

**REQUEST FOR AUTHORITY
 TO DISPOSE OF RECORDS**

(See Instructions on Reverse)

47

TO: General Services Administration
 NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, D.C. 20408

LEAVE BLANK	
DATE RECEIVED JUL 30 1976	JOB NO.
DATE APPROVED AUG 31 1976	NC1-47-76-29

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

2. MAJOR SUBDIVISION
 Social Security Administration

3. MINOR SUBDIVISION
 Bureau of Health Insurance

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. 3305a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10.

AUG 31 1976 James B. Rhoads
 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 3 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.

7/27/76 (Date) Eugene J. Reed, Jr. (Signature of Agency Representative) Acting 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
	<u>RECORDS RETENTION AND DISPOSAL SCHEDULE</u> <u>HEALTH INSURANCE FOR THE AGED AND DISABLED PROGRAM</u>		
I.	<p><u>SUPPLEMENTARY MEDICAL INSURANCE (SMI) GENERAL ENROLLMENT PERIOD (GEP) RECORDS</u></p> <p>Records consisting of source documents, generally the SSA-40, Automatic Enrollment Card, with appropriate suffix, and microfilm copies thereof, for all individuals who responded in the direct mail solicitation for SMI entitlement. The records contain such information as beneficiary name, claim number, address, premium amount, and a check mark reflecting individual's "yes" election or enrollment refusal.</p> <p>A. <u>Source Document</u></p> <p>Destroy upon completion and verification of microfilm.</p> <p>B. <u>Microfilm</u></p> <p>Transfer to the Federal Records Center (FRC) 4 years after completion of the GEP. Destroy after a total 10 years' retention.</p>		
II.	<p><u>QUALITY ASSURANCE FILES</u></p> <p>Consists of documents relating to comparison of Part B carrier performance. Included are statistical output</p>		

Copy to Agency 9/27/76
NCW

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>tables of the Quality Assurance Computer Programs submitted by the carriers on a monthly, quarterly, and yearly basis, and the Index Report produced by central office on a quarterly and a yearly basis.</p> <p>A. <u>Central Office</u></p> <p>1. <u>Statistical Output Tables</u></p> <p>a. <u>Monthly</u> Destroy after 6 months.</p> <p>b. <u>Quarterly</u> Destroy after 1 year.</p> <p>c. <u>Yearly</u> Destroy after 2 years.</p> <p>2. <u>Index</u></p> <p>a. <u>Quarterly</u> Destroy after 2 years.</p> <p>b. <u>Yearly</u> Permanent. Cut off file after 5 years. Transfer to the FRC 5 years thereafter and Offer to the National Archives. <i>when 15 years old.</i> <i>(Annual accumulation = 1 inch)</i></p> <p>B. <u>Regional Office</u></p> <p>1. <u>Statistical Output Tables</u></p> <p>a. <u>Monthly</u> Destroy after 6 months.</p> <p>b. <u>Quarterly</u> Destroy after 1 year.</p> <p>c. <u>Yearly</u> Destroy after 2 years.</p>		

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	<p>2. <u>Index</u> Destroy after 2 years.</p> <p>C. <u>Carriers</u></p> <p>1. <u>Statistical Output Tables</u></p> <p>a. <u>Monthly</u> Destroy after 6 months.</p> <p>b. <u>Quarterly</u> Destroy after 1 year.</p> <p>c. <u>Yearly</u> Destroy after 2 years.</p> <p>2. <u>Index</u> Destroy after 2 years.</p>		
<p>III.</p>	<p><u>CORRECTIVE PAYMENT ACTION SUMMARY REPORT</u></p> <p>Documents relating to corrective payment action taken on Part B claims selected for end-of-line or quality assurance sample review. Included are summary report forms and transmittal letters.</p> <p>Destroy after 1 year.</p>		