

REQUEST FOR AUTHORITY
TO DISPOSE OF RECORDS

(See Instructions on Reverse)

TO: GENERAL SERVICES ADMINISTRATION,
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON 25, D. C.

1. FROM (AGENCY OR ESTABLISHMENT)

Department of Health, Education, and Welfare

2. MAJOR SUBDIVISION

Social Security Administration

3. MINOR SUBDIVISION

Office of Program Operations

4. NAME OF PERSON WITH WHOM TO CONFER

George S. Yamamura

5. TEL. EXT.

45770

6. CERTIFICATE OF AGENCY REPRESENTATIVE:

I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records, and that the records described in this list or schedule of _____ pages are proposed for disposal for the reason indicated: ("X" only one)

☐ A The records have ceased to have sufficient value to warrant further retention.

☒ B The records will cease to have sufficient value to warrant further retention on the expiration of the period of time indicated or on the occurrence of the event specified.

2/6/76
(Date)

Eugene D. Reed, Jr.
(Signature of Agency Representative)

Acting Dept. Records Mgt. Officer
(Title)

| 7. ITEM NO. | 8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS) | 9. SAMPLE OR JOB NO. | 10. ACTION TAKEN |
|----------------|--|----------------------------|---------------------|
| | <p><u>RECORDS RETENTION AND DISPOSAL SCHEDULE</u></p> <p><u>SSI POSTELIGIBILITY DOCUMENTS</u></p> <p>A. <u>Form SSA-8190, Representative Payee Report for Supplemental Security Income</u></p> <p>This form is used by a representative payee to account for the use made of SSI payments, including Federally-administered State supplement payments or for combined title XVI/title II benefits (where both are paid to the same representative payee), and related documents.</p> <p>1. <u>Servicing District/Branch Office</u></p> <p>Transfer to the reviewing office after district office review has been accomplished.</p> <p>2. <u>Reviewing Office</u></p> <p>File in claims folder. Retain in accordance with claims folder disposition instructions.</p> | | |

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

| 7. ITEM NO. | 8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS) | 9. SAMPLE OR JOB NO. | 10. ACTION TAKEN |
|----------------|--|----------------------------|---------------------|
| | <p>B. <u>Form SSA-8040, Application to be Selected as Payee for a Supplemental Security Income Recipient</u></p> <p>This form is completed by a person seeking to be selected to receive SSI payments on behalf of another. Included are Forms SSA-780, Certificate of Applicant for Benefits on Behalf of Another; SSA-780A, Statement of Person With Whom Beneficiary is Living; and related documents.</p> <p>1. <u>Servicing District/Branch Office</u></p> <p>Transfer to the reviewing office after systems input has been accomplished.</p> <p>2. <u>Reviewing Office</u></p> <p>File in claims folder. Retain in accordance with claims folder disposition instructions.</p> | | |