REQUEST FOR RECORD DISPOSITION AUTHORITY
(See Instructions on reverse)

LEAVE BLANK

JOB NO

NC1-47-82-13

21 OCT 1981

DATE RECEIVED

October 28, 1981

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the disposal request including amendments is approved except for items that may be stamped "disposal not approved or withdrawn" in column 10

4-15-82   Archivist of the United States

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

1 FROM (AGENCY OR ESTABLISHMENT)
Department of Health and Human Services

2 MAJOR SUBDIVISION
Social Security Administration

3 MINOR SUBDIVISION

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 __3__ 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	D SIGNATURE OF AGENCY REPRESENTATIVE	E TITLE
Oct. 2, 1981	Dr. George E. Deal	Department Records Management 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·		
	Category 1: Documents or their equivalents are filed-in claims folder and retained in accordance with claims folder disposition instructions. Documents in this category have continuing value for program integrity, fraud, and audit purposes.		
	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.		
	Category 3: Documents or their equivalents are to be destroyed immediately. Documents in this category have no claims-related retention value.		
	(Nothing submitted at this time for category 3).		
	Note: Augments /approved by NARS; job # NC1-47-79-13. list of documents GED		

MASS DATA CHANGE SHEE NOT REQUIRED

19 Items

Closed Out: 4-21-82: K.T.]
Copy to Agency ; NNF

Category 1

Form Number	Description of Records
HCFA-40	Medicare Card Enrollment Form (supersedes Form HCFA-40-C)
SSA-596	Conversion of Benefit Role
SSA-625	Report by Former Representative Payee
SSA-847	SSA Request for Case Action
SSA-L880-U3	Request for Additional Evidence of Disability
HCFA-1585	Notice of Medical Insurance Enrollment and Premium Deduction (Printed prior to 9/69)
HCFA-1585-A	Record of Medical Insurance Enrollment
SSA-3441-F-6	Reconsideration Disability Report
SSA-3500-U2	CDI Coding
SSA-4040	Application for Medical Insurance (supersedes Form HCFA-40-C)
SSA-4348-U2	SSI Offset Work Sheet
SSA-4349-U2	Trust Fund Transfer Work Sheets

NOTE:

1. File original of SSA 4348-U2 and SSA 4349-U2 in claims folder.

2. Send second copy to servicing DO for retention in SSI offset file.

~~SSA-4648-U3~~
(obsoletes ~~Forms SSA-8029-U2~~, SSA-8175-U2 and SSA-3702) ~~Title II/Title XVI Disability Claims Control~~ and Determination Input Form

~~Authorized Disposition~~

~~Input Copy - Destroy one month after acknowledgement from Office of Systems~~

| SSA-8080TR | SSI Claims Record Review Form |
| SSA-L9560 | Workmen's Compensation Redetermination Letter |

Authorized Disposition

File in claims folder and retain in accordance with claims folder disposition instructions.

Category 2

Form Number	Title	Authorized Disposition
SSA-3263	SSI Initial Claims Review	Destroy 180 days after final disposition of claim
HCFA-3516/3516SP	Notice of Medicare Premium Payment	Destroy 180 days after action completed
SSA-3712	DIB Cessation Coding Sheet	Destroy after output received/action completed
SSA-4648-U3 (obsoletes Forms SSA-8029-U2, SSA-8175-U2, and SSA-3702)	Title II/Title XVI Disability Claims Control and Determination Input Form	Destroy one month after acknowledgement from Office of Systems