

REQUEST FOR RECORDS DISPOSAL AUTHORITY
(See Instructions on reverse)

LEAVE BLANK

JOB NO

NCL-47-80-2

DATE RECEIVED

1-10-80

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disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10.

4-23-80 *James E. O'Neill*
Date *Acting* Archivist of the United States

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

Office of Assessment

4. NAME OF PERSON WITH WHOM TO CONFER

Ernest P. Lardieri

5. TEL EXT.

594-5770

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 1 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 Dec. 31, 1979	D. SIGNATURE OF AGENCY REPRESENTATIVE <i>J. James E. Lardieri</i>	E. TITLE Departmental Records Management Officer
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7. ITEM NO.	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p align="center"><u>RECORDS RETENTION AND DISPOSAL SCHEDULE</u></p> <p align="center"><u>Title II Quality Review Case Files</u></p> <p>A case file containing documentation developed during the quality review of a preselected sample of Title II cases. The purpose of this review is to determine the state of quality of the Title II retirement and survivors insurance and disability insurance claims process. Documentation in the file may include copies of earnings records (Form SSA-794, Earnings Record PIA Determination, and SSA-805, Summary Earnings Record); Master Beneficiary Record printouts; Form SSA-2934, RSI/DI Quality Review Data Input Form; transmission validation reports; appointment materials; Form SSA-4639, List of Proposed Contacts; authorization and disclosure forms; payment calculation worksheets; and related reports and correspondence.</p> <p>Destroy 18 months after termination of the 6-month sample period in which the case was selected for review.</p>		

Sent to Agency: 4-28-80: K.L.D.