

# Instructions for Completion of Form SSA-4513

## Heading

Enter official name of agency, State, fiscal year being reported, and the period from October 1 of that fiscal year through the end of the calendar quarter for which you are reporting.

## Column Entries

Column A, Disbursements – Enter cumulative disbursements through the end of report period.

Column B, Unliquidated Obligations – Enter amount of all unliquidated obligations as of the ending date of report period.

Column C, Total Obligations – Automatically calculated (sum of Column A and B) to reflect the total cumulative obligations effective at the end of report period.

## Line Entries

Line 1, Personnel Costs – Enter the salary costs and fringe benefits paid to personnel for time devoted to SSA disability programs.

Line 2, Medical Costs – Automatically calculated (sum of 2a and 2b) to reflect the total costs incurred for the purchase of CE/MER for all SSA disability program titles.

Line 2a, Consultative Examinations – Automatically calculated (sum of 1 thru 3) to reflect the total cost for CE's.

Line 2a(1-3) DI, SSI, Concurrent Claims – Enter costs incurred for the purchase of CE's by SSA disability program title.

Line 2b Medical Evidence of Record – Automatically calculated to reflect the total cost for MER (sum of 1 thru 3).

Line 2b(1-3) DI, SSI, Concurrent Claims – Enter costs incurred for the purchase of MER by SSA disability program title.

Line 3, Indirect Costs – Enter total indirect charges which were obligated in accordance with approved State-wide cost allocation agreements or charged by the State Parent Agency.

Line 4, All Other Nonpersonnel Costs – Automatically calculated from entries made in the categories listed in 4(a through j).

Line 4(a thru j) - Enter amount obligated for each category listed under All Other Nonpersonnel Costs per POMS DI 39506.809.E.

Line 5, Total – Automatically calculated to reflect the sum of the line entries for columns A, B, and C.

Line 6, Cumulative Obligational Authorization – Enter amount reflected on the latest SSA-872 authorized for the report period.

Line 7, SSA-871 Attached – Self-explanatory

Signature/Title/Date – This form must be signed by person (name and official title) authorized to submit estimates of anticipated costs and reports of actual expenditures (per acceptable certificate of authority).

## **Paperwork Reduction Act Statements**

*See Revised PRA, Attached*

~~This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 90 minutes to read the instructions, gather the necessary facts, and answer the questions.~~

***The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:***

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 90 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*