

REQUEST FOR RECORDS DISPOSITION AUTHORITY

(See Instructions on reverse)

HEALTH & HUMAN SERVICE

LEAVE BLANK	
JOB NO	101-17-83-8
DATE RECEIVED	3-16-83
NOTIFICATION TO AGENCY	
<p><small>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disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10</small></p>	
8-23-83 <small>Date</small>	<i>[Signature]</i> <small>Archivist of the United States</small>

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

1 FROM (AGENCY OR ESTABLISHMENT)
HHS

2 MAJOR SUBDIVISION
SSA

3 MINOR SUBDIVISION **Field**
Office of ~~XXXXXX~~ Operations

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 3/14/83	D SIGNATURE OF AGENCY REPRESENTATIVE <i>[Signature]</i> Dr. George Deal	E TITLE Department 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 style="text-align: center;"><u>Records Retention and Disposal Schedule</u> <u>Office of XXXXXX Operations</u> Field</p> <p><u>Abandoned Claims Folders</u></p> <p>These claims occur when an application for a claim has been filed, but no social security number can be assigned*, and the worker cannot be located. They are thus considered as an abandoned claim. These claims are disallowed for lack of insured status.</p> <p>Destroy when 4 years old.</p> <p>*to the claim (GED)</p>		1 item

115-107 Mass data change sheet not required.

*copy sent to
and notified agency 8/25/83
[Signature]*