NCI-	47-76-26

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disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10.

6-14-76
 Date *James B. Rhoads*
 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.

5/18/76
 (Date) *Eugene J. Reed, Jr.*
 for *Russell O. Hess*
 (Signature of Agency Representative) Dept. Records Mgt. Officer
 (Title)

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p><u>MANUALLY-PREPARED SSI NOTICES</u></p> <p>These records consist of manually-prepared notices which are issued to every SSI claimant or recipient (or representative of such person) who is determined to be eligible or ineligible for payments, or who requires a change in his eligibility or payment amount. Written notice is also issued to applicants who withdraw a claim, file a duplicate claim, or file an appeal on a claim. Included are Form SSA-8025A, Supplemental Security Income Payment Decision; Form SSA-8030A, Supplemental Security Income Notice of Disapproved Claim; Form SSA-8455A, Supplemental Security Income Notice of Reconsideration; Form SSA-8151A, Supplemental Security Income Notice of Change; Form SSA-8155A, Supplemental Security Income Notice of Planned Action; and SSA Form 8165A, Supplemental Security Income Notice of Decision.</p> <p>1. <u>Servicing District/Branch Offices</u></p> <p>a. Mail original to the claimant.</p> <p>b. Transfer copy to the reviewing office after the close of the appeals period.</p> <p>2. <u>Reviewing Office</u></p> <p>File in the claims folder. Retain in accordance with claims folder disposition instructions.</p> <p><i>Copy to Agency 6-16-76-00</i></p>		