

REQUEST FOR RECORDS DISPOSITION AUTHORITY
(See Instructions on reverse)

Read NCD 2020-1944

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

1. FROM (AGENCY OR ESTABLISHMENT)
Department of Health, Education, and Welfare
2. MAJOR SUBDIVISION
Social Security Administration
3. MINOR SUBDIVISION

4. NAME OF PERSON WITH WHOM TO CONFER

Ernest P. Lardieri

5. TEL. EXT.

594-5770

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| LEAVE BLANK | |
| JOB NO. | |
| NCT-47-79-13 | |
| DATE RECEIVED 20 JUN 1979 | |
| 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disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10. | |
| <i>4/11/80</i> Date | <i>Jane E. O'Leary</i> acting 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 31 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 <i>6/25/79</i> | D. SIGNATURE OF AGENCY REPRESENTATIVE <i>Ernest P. Lardieri</i> | E. TITLE <i>SSA Records Officer</i> |
| 7. ITEM NO. | 8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods) | 9. SAMPLE OR JOB NO. |
| | <p>The attached list of SSA program-related forms fall into three categories of disposal instructions:</p> <p><u>Category 1:</u> Documents or their equivalents are filed in claims folder and retained in accordance with claims folder disposition instructions. Documents in this category have continuing value for program integrity, fraud, and audit purposes.</p> <p><u>Category 2:</u> Documents or their equivalents are destroyed after receipt of output or completion of action. Documents in this category are either input documents, documents requesting information that has been received, or are documents which requested an action and the action has been completed.</p> <p><u>Category 3:</u> Documents or their equivalents are to be destroyed immediately. Documents in this category have no claims-related retention value.</p> | 10. ACTION TAKEN |

*Copy to NMF
agency all FRCS*

*30 June
Closed
4-21-80*

INSTRUCTIONS

General Instructions:

Use Standard Form 115 (obtainable from supply depots of the Federal Supply Service, General Services Administration) and the continuation sheet Standard Form 115a (obtainable from the Records Disposition Division, Office of Federal Records Centers, National Archives and Records Service, Washington, D.C. 20408) to obtain authority to dispose of records or to request permanent retention of records. Detach the fifth copy from the set and keep as your reference copy. Submit the first four copies of the set to the National Archives and Records Service. One copy will be returned to the agency as notification of items that are authorized for disposal. Items withdrawn or not approved for disposal will be so marked. Each SF 115 requiring Comptroller General concurrence must be accompanied by a notification of approval from GAO.

Specific Instructions:

Entries 1, 2, and 3 should show what agency has custody of the records that are identified on the form, and should contain the name of the department or independent agency, and its major and minor subdivisions.

Entries 4 and 5 should help identify and locate the person to whom inquiries regarding the records should be directed.

Entry 6 should be signed and dated on the four copies by the agency representative. The number of pages involved in the request should be inserted.

Box A should be checked if the records may be disposed of immediately. Box B should be checked if continuing disposal authority is requested or if permanent retention is requested. Only one box may be checked.

Entry 7 should contain the numbers of the items of records identified on the form in sequence, i.e., 1, 2, 3, 4, etc.

Entry 8 should show what records are proposed for disposal.

Center headings should indicate what office's records are involved if all records described on the form are not those of the same office or if they are records created by another office or agency.

An identification should be provided of the types of records involved if they are other than textual records, for example, if they are photographic records, sound recordings, or cartographic records.

An itemization and accurate identification should be provided of the series of records that are proposed for disposal or retention. Each series should comprise the largest practical grouping of separately organized and logically related materials that can be treated as a single unit for purposes of disposal. Component parts of a series may be listed separately if numbered consecutively as 1a, 1b, etc., under the general series entry.

A statement should be provided showing when disposal is to be made of the records, thus:

If immediate disposal is requested of past accumulations of records, the inclusive dates during which the records were produced should be stated.

If continuing disposal is requested for records that have accumulated or will continue to accumulate, the retention period may be expressed in terms of years, months, etc., or in terms of future actions or events. A future action or event that is to determine the retention period must be objective and definite. If disposal of the records is contingent upon their being microfilmed, or otherwise reproduced or recorded on machine readable media, the retention period should read: "Until ascertained that reproduced copies or recordings have been made in accordance with GSA regulations and are adequate substitutes for the paper records." Also, the provisions of FPMR § 101-11.5 should be observed.

Entry 9 should be checked if samples are submitted for an item. However, samples of the records are not required unless they are requested by the NARS appraiser. If an item has been previously submitted, the relevant job and item number should be entered.

Entry 10 should be left blank.


SSA Records Officer

Category 1 contains documents or their equivalents that are filed in the claims folder and retained in accordance with claims folder disposition instructions.

| <u>Description of Records</u> | <u>Authorized Disposition</u> | |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <u>I. RETIREMENT AND SURVIVORS INSURANCE CLAIMS FOLDERS</u> | | |
| A. Disallowed life and death claims, withdrawals, and lump-sum only claims in which potential entitlement exists. | Transfer to the Federal Records Center (FRC) after being so identified by the Automated Folder Inactivation System (AFIS). Destroy 20 years thereafter. <i>(after identification)</i> | |
| B. Awarded claims where the last payment has been made and there is no future potential claimant indicated in the record. | Transfer to the FRC after being so identified by the AFIS. Destroy 5 years thereafter. <i>(after identification)</i> | |
| C. Awarded claims where payments have ended, but there is a future potential claimant indicated in the record. | Transfer to the FRC after being so identified by the AFIS. Destroy 55 years thereafter. <i>(after identification)</i> | |
| <u>II. DISABILITY INSURANCE CLAIMS CASE FOLDERS</u> | | |
| A. Disability Denial Claims | Transfer to the FRC after expiration of the reconsideration period and identification as eligible for transfer by the case control system. Destroy 20 years thereafter. <i>(after identification)</i> | |
| B. Terminated Disability Cases | Transfer to the FRC after being identified as eligible for transfer by the case control system. Destroy 20 years thereafter. <i>(after identification)</i> | |
| C. Miscellaneous Freeze Termination | Destroy after 20 years' retention in the FRC. | |
| <u>III. SUPPLEMENTAL SECURITY INCOME CLAIMS CASE FOLDERS</u> | | |
| Terminated or Disallowed Claims | Transfer to the FRC after being so identified as terminated or disallowed by the AFIS or case control system. Destroy 6 years and 6 months thereafter. <i>(after identification)</i> | |
| The following documents or their equivalents are included in category 1: | | |
| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> |
| SSA-1 F6 | SSA-1 | Application for Retirement Insurance Benefits |
| SSA-2 F6 | SSA-2 | Application for Wife's Insurance Benefits |
| | SSA-3 | Husband's Certification |
| SSA-4 F6 | SSA-4 | Application for Child's Insurance Benefits |
| SS-5 FS F | SS-5 | Application for an SS Number |

Category 1

| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> |
|-----------------------|-----------------------|---------------------------------------------------------------------------------------|
| SSA-5 F6 | SSA-5 | Application for Mother's Insurance Benefits |
| | SSA-6 | Application for Surviving Child's Insurance Benefits |
| | SSA-7 | Application for Parent's Insurance Benefits |
| SSA-8 F5 | SSA-8 | Application for Lump-Sum Death Payment |
| | SSA-8A | Supplement to Form SSA-8 |
| SSA-10 F8 Obsolete | SSA-10 and SSA-10A | Application for Widow's Insurance Benefits |
| SSA-11 F6 | SSA-11 | Application to be Selected as Payee |
| Obsolete | SSA-13 | Application for Widower's Insurance Benefits |
| Obsolete | SSA-14 | Application for Husband's Insurance Benefits |
| | SSA-15 | Wife's Certification |
| | SSA-16 | Application for Disability Insurance Benefits |
| | SSA-17 | Statement Regarding Disability (by Widow, Widower, Surviving Divorced Wife, or Child) |
| SSA-18 F4 | SSA-18 | Application for Hospital Insurance Benefits |
| SSA-19 F6 | SSA-19 | Application for Special Age 72-or-Over Monthly Payments |
| SSA-21 F4 | SSA-21 | Supplement to Claim of Person Outside the U.S. |
| SSA-22 F4 | SSA-22 | Supplement to Claim on Behalf of a Child Outside the U.S. |
| Obsolete | OA-C24 | Application for Survivors Benefits |
| | SSA-25 | Certificate of Election for Reduced Wife's Benefits |
| SSA-4040 | SSA-40A | Application for Medical Insurance |
| HCFA-40B | SSA-40B | Application for Enrollment under Medicare |
| Obsolete | SSA-43 | Application for Recalculation to Include Additional Military Service Wage Credits |
| | SSA-L50 | Notice to Parent - Support Requirement Met |
| | SSA-L51 | Notice to Parent - Support Requirement Not Met |

| <u>New Number</u> | <u>Old Number</u> | <u>Category 1</u> | <u>Title</u> |
|----------------------------|---------------------------------|-------------------|-------------------------------------------------------------------------------------------|
| | SSA-101 OA-C101C OA-C101D | | Determination of Award, Summary of Claim Date-DIB Claim |
| | SSA-L106 | | Letter to School Requesting Verification of Age |
| SSA-3924-U3 | SSA-107 | | Determination of Resumption of Award |
| SSA-3927 C1 SSA-3928 C2 | SSA-107e | | Determination of Benefit Recomputation and/or Recalculation |
| | SSA-142 | | Report of Operation under Social Insurance or Pension System(s) |
| | SSA-149 | | Waiver of Benefit Payments |
| | SSA-201 | | Determination of Disallowance |
| | SSA-201B | | Determination of Disallowance-Disability Claim |
| Obsolete | SSA-401 | | Medical History and Disability Report |
| Obsolete | SSA-401A | | Report of Disability Interview-Widow (Divorced Wife and Widower) |
| Obsolete | SSA-401CH | | Report of Childhood Disability Interview |
| | SSA-416 | | BDI Medical Consultant's Case Analysis |
| | SSA-430A | | Medical Development Summary |
| SSA-439 U3 | OA-D439 | | Authorization to Release Notice of Deter- mination and Request for Medical Information |
| | SSA-L439 | | Ineligibility Letter for Disabled Widows Benefits |
| | SSA-450S | | SSI Data Input and Determination |
| | SSA-454 | | Report of Continuing Disability Interview |
| | SSA-454A | | Social Security Disability Beneficiary Report |
| HA-501-U5 | HA-501 | | Request for Hearing |
| HA-5121-U3 | SSA-512.1 | | Notice by Attorney of Appointment as Representative |
| HA-520-U6 | HA-520 | | Request for Review of Administrative Law Judge's Actions |
| | SSA-521 | | Request for Withdrawal of Application |

| <u>New Number</u> | <u>Old Number</u> | <u>Category 1</u> | <u>Title</u> |
|----------------------------|-------------------------|-------------------|-------------------------------------------------------------------------------------|
| SSA-5525-U3 SSA-5526-U4 | SSA-525 and SSA-525B | | Request for Evidence or Assistance |
| HA-L-530-U5 | HA-530 | | Authorization to Charge and Receive a Fee |
| | SSA-533 | | Translation Request |
| | SSA-553 | | Special Determination |
| SSA-561-U2 | SSA-561 | | Request for Reconsideration |
| SSA-562-U3 | SSA-562 | | Request for Assistance/Certification of Document(s) or Record(s) |
| | SSA-562A | | Request for Assistance/Certification by School Officials |
| SSA-623-C2 | SSA-623 | | Representative Payee Report |
| Obsolete | SSA-623A | | |
| Obsolete | SSA-623B | | |
| | SSA-623B(PR) | | |
| | SSA-624 | | Representative Payee Report |
| | SSA-624A | | |
| SSA-625 | SSA-624B | | |
| Obsolete | SSA-624PR | | |
| SSA-632-F4 | SSA-632 | | Refund Questionnaire |
| SSA-633-U3 | SSA-633 | | Agreement to Refund Overpayment |
| Obsolete | SSA-634 | | "Without Fault" Questionnaire |
| | SSA-635 | | Finding that Recovery and/or Adjustment of Overpayment is Barred |
| | SSA-639 | | Report of Uncollectible Indebtedness |
| | SSA-651 | | Certification of Award of Benefits under Section 217(b) of the S.S. Act, as amended |
| | SSA-654 | | Request for Information from Uniformed Services |
| SSA-655-U2 | SSA-655 | | Certification by Federal Agency as to Payments on Account of Veteran |
| | SSA-662 | | Reconsideration Determination |
| | SSA-669F | | Request for Benefits Payable-Beneficiary Outside U.S. |

| <u>New Number</u> | <u>Old Number</u> | <u>Category 1</u> | <u>Title</u> |
|-------------------|-------------------|-------------------|------------------------------------------------------------------------------------------------------------------|
| | SSA-702 | | Statement Regarding Date of Birth |
| | SSA-704 | | Certification of Contents of Document(s) or Record(s) |
| | SSA-704D | | DO-TEL Telephone Confirmation of Evidence Received in the DO |
| | SSA-706 | | Request for Information from World War I Draft Records |
| | SSA-L706 | | Letter to Custodian of Birth Records |
| | SSA-L707 | | Letter to Custodian of Marriage Records |
| | SSA-L716 | | Letter Requesting Information from the District Director of Internal Revenue |
| | SSA-717 | | Statement of Person Requesting Payment on Behalf of Estate |
| | SSA-718 | | Consent by Relative for Payment to Indi- vidual on Behalf of Estate |
| Obsolete | SSA-719 | | Statement of Burial Expenses by Funeral Director |
| SSA-723-F4 | SSA-723 | | Statement Regarding the Presumed Death of an Individual by Reason of his Continued and Unexplained Absence |
| | SSA-L725 | | Letter to Employer Requesting Earnings Information |
| SSA-L-1045 U2 | SSA-L726B | | Second Followup and Close-out Letter |
| | SSA-L732 | | Request to Claimant to Obtain Additional Information |
| | SSA-L733 | | Ineligibility Letter-Life-Death |
| | SSA-L733A | | Ineligibility Letter, Survivor-Decedent Not Insured |
| | SSA-753 | | Statement Regarding Marriage |
| | SSA-754 | | Statement of Marital Relationship (By One of the Parties) |
| SSA-760-F4 | SSA-760 | | Certificate of Support (Parent's, Husband's, or Widower's) |

| <u>New Number</u> | <u>Old Number</u> | <u>Category 1</u> | <u>Title</u> |
|-------------------|-------------------|-------------------------------|----------------------------------------------------------------------------------------------------------|
| | SSA-763 | | Supplemental Statement Regarding Income |
| Obsolete | SSA-764 | | Supplemental Statement Regarding Income from Farming and/or Gardening Activities |
| | SSA-766 | | Statement of Self-Employment Income |
| | SSA-767 | | Certification of Evidence of Self-Employment Income |
| | SSA-768 | | Certification of Evidence of Wages |
| SSA-780-FL | SSA-780 | | Certificate of Applicant for Benefits on Behalf of Another |
| SSA-788 | SSA-780A | | Statement of Person with Whom Beneficiary is Living |
| | SSA-781 | | Certificate of Responsibility for Welfare and Care of Child not in Applicant's Custody |
| Obsolete | SSA-782 | | Statement of Person with Whom the Child is Living |
| | SSA-783 | | Statement Regarding Contributions |
| | SSA-784 | | Retirement or Disability Insurance Benefit Questionnaire |
| | | <u>Authorized Disposition</u> | |
| | | | 1. Claim filed: File in claims folder. Retain in accordance with claims folder disposition instructions. |
| | | | 2. No claim filed: Destroy after 6 months. |
| | SSA-785 | | Questionnaire Regarding Survivors Insurance Benefits |
| | | <u>Authorized Disposition</u> | |
| | | | 1. Claim filed: File in claims folder. Retain in accordance with claims folder disposition instructions. |
| | | | 2. No claim filed: Destroy after 6 months. |

| <u>New Number</u> | <u>Old Number</u> | <u>Category 1</u> | <u>Title</u> |
|-------------------|----------------------|-------------------|----------------------------------------------------------------------------------------|
| | SSA-786 | | Physician's Statement (Patient's Capability to Manage Benefits) |
| | SSA-787 | | Medical Officer's Statement (Patient's Capability to Manage Benefits) |
| | SSA-794 | | Earnings Record-PIA Determination |
| SSA-795 SP | SSA-795 SSA-795PR | | Statement of Claimant or Other Person |
| | SSA-807 | | Request for Field Contact |
| | SSA-L808.1 | | Disability Denial Letter |
| | SSA-L808.2 | | Not Disability - Impairment is Severe But Not Expected to Last 12 Months - Not Insured |
| | SSA-821 | | Work Activity Report-Employee |
| | SSA-821A | | Report of Work Activity-Continuing Disability |
| | SSA-821B | | Work Activity Report-Self-Employed Person |
| | SSA-824 | | Report on Individual with Mental Impairment |
| SSA-825-SP | SSA-825 SSA-825PR | | Authorization to SSA to release Material Information |
| SSA-3826-F4 | SSA-826 | | Medical Report-General |
| SSA-3827 | SSA-826CH | | Medical Report-Individual with Childhood Impairment |
| SSA-3828 | SSA-826.1 | | Medical Report-Pulmonary Tuberculosis |
| SSA-828-U4 | OA-D828 | | Request for Medical Information from Records of Veterans Administration |
| SSA-829-U4 | SSA-829 | | Request for Medical Information from Military Facilities or Records Centers |
| SSA-831-U5 | SSA-831 | | Disability Determination and Transmittal |
| SSA-833-U5 | SSA-833 | | Cessation or Continuance of Disability Determination and Transmittal |
| SSA-834-U5 | SSA-834 | | Continuance Sheet for Disability Determination |
| | SSA-L855 | | Ineligibility Letter-Disability |

| <u>New Number</u> | <u>Old Number</u> | <u>Category 1</u> | <u>Title</u> |
|-------------------|-------------------|-------------------|------------------------------------------------------------------------------------------------|
| SSA-881 U3 | SSA-881 | | Request for Field Investigation of Continuing Disability |
| | SSA-883 | | Request for Evidence or Assistance (Disability Case) |
| SSA-1000 TR | SSA-1000 | | Claims Data Display |
| | SSA-1001 | | Statement of Employer |
| SSA-1001SP | SSA-1001PR | | |
| | SSA-1002 | | Statement of Agricultural Employer |
| SSA-1002SP | SSA-1002PR | | |
| SSA-1040 | CO-1040 | | Reduced DIB after RIB Worksheet |
| SSA-1129 U3 | SSA-1129 | | Attorney Fee Case-Past Due Benefit Summary |
| | SSA-1178 | | Evaluation of Fee Petition for Representation |
| | SSA-1255 | | Statement of Institution or Social Agency |
| SSA-1268 C1 | SSA-1268 | | Record of Returned Check |
| Obsolete | SSA-1303 | | Certification of Disability Determination |
| | SSA-1323 | | Request for Information from School or Agency (Report on Individual with Childhood Impairment) |
| | SSA-1344 | | Chinese Custom Marriage Statement (by One of the Parties) |
| | SSA-1345 | | Statement Regarding Chinese Custom Marriage |
| | SSA-1372 | | Student's Statement Regarding School Attendance |
| | SSA-1372A | | Certification by School Official |
| | SSA-1372A.1 | | Request for District Office Assistance to Obtain Completed Form SSA-1372A |
| | SSA-1372A(F) | | Statement to U.S. SSA by School Outside the U.S. About Student's Attendance |
| | SSA-1372B | | Student's Statement Regarding School Attendance |
| | SSA-1372F | | Student's Statement Regarding School Attendance Outside the U.S. |

| <u>Category 1</u> | | |
|-------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> |
| SSA-1388-TC | SSA-1388 SSA-1388F | SSA Report of Student Beneficiary at End of School Year |
| SSA-1389 C1 | SSA-1389 | Report of Student Beneficiary About to Attain Age 22 |
| | SSA-1426 | Statement About Disability by Person Outside of U.S. |
| | SSA-1458 | Certification by Religious Group |
| SSA-1560-U4 | SSA-1560 | Petition to Obtain Approval of a Fee for Representing a S.S. Claimant |
| | SSA-1560A | Authorization to Charge and Receive a Fee |
| Obsolete | SSA-1578 | Underpayment under Title II of the S.S. Act to Legal Representative of Estate of Deceased Beneficiary |
| | SSA-1585 | Notice of Medical Insurance Enrollment and Premium Deduction (Printed prior to 9/69) |
| SSA-1596 C1 | SSA-1596 | Record of Changes in Premium Deduction or Billing Status |
| SSA-1600-U3 | SSA-1600 | Request for Claim Number Verification |
| SSA-1610-U3 | SSA-1610 | Social Security-Public Assistance Agency Information Request and Report |
| Obsolete | SSA-1659 | Affidavit Showing Right to Receive Money under Section 630 of the California Probate Code |
| SSA-1696-U3 | SSA-1696 | Appointment of Representative |
| SSA-1697-U3 | SSA-1697 | Notice to Representative of Claimant Before the Social Security Administration |
| SSA-1709-U4 | SSA-1709 | Request for Workmen's Compensation Information |
| | SSA-1724 | Claim for Amounts Due in the Case of a Deceased Beneficiary |
| SSA-1760 S R | SSA-1760 SSA-1760SP | Voluntary Statement to Explain Irregularity |
| HCFA-1763 | SSA-1763 | Request for Termination of SMI |
| | SSA-1774 | BDI Transmittal to State Agency |

| <u>Category 1</u> | | |
|-------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> |
| Obsolete | SSA-1832 | Veteran Leads Program--SS Benefits <u>Authorized Disposition</u> 1. Claim filed: File in claims folder. Retain in accordance with claims folder disposition instructions. 2. No claim filed: Destroy after 6 months. |
| | SSA-1899 | Request for Program Service Center Third Party Action |
| | SSA-1966 | Health Insurance Card <u>Authorized Disposition</u> 1. If undeliverable, immediate destruction authorized. 2. If returned by claimant refusing Medicare Part B insurance, file in claims folder. Retain in accordance with claims folder disposition instructions. |
| | SSA-2038 | Date of Birth Determination |
| | SSA-2052 | DO Review of DDS Determinations, Statement of Deficiencies |
| | SSA-2080 | DO Final Authorization Claim |
| | IRS-2190 | SSA-2190 Change in Method of Computing Net Earnings from Self-Employment |
| | SSA-2333 SSA-2333A | Application for Benefits by a Mental Institution on Behalf of a Patient |
| | SSA-2417 | Redetermination of Benefit Rights |
| | SSA-2455 | Workmen's Compensation Offset Worksheet |
| Obsolete | SSA-2506A | QED Medical Consultant Staff-Review |
| SSA-2506-U4 | SSA-2506B | QED Medical Consultant Staff-Psychiatric Review |
| | SSA-2512 | Military Service Questionnaire |
| | SSA-2514 | Record of Claimant's Intent to File |
| | SSA-2519 | Child Relationship Statement |

| <u>New Number</u> | <u>Old Number</u> | <u>Category 1</u> <u>Title</u> |
|-------------------|-------------------|------------------------------------------------------------------------------------------------------------------|
| | SSA-2647 | Request for Information from World War II Selective Service Records |
| | SSA-2788 | Health Evaluation Review |
| SSA-2795 U3 | SSA-2795 | Determination of Resumption of Award |
| | SSA-2872 | Statement of Death and Burial Expenses by Funeral Director |
| | | <u>Authorized Disposition</u> |
| | | 1. If filed with claim: File in claims folder. Retain in accordance with claims folder disposition instructions. |
| | | 2. If not filed with claim: Destroy after 3 months. |
| | SSA-2876 | Confirmation of School Attendance |
| | SSA-5002 | Report of Contact |
| SSA-7000-U6 | SSA-7000 | Notice of Determination of Self-Employment Income |
| SSA-7001-PC | SSA-7001 | Postal Card Requesting Address from Postmaster |
| | OAA-7003 | Request for Change in Your SS Records |
| SSA-7010-U7 | SSA-7010 | Notice of Determination of FICA Wages |
| | SSA-7011 | Statement of Employer |
| Obsolete | SSA-7012 | Request for Information Contained in Director's Files |
| SSA-7013 | OAR-7013 | Statement Regarding Wages by Person Having Knowledge Thereof |
| SSA-7057 U3 | SSA-7057 | Request to IRS for Inspection or Copy of Tax Return |
| | SSA-7104 | Partnership Questionnaire |
| SSA-7155-Fl | SSA-7155 | Domestic Service Questionnaire |
| | SSA-7156 | Farm Self-Employment Questionnaire |
| | SSA-7156A | Farm Arrangement Questionnaire |

| <u>New Number</u> | <u>Old Number</u> | <u>Category 1</u> <u>Title</u> |
|-------------------|-------------------|---------------------------------------------------------------------------------------|
| | SSA-7160 | Employment Relationship Questionnaire |
| | SSA-7163 | Questionnaire About Employment or Self-Employment Outside the U.S. |
| | SSA-7163A | Supplemental Statement Regarding Farming Activities of Person Living Outside the U.S. |
| | SSA-7201 | Employer's Constructive Payment Questionnaire |
| | SSA-7202 | Employee's Constructive Payment Questionnaire |
| | SSA-7203 | Sick Pay and Plan or System Questionnaire |
| | SSA-7204 | General Wage Questionnaire |
| | SSA-7207 | Employee's Subject-to-Call Questionnaire |
| | SSA-7208 | Employer's Subject-to-Call Questionnaire |
| | SSA-7210 | Traveling Expense Questionnaire |
| | SSA-8000 | Application for SSI (Couple) |
| | SSA-8001 | Application for SSI (Individual) |
| SSA-8002-F4 | SSA-8002 | Application for SSI (Individual with Spouse) |
| | SSA-8010 | Statement of Income and Resources |
| | SSA-8015 | SSI Deeming Worksheet (Spouse to Spouse) |
| | SSA-8016 | SSI Deeming Worksheet (Parent to Child) |
| | SSA-8025A | SSI Payment Decision |
| SSA-L8030-U2 | SSA-8030A | SSI Notice of Disapproved Claim |
| | SSA-8040 | SSI Application to be Selected Payee |
| SSA-L8050-U3 | SSA-8050 | SSI Referral Notice |
| | SSA-8060 | Agreement to Sell Property |
| | SSA-8108 | SSI Overpayment and Disposition Determination |
| SSA-8109-U2 | SSA-8109 | SSI Payment Computation Summary |
| | SSA-8110 | SSI Manual One-Time Payment |
| | SSA-8114 | Request for Payment of SSI Benefits Due |
| | SSA-8081 | SSI Redetermination Review Form |

| <u>Category 1</u> | | |
|-------------------|-------------------|-----------------------------------------------------------------------------|
| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> |
| SSA-L8151-U2 | SSA-8151A | SSI Notice of Change |
| SSA-L8155-U2 | SSA-8155A | SSI Notice of Planned Action |
| SSA-L8165-U2 | SSA-8165A | SSI Notice of Decision |
| SSA-L8170-U2 | SSA-8170A | Notice of Overpayment-Adjustment Proposed |
| SSA-L8171-U2 | SSA-8171A | Notice of Overpayment-Refund Requested |
| | SSA-8173A | Notice of Disapproved Waiver-Adjustment Proposed |
| | SSA-8174A | Notice of Disapproved Waiver-Refund Requested |
| SSA-8190 C2 | SSA-8190 | Representative Payee Report for SSI |
| | SSA-8200 | Statement of Determining Continuing Eligibility for SSI Payments |
| | SSA-8450 | District Office Record of SSI Reconsideration Decision |
| SSA-L8455-U2 | SSA-8455A | SSI Notice of Reconsideration |
| | SSA-8740 | Referral and Treatment Status of SSI Drug Addicts or Alcoholics |
| | SSA-9585 | Representative Payee Onsite Review Program (Beneficiary Information Report) |

OTHER AGENCIES' FORMS

| | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IRS-4137 | Computation of Social Security Tax on Unreported Tip Income |
| VA Form 10-2339 | Statement of Hospitalization or Outpatient Treatment |
| VA Form 10-2545 | Report of Medical Examination for Disability Evaluation |
| VA Form 21-4182 | Application for Dependency and Indemnity Compensation or Death Pension (Includes Accrued Benefits and Death Compensation Where Applicable) from the Veterans Administration |

New Number

Old Number

Category 1

Title

OTHER DOCUMENTS

1. Certified copies of proofs, such as proof of birth, marriage and death, which are maintained by other government entities (State, local, Federal).

2. Medical evidence.

3. Appellate Decisions (claims folder copy of the reconsideration, hearing, and Appeals Council review).

Category 2 contains documents or their equivalents that are destroyed after receipt of output or completion of action. Exceptions are noted.

| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> | <u>Authorized Disposition</u> |
|-------------------|----------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| SSA-4500-U6 | OAR-S30 | Federal Determination of Error in State's Wage Reports | Destroy after output received/action completed. |
| | SSA-250 | Development Worksheet | 1. Destroy 6 months after completion of development. 2. If received in reviewing office, destroy upon completion of action. |
| SSA-3845 | OAAD-299 | Trial Work Period Tally Sheet | Destroy after output received/action completed. |
| Obsolete | SSA-449 | BDI Request for DO and DDS Action on Reconsideration Case | Destroy after output received/action completed. |
| | SSA-450 | Claims Input Data | Destroy 1 calendar month after receipt of acknowledgment from BDP. |
| | SSA-450A | ALSO Input Data | Destroy 1 calendar month after receipt of acknowledgment from BDP. |
| | SSA-450B | Subsequent Claims Input Short Form 450 | Destroy 1 calendar month After receipt of acknowledgment from BDP. |
| | SSA-450C | Claims Input Data | Destroy 1 calendar month after receipt of acknowledgment from BDP. |
| Obsolete | SSA-504 and SSA-504B | DO Record of Claims Development Continuation Sheet | If received in reviewing office, destroy upon completion of action. |
| | HA-505 | Transmittal by BHA | Destroy upon completion of action. |
| HA-5051-U3 | HA-505.1 | Transmittal of Hearing Decision or Dismissal | Destroy upon completion of action. |
| Obsolete | SSA-539 | Authorization for Change in Name or Designation of Payee | Destroy after output received/action completed. |
| SSA-5390-U2 | SSA-539A | Authorization for Change in Payee Designation or Coding | Destroy after output received/action completed. |

| <u>Category 2</u> | | | |
|---------------------------|------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------|
| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> | <u>Authorized Disposition</u> |
| SSA-555-U3 | SSA-555 | Request for Action-Delayed Payment | Destroy after output received/action completed. |
| | SSA-559 | Transmittal Slip for Claims Folders | Destroy after output received/action completed. |
| | SSA-567 | Notice for Subsequent Handling | Destroy after output received/action completed. |
| SSA-569-U2 SSA-3598-U3 | SSA-569 and SSA-569A | Claims Folder Requisition RSI Program Center Claims Folder Requisition | Destroy after output received/action completed. |
| | SSA-573 | Special Instruction Notice | Destroy after output received/action completed. |
| | SSA-580 | Interoffice Communication | Destroy after output received/action completed. |
| Obsolete | CO-0586 | Transmittal Memo for Modifications | Destroy after output received/action completed. |
| SSA-591 | SSA-591 and SSA-591BA | Incoming Correspondence Assignment Record | Destroy after output received/action completed. |
| | SSA-600EDP | Folder Requisition | Destroy upon receipt of folder. |
| | SSA-612NA and SSA-612PR (NA) | Report of New Information in Disability Cases | Destroy after output received/action completed. |
| Obsolete | | | |
| SSA-636-U3 SSA-3583-U2 | SSA-636 and SSA-636BDI | Transmittal Notice-Hearing Case Transmittal Notice-Hearing Case- Disability | Destroy after output received/action completed. |
| SSA-641 | CO-0641 | Flag Notice | Destroy after output received/action completed. |
| Obsolete | SSA-650 | Request for Certification of VA Payments | Destroy after output received/action completed. |
| | SSA-666 | Adjustment in Trust Fund Accounts | Destroy after output received/action completed. |
| SSA-667 | SSA-667B | Identification of Claims Material | Destroy after output received/action completed. |
| Obsolete | OA-C668(F) | Claimant's Report to Veterans Administration | Destroy after output received/action completed. |
| Obsolete | OA-C670 | Request for Address of Military Personnel | Destroy after output received/action completed. |

| <u>New Number</u> | <u>Old Number</u> | <u>Category 2</u> <u>Title</u> | <u>Authorized Disposition</u> |
|-------------------|-------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | SSA-671 | Railroad Employment Questionnaire | Destroy after output received/action completed. |
| Obsolete | SSA-L680 | Extension of Filing Time Memorandum | Destroy after output received/action completed. |
| Obsolete | SSA-721 | Statement of Death by Funeral Director | Destroy 3 months after receipt of source docu- ment, except as stated on page 28.* |
| Obsolete | SSA-725 | Request for Suspension or Termination of Benefits | Destroy 3 months after last action.* <u>Exception:</u> Foreign annulment decrees will continue to be retained in accordance with existing policies and procedures. |
| SSA-735-TC | SSA-735 | Notice of Missing Social Security Check | Destroy 45 days after receipt. |
| | SSA-746 | Notice to Adjust Earnings Records | Destroy upon completion of action. |
| | SSA-L747 | Letter Requesting Evidence of Current Year Self-Employment Income | Destroy after output received/action completed. |
| | SSA-748 | Request for District Office Investigation of Annual Earnings | Destroy upon completion of action. |
| | SSA-777 | Annual Report of Earnings- 1974 | Destroy 3 months after last action. |
| | SSA-777PR | | Destroy 3 months after last action. |
| SSA-777 | SSA-777B | | Destroy 3 months after last action. |
| Obsolete | SSA-777.1 | | Destroy 3 months after last action. |
| Obsolete | SSA-777.1PR | | Destroy 3 months after last action. |
| Obsolete | SSA-777.2A | | Destroy 3 months after last action. |

*Posteligibility notices, which supplant the redetermination form and are themselves the basis for the redetermination decision, are to be retained in the same fashion as the redetermination form itself.

Category 2

| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> | <u>Authorized Disposition</u> |
|-------------------|-------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Obsolete | SSA-777.3 | | Destroy 3 months after last action. |
| Obsolete | SSA-777.4 | | Destroy 3 months after last action. |
| Obsolete | SSA-777.4A | | Destroy 3 months after last action. |
| Obsolete | SSA-777.5 | | Destroy 3 months after last action. |
| Obsolete | SSA-777.9 | | Destroy 3 months after last action. |
| Obsolete | SSA-777.9PR | | Destroy 3 months after last action. |
| Obsolete | SSA-777.9A | | Destroy 3 months after last action. |
| Obsolete | SSA-777.10 | | Destroy 3 months after last action. |
| SSA-790RR | OA-C790(IDP) | Request for Earnings Record Action | Destroy upon adjudication of claim or completion of action. |
| SSA-822-U2 | SSA-822 | Notice of Subsequent Claim-Disability Determination Pending | Destroy after output received/action completed. |
| Obsolete | SSA-822A | Notice of Subsequent Claim-RRS Disability Determination Pending | Destroy after output received/action completed. |
| Obsolete | SSA-823 | Request for Medical Evidence to Hospital or Institution | Destroy after disability determination is made. |
| SSA-827F | SSA-827 | Authorization to Release Medical Information to the Social Security Administration | Destroy after disability determination is made. |

Category 2

| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> | <u>Authorized Disposition</u> |
|-------------------|-------------------|---------------------------------------------------------|--------------------------------------------------------------|
| Obsolete | SSA-827A | Claimant's Authorization to Attending Physician | Destroy after disability determination is made. |
| | SSA-827B | General Authorization for Medical Information | Destroy after disability determination is made. |
| SSA-L-835A | SSA-L835 | Request to Beneficiary for Continuing Disability Review | Destroy after output received/action completed. |
| Obsolete | OA-D840(IDP) | Request for Earnings Record-Disability | Destroy after adjudication of claim or completion of action. |
| Obsolete | SSA-848 | Transmittal to SSA-BDI | Destroy after output received/action completed. |
| SSA-852 | CO-852 | Correspondence Search Record | Destroy after output received/action completed. |
| SSA-856 | CO-856 | DIB Case Folder Flag | Destroy after output received/action completed. |
| | SSA-862 | Request for Earnings (Earnings Record Information) | Destroy after adjudication of claim or completion of action. |
| | SSA-865 | Special Instruction Notice-Disability | Destroy after output received/action completed. |
| | CO-0961 | Urgent Folder Request | Destroy after output received/action completed. |
| SSA-1022 | CO-1022 | Critical Case Control | " " |
| | CO-1043 | Out of Area Route Slip | " " |
| SSA-1065-C1 | CO-1065 | Disk Data | " " |
| | SSA-1112 | ROAR Transaction Coding Sheet | Destroy upon verification of acceptance in the ROAR system. |
| | SSA-1128 | Attorney Representation Flag | Destroy upon completion of action. |
| | SSA-1153 | ROAR Correction Coding Sheet | Destroy after output received/action completed. |

Category 2

| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> | <u>Disposition Authority</u> |
|------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | SSA-1233RR | Report of SSA Claims Information (RRB Jurisdiction) | Destroy after output received/action completed. |
| SSA-1273-U5 | SSA-1273 | Request for Preferential Investigation | Destroy after output received/action completed. |
| | SSA-1321 | Request for Microfilm Search | Destroy upon completion of action. |
| SSA-1383-SM SSA-1383-F SSA-1383-SM SSA-1383-SP-SM | SSA-1383 SSA-1383FC SSA-1383NA SSA-1383PR (NA) | Student Reporting Card | 1. Where the SSA-1383 is used to report change in school, destroy it upon receipt of completed SSA-1372A. 2. All other events: Destroy after 3 months. |
| Obsolete | SSA-1387 SSA-1387A | Notice Concerning Child Beneficiary Who Will Soon Attain Age 18 | Destroy immediately if undeliverable or returned by beneficiary. |
| | SSA-1388 INST | Information Regarding the Student's End-of-School Year Report | Destroy after 3 months. |
| SSA-1395-BK | SSA-1395 | Receipt and Transmittal of Refund Payments-Premium Payments and Returned Benefit Checks | 1. When used as transmittal for RSI, DI, or SSI refund, file in claims folder. Transfer to the FRC in accordance with claims folder disposition instructions. 2. When used as transmittal for Medicare premium remittance, retain in reviewing office holding file and destroy 6 months after receipt. 3. DO copies: Destroy 1 year after all actions on receipt book are completed. |
| Obsolete | SSA-1396 | Information About Multiple Entitlement | Destroy upon completion of action. |
| SSA-1415-U3 | SSA-1415 | Request for Disability Folder and Transmittal | Destroy 1 month after acknowledgment from BDP. |
| | SSA-1418 | Claims Control Data | Destroy 1 month after acknowledgment from BDP. |

Category 2

| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> | <u>Authorized Disposition</u> |
|----------------------------------|-------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SSA-1425-SM Obsolete | SSA-1425 SSA-1425NA | Reporting Card | Destroy 3 months after receipt of source document, except as stated on page 28. <u>Note:</u> Foreign annulment decrees will continue to be retained in accordance with existing policies and procedures. |
| SSA-1425-SM SP | SSA-1425PR(NA) | | |
| SSA-1425FC | SSA-1425(FC) | | |
| Obsolete | SSA-1425FC(NA) | | |
| | SSA-1428 | Transmittal for Claims Folder and Notice of Computer Exception | Destroy after output received/action completed. |
| SSA-1445-SM Obsolete | SSA-1445 SSA-1445NA SSA-1445PR (NA) | Notice of New Mailing Address | Destroy after output received/action completed. |
| | SSA-1473 | Request for RR Annuity Information | Destroy after output received/action completed. |
| | SSA-1476 | Health Insurance Card | |
| HCFA-1490 | SSA-1490 | Request for Medicare Payment | Misrouted. Return to servicing DO. |
| Obsolete | SSA-1508 | Benefit Status Data Change Coding Sheet | Destroy after output received/action completed. |
| HCFA-1533 HCFA-1533SM | SSA-1533 SSA-1533A | Part A and Part B Insurance Benefits | Misrouted. Return to servicing DO. |
| SSA-1535-U3 | SSA-1535 | Application for Search of Census Records for Proof of Age | Destroy upon completion of action. |
| | SSA-1540 | End-of-School Year Semester Date Control | Destroy after output received/action completed. |
| Obsolete Obsolete Obsolete | SSA-1545 SSA-1545PR SSA-1545A | Notice of Premium Payment Due | Destroy 180 days after processing. |
| Obsolete Obsolete | SSA-1546 SSA-1546PR | Notice of Premium Payment Due -2nd Request | Destroy 180 days after processing. |

Category 2

| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> | <u>Authorized Disposition</u> |
|-------------------|-------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Obsolete | SSA-1547 | Notice of Past Due Premium | Destroy 180 days after |
| Obsolete | SSA-1547PR | Payment | processing. |
| Obsolete | SSA-1547A | | |
| Obsolete | SSA-1548 | Notice of Premium Payment Due | Destroy after 30 days. |
| | SSA-1579 | SMI Premium Cash Receipt | Destroy 6 months after microfilm has been accepted. |
| | SSA-1585 | Notice of Medical Insurance Enrollment and Premium Deduction (Printed after 9/69) | If undeliverable to bene- ficiary or no notice to beneficiary required, immediate destruction authorized. |
| | SSA-1585A | Record of Medical Insurance | If undeliverable to beneficiary or no notice to beneficiary required, immediate destruction authorized. |
| | SSA-1592 | SMI Premium Accounting Card | Destroy 180 days after processing. |
| Obsolete | SSA-1594 | SMI Premium Deposit Journal | Destroy 6 months after microfilm has been accepted. |
| SSA-1625-SM | SSA-1625 | Report by Person Entitled to Special Payments | Destroy after output received/action completed. |
| SSA-1625-SP | SSA-1625SP | | |
| Obsolete | SSA-1645 | Notice of Past Due Premium | Destroy 180 days after |
| Obsolete | SSA-1645PR | Payment | processing. |
| | SSA-1719 | PE Direct Input Document | Destroy 3 months after receipt of source document, except as stated on page 28. |
| SSA-1718 | SSA-1719.1 | Additional Postentitlement Direct Input (SALT) | Destroy 90 days after com- pletion of action. |
| SSA-1720 | SSA-1719.2 | Annual Report Direct Input | Destroy 90 days after com- pletion of action. |
| | SSA-1719B | SSI Posteligibility Data Input | Destroy 90 days after com- pletion of action.* |
| | SSA-1719C | SSI Posteligibility Data Input- Short Form | Destroy 90 days after com- pletion of action. |

*Posteligibility notices, which supplant the redetermination form and are themselves the basis for the redetermination decision, are to be retained in the same fashion as the redetermination form itself.

Category 2

| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> | <u>Authorized Disposition</u> |
|----------------------|---------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------|
| | SSA-1719NC | Nonreceipt Input | Destroy 90 days after completion of action. |
| | SSA-L1719 | Death Notice Work Sheet | Destroy 3 months after receipt of source document, except as stated on page 28. |
| Obsolete | SSA-1746 | Out of Area Route Slip (overprint) | Destroy upon completion of action. |
| SSA-4411 | CO-1767 | Dual Entitlement (flag) | Destroy upon completion of action. |
| | SSA-1778 | HIMEX PSC Request Card | Forward to BDP upon receipt of output or completion of action. |
| Obsolete | CO-1791 | BDP Summary E/R Request Sheet | Forward to BDP upon receipt of output or completion of action. |
| Obsolete SSA-3825 | CO-1793 CO-1793A | Please Associate Material with Proper Folder and Forward to | Forward to BDP upon receipt of output or completion of action. |
| | SSA-1877 | Request for Expedited Payment | Destroy upon completion of action. |
| | SSA-1878 | Request for Microprint of Medical Insurance Enrollment Form | Destroy upon completion of action. |
| Obsolete | CO-1880 | Pending Request for Review Under Section 218(s) | Destroy upon completion of action. |
| SSA-3654 | CO-1932 | Priority Folder Request | Destroy after output received/action completed. |
| | SSA-2051 | Simultaneous Development Route Sheet | " " |
| | SSA-2079 | Reviewing Office Authorization Claim | Destroy after output received/action completed. |
| Obsolete | SSA-2173 | Claims Input | Destroy upon receipt of output. |
| Obsolete | CO-2262 | Program Policy Folder Flag | Destroy after output received/action completed. |
| SSA-2339-U-3 | SSA-2339 | Request for Postentitlement Information | " " |

Category 2

| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> | <u>Authorized Disposition</u> |
|-------------------|--------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|
| | SSA-2379 | Violations Case Closed by the SSA | Destroy after completion of U.S. Attorney's action. |
| SSA-3687 | SSA-2417A | Determination of Benefit Rights Coding Sheet | Destroy after 3 months. |
| Obsolete | SSA-2495 | Determination of Resumption of Award | Destroy upon receipt of SSA-107e output. |
| | SSA-2524 | Account Data Change CIP A | Destroy after output received/action completed. |
| SSA-2708PC | SSA-2708 | Come In Card | Destroy upon completion of action or after adjudication of claim. |
| | SSA-2738 | Benefit Data Change Coding Sheet CIP D | Destroy after output received/action completed. |
| | SSA-2764 | SALT Coding Sheet | Destroy after output received/action completed. |
| | SSA-3079 | ROAR-Input Data | Destroy 90 days after completion of action. |
| | SSA-3137 | Direct Input-Representative Payee | Destroy 90 days after completion of action. |
| | SSA-3164 | Direct Deposit Direct Input SSADARS Transaction Code-DIR | Destroy 90 days after completion of action. |
| | SSA-3188 | Nonreceipt of Check Direct Input | Destroy after 90 days. |
| | SSA-3263 | Critical Case Direct Input | Destroy 90 days after completion of action. |
| | SSA-3293 | CAPS Routing Form | Destroy after output received/action completed. |
| | SSA-5006 | Progress Report/Transfer of Request | Destroy after output received/action completed. |
| SSA-L-5006-SP | SSA-L5006 SSA-L5006PR | General Purpose Letter Requesting Persons to Call Itinerant Office | Destroy upon completion of action. |
| | SSA-L5007 | General Purpose Letter Requesting Person to Call at Itinerant Office | Destroy upon completion of action. |

Category 2

| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> | <u>Authorized Disposition</u> |
|-------------------|-------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| SSA-L-1047 | SSA-L5007T | General Purpose Letter Requesting Claimant to Visit Contact Station | Destroy upon completion of action or after adjudication of claim. |
| | SSA-L5009T | General Purpose Letter Requesting Claimant to Phone DO Between Selected Hours | Destroy upon completion of action or after adjudication of claim. |
| SSA-5015 U2 | SSA-5015 | Diary and Listing Slip | Destroy after output received/action completed. |
| SSA-3565 | SSA-5015A | Request for Scouting | " " |
| SSA-3848-U2 | SSA-5015B | Diary | " " |
| | SSA-5016 | Scouting Request-Pending Claim | Destroy 3 months after receipt of acknowledgment from BDP. |
| SSA-L-5025 NC | SSA-L5025 | Request for Earnings or Earnings Record Information | Destroy upon receipt of output or completion of action. |
| | SSA-5096 | Claims Waiver Statistics Data Card | Destroy after output received/action completed. |
| | SSA-5106 | Request for BDO Information | " " |
| | SSA-L7001 | Request for New or Corrected Application | Destroy upon receipt of application. |
| SSA-L-7002 | OAAAN-7001.1 | Short Form of SSA-L7001 Requesting Correction of Form SS-5 | Destroy upon receipt of correction. |
| SSA-7008 | OAR-7008 | Request for Correction of Earnings Record | Destroy after output received/action completed. |
| | SSA-L7009 | Form Letter from District Office to Applicant for SSN | Destroy upon receipt of information. |
| | SSA-7024 | Wage Record Information Sheet | Destroy after output received/action completed. |
| Obsolete | SSA-L7047 | Letter to Employee Whose Request for Duplication A/N has been Returned Marked "No Account in DAO" | Destroy upon completion of action. |

Category 2

| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> | <u>Authorized Disposition</u> |
|-------------------|-----------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | SSA-7054 | Earnings Discrepancy Memo to Division of Accounts | Destroy after output received/action completed. |
| | SSA-L7054 | SSN Information for Incompletely or Incorrectly Reported Wage Items Reported by Employer | Destroy upon receipt of information. |
| | SSA-L7072 | Notice to Consolidate Disability File with Current Claim | Destroy upon completion of action. |
| SSA-7161-C1 | SSA-7162.1 | Report to U.S. SSA by Person Receiving Benefits for a Child or for Incapable Adult | Destroy after output received/action completed. |
| | SSA-7166 | Request for Additional Information on Continuing Eligibility of Beneficiary Outside the U.S. | Destroy upon receipt of information. |
| Obsolete | SSA-7167 | Request for Additional Information on Continuing Eligibility of S.S. Beneficiary Outside the U.S. | Destroy upon receipt of information. |
| | SSA-8028 | SSI Claims Control | Destroy after output received/action completed. |
| | SSA-8045 SSA-8045A | SSI Facility Information and Determination | Forward to reviewing office. |
| SSA-8080 TR | SSA-8080 | SSI Claim Record Review Form | Destroy after output received/action completed. |
| Obsolete | SSA-8101 | Emergency Advance Payment Authorization Voucher | 1. Original copy retained by cashier. Destroy after 3 years. 2. Carbon copy: File in claims folder. Retain in accordance with claims folder disposition instructions. |

Category 2

| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> | <u>Authorized Disposition</u> |
|-------------------|-----------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Obsolete | SSA-8102 | Emergency Advance Receipt | 1. Original copy retained by cashier. Destroy after 3 years. 2. Carbon copy: File in claims folder. Retain in accordance with claims folder disposition instructions. |
| | SSA-8106 SSA-8106A | SSI Payment Worksheet SSI Payment Amounts (Formerly SSA-8107) | 1. <u>Servicing District/ Branch Office</u> a. Where the forms are used to estimate payment amount, destroy after systems input has been accomplished. If no systems input is required, destroy upon completion of interview. b. Where the forms have been used to establish payment amount, transfer to the reviewing office after systems input has been accomplished. 2. <u>Reviewing Office</u> File in claims folder. Retain in accordance with claims folder disposition instructions. |
| SSA-8150 SM | SSA-8150 | Report of New Information in SSI Claims | Destroy after 3 months.* |
| Obsolete | SSA-8160 | SSI Notice of Address Change | Destroy after 3 months.* |
| SSA-8175 U2 | SSA-8175 | State Agency Determination Input Data Sheet | Destroy after output received/action completed. |
| | SSA-8210 | Request for SSI Online Query | Destroy after output received/action completed. |

*Posteligibility notices, which supplant the redetermination form and are themselves the basis for the redetermination decision, are to be retained in the same fashion as the redetermination form itself.

Category 2

| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> | <u>Authorized Disposition</u> |
|------------------------------|-------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | SSA-8220 | SSA/State SSI Information Exchange | Destroy after 3 months. <u>Exception:</u> 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. |
| Obsolete | SSA-9395 | Notice About Incomplete Form | Destroy after output received/action completed. |
| Obsolete | SSA-9396 | Special Notice | Destroy after output received/action completed. |
| | SSA-9656 | Enforcement Summary Questionnaire | Destroy after output received/action completed. |
| <u>OTHER AGENCIES' FORMS</u> | | | |
| | SF-219 | Certificate of Deposit | Destroy 6 months after microfilm has been accepted. |
| | SF-1199 | Authorization for Deposit of Social Security Payments | Destroy 3 months after systems input and acceptance. |

Exceptions for Destruction of Forms SSA-721, SSA-1425, SSA-1719, and SSA-L1719

1. Nonproductive/nonbeneficiary notices of death will be sent to the Bureau of Data Processing for introduction into the quarterly earnings operations and be destroyed after processing.
2. Proof documents (or certified copies thereof) required in support of an initial or subsequent claim for benefits will be filed in the claims folder and disposed of in accordance with claims folder disposition instructions.
3. Foreign documents pertaining to these events will be filed in the claims folder and disposed of in accordance with claims folder disposition instructions.
4. Original certificate of adoption documents will be filed in the claims folder whenever their return to the persons submitting them is not possible.

Category 3 contains documents or their equivalents that are to be destroyed immediately.

| <u>New Number</u> | <u>Old Number</u> | <u>Title</u> |
|-------------------|-------------------|-------------------------------------------------------------------|
| | SSA-9 | Instructions on Required Proofs |
| HA-504-SM | HA-504 | Appearance at Hearing |
| Obsolete | HA-504.1 | Acknowledgment of Request to Testify at Hearing |
| SSA-506 | HA-506 | Request to Arrange Place for Hearings |
| Obsolete | SSA-779 | Your Duties as Representative Payee |
| Obsolete | SSA-799PR | |
| | SSA-968 | Violation Case Ledger Card (Development Record) |
| Obsolete | CO-0985 | Suspected Violation Cases Closed Out When Received |
| | SSA-1421 | Rights and Responsibilities of Those Who Receive Special Payments |
| | SSA-1421SP | |
| Obsolete | SSA-1423 | A Reminder to Applicants for Social Security Benefits |
| | SSA-1423SP | |
| SSA-1424-EV | SSA-1424 | Envelope for Reminder Notice |
| | SSA-1665 | Information to Representative Payees |
| Obsolete | SSA-1665 PR | |
| | SSA-1895 | If Your Check Does Not Arrive |
| | SSA-1896 | If Your Regular Check is Late |
| | SSA-2118 | Request for Information/Evidence |
| Obsolete | SSA-2192 | Check Sheet for Review of DIB Claims |
| Obsolete | SSA-2894 | Information to Representative Payees |
| | SSA-2895 | Nursing Home Report on Use of Social Security Benefits |
| | SSA-L5005 | Letter Acknowledging Misdirected Tax Return |
| | OA-R7014 | Summary Statement of Earnings |
| | OA-R7014A | Insured Status Reply |

| <u>New Number</u> | <u>Old Number</u> | <u>Category 3</u> <u>Title</u> |
|-------------------|-------------------|-------------------------------------------|
| SSA-L7028 | OAAN-L7028 | Letter Acknowledging Receipt of Form SS-5 |
| Obsolete | SSA-L7208 | Letter Acknowledging Receipt of Form SS-5 |
| | SSA-8009 | Requisition for SSI Information/Evidence |

Other Agencies' Forms

| | |
|---------|--------------------------------------------------------------------------------------|
| IRS-843 | Claim (To be Filed with the District Director Where Assessment was Made or Tax Paid) |
|---------|--------------------------------------------------------------------------------------|