Schedule Number: NC1-047-80-09

Some items in this schedule are either obsolete or have been superseded by new NARA approved records schedules. This information is accurate as of: 12/28/2021

ACTIVE ITEMS
These items, unless subsequently superseded, may be used by the agency to disposition records. It is the responsibility of the user to verify the items are still active.

Item 2c remains active

SUPERSEDED AND OBSOLETE ITEMS
The remaining items on this schedule may no longer be used to disposition records. They are superseded, obsolete, filing instructions, non-records, or were lined off and not approved at the time of scheduling. References to more recent schedules are provided below as a courtesy. Some items listed here may have been previously annotated on the schedule itself.

Item 1: Disposal at agency is assumed to have taken place.
Item 2a was superseded by NC1-047-82-13.
Item 2b was superseded by NC1-047-82-13.
**REQUEST FOR RECORD DISPOSITION AUTHORITY**

(*See Instructions on reverse*)

**CONFIRMATION**

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 Central Operations

4. NAME OF PERSON WITH WHOM TO CONFER
   Ernest P. Lardieri

5. TEL. EXT
   FTS 934-5770

**DATE RECEIVED**
5-8-80

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disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10.

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 ___ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

   **X** A Request for immediate disposal.  (item 1)

   **X** B Request for disposal after a specified period of time or request for permanent retention.  (item 2)

   **C. DATE**
   30/80

   **D. SIGNATURE OF AGENCY REPRESENTATIVE**
   Dr. George E. Deal

   **E. TITLE**
   Departmental Records Management Officer

   **F. OFFICE OF CENTRAL OPERATIONS**
   [Signature]

   **G. TITLE**
   Departmental Records Management Officer

   **H. DATE**
   5-8-80

   **I. NAME OF PERSON WITH WHOM TO CONFER**
   Ernest P. Lardieri

   **J. TEL. EXT**
   FTS 934-5770

   **K. REQUEST FOR IMMEDIATE DISPOSAL**
   [Signature]

   **L. REQUEST FOR DISPOSAL AFTER A SPECIFIED PERIOD OF TIME OR REQUEST FOR PERMANENT RETENTION**
   [Signature]

7. ITEM NO.

8. DESCRIPTION OF ITEM
   (With Inclusive Dates or Retention Periods)

9. SAMPLE OR JOB NO.

10. ACTION TAKEN

   **1. Title II (Disability Insurance) Claims Case**

   Claims Case folders for claims adjudicated in 1961 containing correspondence and other pertinent material accumulated in the process of adjudication of the DI claim. Claim application forms, form SS-5, Application for Social Security Number, or equivalent document (for termination only), proofs, questionnaires, earnings records, medical evidence, and disability and nondisability correspondence are filed on the right side of the folder. Included on the left side of the folder are forms OA-C101D, Summary of Claims Data, OA-DB840, Request for Earnings Record-Disability, and equivalent documents.

   Destroy immediately.

   **2. Title II (Disability Insurance) Claims Case Files**

   These claims folders contain all correspondence and other pertinent material accumulated in the process of adjudication of the DI claim. Claim application forms, form SS-5, Application for Social Security Number, or equivalent document (for terminations only), proofs,
questionnaires, earnings records, medical evidence, and disability and nondisability correspondence are filed on the right side of the folder. Included on the left side of the folder are Form OA-C101D, Summary of Claims Data, Form OA-D840, Request for Earnings Record-Disability, and equivalent documents.

a. **Disability Denial Claims**

Transfer to the FRC after expiration of the reconsideration period and identification as eligible for transfer by Case Control System. Destroy when 20 years old.

b. **Terminated Disability Cases**

Transfer to the FRC after being identified as eligible for transfer by the Case Control System. Destroy when 20 years old.

c. **Miscellaneous Freeze Terminations**

Destroy when 20 years old.