

REQUEST FOR RECORDS DISPOSITION AUTHORITY
(See Instructions on reverse)

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

4 NAME OF PERSON WITH WHOM TO CONFER

Fran Sikora

5. TEL EXT

934-5750

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 5 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.

and

B Request for disposal after a specified period of time or request for permanent retention.

C DATE

D. SIGNATURE OF AGENCY REPRESENTATIVE

E TITLE

12/27/83

George Deal
Dr. George Deal

Department Records Officer

7
ITEM NO

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

9
SAMPLE OR
JOB NO

10.
ACTION TAKEN

The attached list of SSA program-related forms falls into three categories of disposal instructions:

1. Category 1: Documents or their equivalents are filed in claims folders and retained in accordance with claims folder disposition instructions. Documents in this category have continuing value for program integrity, fraud and audit purposes.
2. Category 2: 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.
3. Category 3: Documents or their equivalents are to be destroyed immediately. Documents in this category have no claims-related retention value.

Note: Augments/list of documents approved by NARS jobs #NC1-47-79-13 and NC1-47-82-3.

MASS DATA CHANGE SHEET NOT REQUIRED

3 items

115-107

Copies to agency, NNF on 5/1/84 RWZ

LEAVE BLANK	
JOB NO	<i>NC1-47-84-6</i>
DATE RECEIVED	<i>4-13-84</i>
NOTIFICATION TO AGENCY	
<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3303a the disposal request including amendments is approved except for items that may be stamped "discontinued" and withdrawn in column 10</small>	
<i>4-30-84</i> Date	<i>[Signature]</i> Director of the United States

CATEGORY 1

<u>New Number</u>	<u>Old Number</u>	<u>Title</u>
	SSA-91	Quality Review Feedback Report
	SSA-92-U2	" " " "
	SSA-93-U2	" " " "
	SSA-300-U3	Consultative Examination Assessment
	SSA-448	Request for Medical Advice
Obsolete	HA-L502-U7	Notice of Favorable Decision
	SSA-L594	SS Disability Information
	SSA-836-U2	SS Notice of Disapproved Claim
	SSA-899-U2	Continuing Disability Review
		<u>NOTE:</u> Copy used for statistical input purposes may be destroyed after verification of input.
	SSA-L928-U2	SS Information Notice of Reconsideration
	SS-L937-U3	SS Information Notice
	SSA-L951-C2	SS Notice
	SSA-L951-U2	SS Notice
	SSA-L951-SP	SS Notice
Obsolete	SS-L979	SS Overpayment Information
	SSA-L991-U2	SSI Information
	SSA-L1103	SSI Request for Information
	SSA-L1130-U2	SSI Notice of Reconsideration - Disability
	SSA-L1131-U2	SSI Notice of Disapproved Claim - Disability
	SSA-1134-U2	SSI Notice of Disapproved Claim - Disability
	SSA-1140	SSI Notice of Disapproved Claim - Disability
	SSA-1141-U2	SSI Notice of Disapproved Claim
	SSA-1157-U2-DI	(Test) SS Notice
	SSA-1157-U2-SI	(Test) SSI Notice
	SSA-1251-TC	Case Control/Card - Mark Sense
	SSA-1588	Statement by Beneficiary Regarding Reportable Events
	SSA-1591-DM	Beneficiary Recontact Report
HCFA-1707	SSA-1707	HCFA Adjustment Form for Home Health Bills

CATEGORY 1 (cont.)

<u>New Number</u>	<u>Old Number</u>	<u>Title</u>
	SSA-1780	Representative Payee Checklist
	SSA-1919	Medical Desk Review Worksheet
		<u>NOTE: File copy (not original) in claims folder only when termination of entitlement by reason of disability is proposed following payment accuracy quality review.</u>
Obsolete	SSA-2417B	Claims Material Receipt Card
	SSA-3094	Quality Assurance Review: <ul style="list-style-type: none"> a. <u>Copy: Error-Free Cases</u> - file in claims folder; b. <u>Original and Error Cases</u> - see Category 2
	SSA-3428-U2	Determination of Disallowance Coding Sheet
	SSA-3462	Record of SSI Inquiry
	SSA-3917	WC Lump Sum Worksheet
	SSA-L4201	Letter to Employee Requesting Wage Information
	SSA-4268-U6	Explanation of Determination
	SSA-4366	Statement Concerning Banking and Business Transactions
	SSA-4386	Evidence Obtained in Quality Review
	SSA-4641	Authorization for SSA to Obtain Personal Information from a Financial Institution
	SSA-4648	Title II/Title XVI Disability Claims Control and Determination Report
	SSA-4678-F6	Quality Review Questionnaire - Disability
		<u>NOTE: File copy (not original) in claims folder only when termination of entitlement by reason of disability is proposed following payment accuracy quality review.</u>
Obsolete	SSA-5051	Follow-Up on Sequence 11 Form
	SSA-8005-F3	Statement of Living Arrangements
	SSA-8006-F4	Additional Statement of Living Arrangements, Support and Maintenance
	SSA-8008-BK	Living Arrangement Development Guide and Summary (for DO Use)
	SSA-8510	Authorization to SSA to Obtain Personal Information
	SSA-8530-U6	SSI Quality Assurance Case Report

CATEGORY 2

<u>New Number</u>	<u>Old Number</u>	<u>Title</u>	<u>Authorized Disposition</u>
	SSA-997	Quality Review Referral to ODO	Destroy upon completion of action
Obsolete	SSA-2466 SSA-3094	SSN Expedite Input Form Quality Assurance Review	Destroy after 90 days <u>Original:</u> Destroy after verification of data entry <u>Copy:</u> a. Error-Free Cases - file in claims folder; b. Error Cases - Destroy 6 months after final resolution of case
	SSA-3312	Transmittal of Noncontrolled Title II/ Title XVI Referral or Additional Material to VR	Destroy upon completion of action
	SSA-3601	Non-CAPS Routing	Destroy upon completion of action
Obsolete	SSA-3602	Non-CAPS Routing MODEL-2	Destroy upon completion of action
	SSA-3626BK SSA-3709	Policy Analysis Case File Review MBR Record Corrections Direct Input (MISCOR)	Destroy when 6 years old Destroy when 90 days old
	SSA-3971-TC	SSI Folder Clearance and Receipt Card	Destroy 1 month after acknowledgement of receipt
	SSA-4449	SSA/2339 Expedite Flag	Destroy after final action has been taken
	SSA-4724-U2	CDI (PER) Results Form	<u>Original:</u> Destroy 6 months after tabulation <u>Copy:</u> Destroy when 6 months old
	SSA-4730-U2	Preeffectuation Results Form	<u>Original:</u> Destroy 6 months after data entry <u>Copy:</u> Destroy when 6 months old
SSA-4350	CO-5051	Interoffice Transmittal for Priority Handling	Destroy upon completion of action

CATEGORY 3

New Number

Old Number

Title

HCFA-1980
HCFA-2808

SSA-1980-TR
SSA-2808
SSA-4246
SSA-4247
SSA-4505

Carrier or Intermediary Request for SSA Assistance
Notice of Reported Assignment Violation
1980-81 CDI Redesign Study Medical Analysis
1980-81 CDI Redesign Study Case Analysis
Request for Preparation of Supply Activity Transaction