

REQUEST FOR AUTHORITY
TO DISPOSE OF RECORDS

(See Instructions on Reverse)

47

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

LEAVE BLANK

DATE RECEIVED
JUN 23 1976

JOB NO.

DATE APPROVED
NC1 - 47-76-28

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disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10.

7-14-76 *James B. Phelan*
Date Archivist of the United States

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.

6/18/76 (Date) *(Signature on reverse side)* (Signature of Agency Representative) (Title)

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p><u>PREMIUM REFERENCE FILE (PREF)</u></p> <p>These records document the history of premium remittances or adjustments entered by the program service centers for beneficiaries under the Supplementary Medical Insurance (SMI) and premium payment hospital insurance programs. Included are Forms SSA-1545, Notice of Premium Payment Due - Quarterly Notice; Form SSA-1546, Notice of Premium Payment Due - Second Request; Form SSA-1547, Notice of Past Due Premium Payment; Form SSA-1548, Notice of Premium Payment Due; Form SSA-1592, Premium Accounting Card; and Form SSA-1645, Notice of Past Due Premium Payment. These forms, which are microfilmed, include such information as name, beneficiary number, premium collection or adjustment, and postmark date. This file dates from September 1967 to January 1971 and is no longer maintained.</p> <p>1. <u>Source Documents</u></p> <p>Destroy upon completion and verification of microfilm.</p> <p>2. <u>Microfilm</u></p> <p>Destroy after 5 years.</p>		

Copy to Agency & All Federal Records Centers 7/19/76

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><u>BILLING AND COLLECTION UPDATE MASTER (HJBACUM) FILE</u></p> <p>This microfilm/microfiche file documents the history of premium payments or adjustments entered by the program service centers for beneficiaries under the SMI and premium payment hospital insurance programs and is used for processing inquiries and resolving payment discrepancies. Included is such information as beneficiary name, date of birth, entitlement data, billing data (amount of last payment, type of notice, date of mailing, current amount due, etc.), and remittance-by-remittance history. Source documents include Form SSA-1545, Notice of Premium Payment Due - Quarterly Notice; Form SSA-1546, Notice of Premium Payment Due - Second Request; Form SSA-1547, Notice of Past Due Premium Payment; Form SSA-1548, Notice of Premium Payment Due; Form SSA-1592, Premium Accounting File; and Form SSA-1645, Notice of Past Due Premium Payment.</p> <p>1. <u>Source Documents</u></p> <p>Destroy after 120 days.</p> <p>2. <u>Microfilm/Microfiche</u></p> <p>Transfer to the Federal Records Center (FRC) after 3 years' retention in the program service center. Retain in the FRC 3 additional years. Destroy after a total 6 years' retention.</p>		