Reid NCO WMord O

| 3                     |  | LITHODITY                       |   |   |   |  |
|-----------------------|--|---------------------------------|---|---|---|--|
| HEC                   | QUEST FOR RECORDS SPOSITION A<br>(See Instructions on reverse)   | AUIMUNIIT                       |   | LEAVE BLANK                                       | <del></del>                                 |  |
|                       | to the same of the same  | s                               | JOB NO  |   |   |  |
|                       | •-   |                                 | NC1-47-80   | 7-6   |   |  |
|                       | RAL SERVICES ADMINISTRATION,   |                                 |   | ,_0   |   |  |
|                       | AL ARCHIVES AND RECORDS SERVICE, WASHINGTON  | I, DC 20408                     | DATE RECEIVED   |   | •   |  |
| •                     | ENCY OR ESTABLISHMENT)   |                                 | 3-20-80   |   |   |  |
|                       | ment of Health, Education, and W   | <u>Velfare</u>                  | NOTIFI  | ICATION TO AGEN                                   | ICY   |  |
| 2. MAJOR SUI          |  |                                 | In accordance with the pr                             |   |   |  |
| SOCIAL  3. MINOR SUE  | . Security Administration  |                                 | quest, including amendment<br>be stamped "disposal no | ents, is approved excep<br>of approved" or "withd | nt for items that ma<br>rawn'' in column 10 |  |
|                       | ct and Branch Offices  |                                 | oo otampoo dioposa na                                 |   |   |  |
|                       | PERSON WITH WHOM TO CONFER   | 5. TEL. EXT                     |   | 1   | 2 AL/C                                      |  |
|                       |  |                                 | 5-28-50   | time 2  | () hell                                     |  |
| Ernest                | P. Lardieri  | 594-5770                        | Date actin  | Archivist of the                                  | United States                               |  |
|                       | E OF AGENCY REPRESENTATIVE:  |                                 | -   | 7   |   |  |
| that the              | certify that I am authorized to act for this age<br>e records proposed for disposal in this Reque<br>ency or will not be needed after the retention<br>Request for immediate disposal. | est of pa<br>periods specified. |   |   |   |  |
| ^                     | rioquosi foi infiniediate disposat.  | . ,                             |   |   |   |  |
| · · · · · ·           | Request for disposal after a spe retention,  |                                 | of time or req  | uest for pe                                       | rmanent                                     |  |
| C. DATE               | D. SIGNATURE OF AMENCY REPRESENTATIVE  | E. TITLE                        |   |   |   |  |
| 12/80                 | Dr. George E. Deal   | Departme                        | ent Records Man                                       | agement Of  | ficer                                       |  |
|                       |  | <del></del>                     | the records han                                       | 9.  | 1   |  |
| <b>7.</b><br>ITEM NO. | 8. DESCRIPTION (With Inclusive Dates or F  |                                 |   | SAMPLE OR<br>JOB NO.                              | 10.<br>ACTION TAKE                          |  |
|                       |  |                                 |   | 306 140.  | <del> </del>                                |  |
|                       | DECORDS DEMENSITON AND   | TTODOGAT GOT                    | 77771T T3   |   |   |  |
| -                     | RECORDS RETENTION AND DISPOSAL SCHEDULE DISTRICT AND BRANCH OFFICES  |                                 |   |   |   |  |
|                       | DISTRICT AND DR  | WALL OLLTONS                    |   |   |   |  |
|                       | 1. Hearing Decision Files  |                                 |   |   |   |  |
|                       |  |                                 |   |   |   |  |
|                       | Copies of hearing decisions  |                                 |   |   |   |  |
|                       | siding in the district offi  |                                 |   |   |   |  |
|                       | have requested an administr  |                                 |   |   |   |  |
|                       | by an administrative law judge. Included in the files  |                                 |   |   |   |  |
|                       | are Forms HA-514, Hearing Decision, or its equivalent.  Also included in the files may be copies of appellate  |                                 |   |   |   |  |
|                       | decisions or Federal court decisions. These decisions  |                                 |   |   |   |  |
|                       | are forwarded to the DO for reference and for use in   |                                 |   |   |   |  |
|                       | answering any inquiries from the claimant regarding  |                                 |   |   |   |  |
|                       | the decision. Also in Title XVI disability cessation   |                                 |   | •   |   |  |
|                       | cases the copy will be used to initiate termination of   |                                 |   |   |   |  |
|                       | payments.  |                                 | troc 111  | ) . ( U'.   |   |  |
|                       | Destroy 6 months after date  | of decision.                    |   | p( & '.   |   |  |
|                       | 2. Wage Posting or Correction  | Records                         |   |   |   |  |
|                       | Records consisting of docum  | ents created                    | in the nosting  | ,   |   |  |
|                       | of unreported FICA wages or  |                                 |   | <b>'</b>  |   |  |
|                       | erroneous nosting. Include   |                                 |   |   | 17 ites                                     |  |

Copy to agency, NNF-5-30-80

STANDARD FORM 115
Revised April, 1975
Prescribed by General Services
Administration
FPMR (41 CFR) 101-11.4

| Request fo     | r Re | cords Disposition Authority – Continuation  | JOB NO   |                           | PAGE OF 6           |
|----------------|------|---|--|---------------------------|---------------------|
| 7.<br>ITEM NO. |      | 8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)  |  | 9.<br>SAMPLE OR<br>JOB NO | 10.<br>ACTION TAKEN |
|                |      | Forms SSA-7010, Notice of Determination of FICA or its equivalent, and related correspondence. on Form SSA-7010 consists of employer and employed identification information, corrected wage info and certification that wages are correctly post Record copies of these documents are maintained claims folder. Copies are also retained by the of Central Operations and Internal Revenue Serv Destroy when 90 days old unless development est lishes precedent. In that case, file in the prefile and retain in accordance with disposition structions for precedent documents.  | Data yee rmation, ed. in the Office ice. ab- ecedent               |                           |                     |
| 3              | 3.   | Disclosure File   |  |                           |                     |
|                |      | Consent statements signed by claimant stating to specific personal information may be released to ganizations such as State welfare departments, aid groups, pension funds, etc. These statements be on the organization's stationery or may be of Form SSA-1610, Social Security - Public Assistance Agency Information Request and Report. Information tained in the statements or on Form SSA-1610 cludes claimant identification, information to released, and organization to be given the informations, such as welfare departments or pension for information about a large number of people. these cases, the organization maintains individual consent statements, unless the request is for the return information. SSA must then retain the invidual consent statements for IRS audit. | o or- legal ts may n nce tion in- be rmation iza- unds, In dual ax |                           |                     |
|                |      | a. Statements Requesting Disclosure of Tax Ret<br>Information   | <u>urn</u>   |                           |                     |
|                |      | Destroy when IRS audit is completed.  |  |                           |                     |
|                |      | b. Other Disclosure Requests  |  |                           |                     |
|                |      | Destroy when disclosure transaction is compo  | leted.   |                           |                     |
|                |      | Informal Disallowance File  A file containing copies of Forms SSA-L991, Supplemental Security Income Information, and SSA-3467 Record of SSI Inquiry, or their equivalents. The records pertain to individuals who have inquired.   | 2,<br>ne   |                           |                     |

| Request        | Request for Records Disposition Authority – Continuation |  |  |                           | PAGE OF 6           |
|----------------|--|--|--|---------------------------|---------------------|
| 7.<br>ITEM NO. |  | 8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)   |  | 9.<br>SAMPLE OR<br>JOB NO | 10.<br>ACTION TAKEN |
|                |  | about eligibility for SSI benefits and who, upon review without verification of resources and ot eligibility factors by the DO, are found to be eligible for SSI benefits. No formal application filed and no Title XVI claims folder established Records are maintained by personal identifier—surname or social security number. These documes are placed in the claims folder, if a Title II is filed, to document that the individual has be considered for SSI benefits.  | her in- on is d. either ents claim               |                           |                     |
|                |  | Destroy when 90 days old.  |  |                           |                     |
|                | 5.   | Undelivered Social Security Number Cards   |  |                           |                     |
|                |  | A file of undelivered social security number ca Form SSA-702, Social Security Card, or its equimaintained in alphabetical or social security norder. These cards are undelivered because eit the address is incorrect or the individual has that the DO keep the card until he/she picks it Since the information is available on SSA!s NUM and ALPHADENT system, a duplicate card may be i at some future time when address or pickup probare resolved.   | valent, umber her asked up. IDENT ssued          | -                         |                     |
|                |  | Destroy 30 days after returned to the DO as undable or 30 days after card is made available for up by applicant.   |  |                           |                     |
|                | 6.   | Provider Summary Inspection Reports  |  |                           |                     |
|                |  | Form HCFA-2567, Statement of Deficiencies and P. Correction, or its equivalent, for hospitals, m. homes, or other providers of Medicare services. DO's servicing area. These are maintained by the servicing area. These are maintained by the servicing area. HCFA-2567 contains able for public reference. HCFA-2567 contains results of Medicare officials' inspection of protection of Medicare officials' inspection of protection provider's plans to correct these deficiences the provider's plans to correct these deficiences are maintained by the Health Care Financing Administrations. | ursing in the ne DOs avail- the oviders and ies. |                           |                     |
|                |  | Destroy upon receipt of updated report.  |  |                           |                     |
|                | 7.   | Quality Control Files  | •  |                           |                     |
| 115-203        |  | Quality control records, such as Form SSA-3333U  |  | STANDARD                  | FORM 115-A          |

| Request for Records Disposition Authority – Continuation |  |   |                           | PAGE OF 6           |
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| 7.<br>ITEM NO  | 8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)   |   | 9.<br>SAMPLE OR<br>JOB NO | 10.<br>ACTION TAKEN |
|  | Quality Control Case Study, or its equivalent, and operations analysts (OAs) to record deficient and errors found during their sample review. In mation consists of case identification informating type of claim, type and description of error, and pertinent manual reference. The original copy of Form SSA-3333U3 is attached to the folder being turned for error correction; one copy is forward the supervisor, and one is retained by the OA. copies are used to prepare monthly quality reports to the DO manager. | cies nfor- con, nd of the re- led to OA |                           |                     |
|  | a. <u>Original Copy</u>  |   |                           |                     |
|  | Destroy upon correction of error.  |   |                           | •                   |
|  | b. Other Copies  |   |                           |                     |
|  | Destroy when 6 months old.   |   |                           |                     |
|  | c. Quality Review Reports  |   |                           |                     |
|  | Destroy when 1 year old.   |   |                           |                     |
| 8.   | Master Beneficiary Record (MBR) Correction Recor   | ds                                      |                           |                     |
|  | Documents, such as Form SSA-3274, Correction Inp Data HIMBR, and SSA-3709, MBR Records Correction their equivalents, used to input corrective heal insurance (HI), retirement and survivor's insura or disability insurance information to the HI ma record and/or MBR. These coding sheets usually tain information such as beneficiary name, claim ber, and corrected information.   | s, or<br>th<br>nce,<br>ster<br>con-     |                           |                     |
|  | Destory when 90 days old.  | 1                                       |                           |                     |
| 9.   | Query Records  |   |                           |                     |
|  | Coding sheets, such as Form SSA-2467, Request for HI/MBR/SSR Information or HI Card, or its equivalused to request any online information from the MBR, or Supplemental Security Record (SSR) masterecord. These input data worksheets are also us the transmission of requests for replacement of cards. Information on these records consists of claimant identification, program identification, requested information.   | lent,<br>HI,<br>r<br>ed for<br>HI       | -                         |                     |
|  | Destroy when 30 days old.  Four copies, including original, to be submitted to the National Ar   |   |                           | FORM 115-A          |

| Request f      | or Re | cords Disposition Authority – Continuation   | JOB NO.  | <del></del> , | PAGE OF 6           |
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| 7.<br>ITEM NO. |       | 8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)   |  |               | 10.<br>ACTION TAKEN |
|                | 10.   | Redetermination Case Control Cards   | *  |               |                     |
|                |       | Computer-generated punchcards used for the inpredetermination information into the SSR. Punare sent to the DOs from the Office of Systems SSI recipients in the DO's service area. Information. Cards consists of case identification is mation. Cards are used to enter the results of redetermination if there are no changes in liver arrangements and eligibility factors as a result redetermination. | hhcards<br>for<br>rmation<br>nfor-<br>f the<br>ing |               | ,                   |
| ,              |       | Destroy 6 months after completion of the redet minations or when administrative value ceases, ever is earlier.   |  | ,             |                     |
| ٠              | 11.   | Teletype Files   | ٠,,  |               |                     |
|                |       | Teletypes received by DOs via SSA Data Acquisi<br>and Retrieval System (SSADARS) or Advance Reco<br>System (ARS) covering a variety of subjects, so<br>beneficiary data, reports, or procedures. Dis-<br>tion instructions for the teletype are contained<br>the transmission.   | rds<br>uch as<br>posi-                             | •             |                     |
|                |       | Destroy in accordance with teletype disposition instructions.  | ı  | 1             |                     |
|                | 12.   | Program and Management Reports   |  |               |                     |
|                |       | Program and management reports, such as overting staffing reports, workloads and production reports and other reports received or prepared to subminarrative or statistical data to management of Reports may be required or issued by central of the regional office, or the area director. Special examples of central office issued reports included  | orts,<br>it<br>fices.<br>ffice,<br>ecific          |               |                     |
|                |       | a. District Office Workload Derivative Report  | ;  |               | <u> </u>            |
|                |       | b. District Office Workload Summary Report;  |  |               |                     |
|                |       | c. SSI Initial Claims Processing Times Report  | ;  |               |                     |
|                |       | d. District Office Totals - Exception Control  | Report   |               |                     |
|                |       | e. SSA Critical Case System Processing Reports   | :  | •             |                     |
|                |       | f. Average Award Processing Time Report; and   | •  |               | FORM 115-A          |

| Request fo     | equest for Records Disposition Authority—Continuation              |   |   | PAGE OF 6           |  |
|----------------|--|---|---|---------------------|--|
| 7.<br>ITEM NO. | 8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods) |   | 9.<br>SAMPLE OR<br>JOB NO               | 10.<br>ACTION TAKEN |  |
|                |  | g. Title II Postentitlement Reports.  |   |                     |  |
|                |  | Regional office or area director reports are l developed and are unique to that region or are   | _                                       |                     |  |
|                |  | Destroy 1 year after the close of the calendar in which dated.  | year                                    | :                   |  |
|                |  | Note: If reports issued at specific intervals compiled into a final summary report (i.e., we into monthly, monthly into quarterly, quarterly annual report), retain final summary report colongest time interval (i.e., annual report) fo year after the close of the calendar year in we dated. Destroy other reports when administrativalue ceases. | ekly<br>y into<br>vering<br>r 1<br>hich |                     |  |
|                | 13.  | Work Sampling Transmission Documents  |   |                     |  |
|                |  | Hard copy documents of systems transmission of sampling data to central office. Data is tran weekly and includes sampling information on per and completed workloads. Information is transvia SSADARS or ARS.   | smitted<br>nding                        |                     |  |
|                |  | Destroy 2 months after the end of the sample m  | onth.                                   |                     |  |
|                | 14.  | Time and Attendance Payroll Transmission Docum  | <u>ents</u>                             |                     |  |
|                |  | Hard copy documents of systems transmissions of and attendance information to central office for payroll preparation purposes. Information is mitted via SSADARS or ARS.  | or                                      |                     |  |
|                |  | Destroy When 2 weeks old.   |   |                     |  |
|                |  |   |   |                     |  |
|                |  |   |   |                     |  |
|                |  |   |   |                     |  |
|                |  |   |   |                     |  |
|                |  |   |   |                     |  |
|                |  |   |   |                     |  |