



## Information about Your *Statement*

### Please Note:

This is your personal *Statement* about your record with Social Security. It does not include information about benefits you might qualify for on anyone else's record. To ask about whether you qualify on another record, you can call our toll-free number **1-800-772-1213** (TTY 1-800-325-0778) or call, [write or visit your local Social Security office](#).

[What is the \*Statement\*?](#)

[Why automatic \*Statements\*?](#)

[Need to request a \*Statement\*?](#)

[Sample \*Statement\*](#)

### Questions about your *Statement*?

[Your Benefits](#)

[Family Benefits](#)

[Two SSN's](#)

[Federal, State or Local Government Work](#)

[Government Pension Offset](#)

[Windfall Elimination Provision](#)

[Military or Railroad Service](#)

[Wrong Address](#)

[Earnings, Taxes and Credits](#)

[Work Outside the U.S.](#)

[Benefits on Another Record](#)

[Name/Birthdate Wrong](#)



[Declaración del Seguro Social](#)



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Social Security Online

# Request a Social Security Statement

[www.socialsecurity.gov](http://www.socialsecurity.gov)



## Information about Requesting a Social Security Statement

### This service is available (Eastern Time):

*Monday through Friday - All Day (except 2:00 AM - 3:00 AM)*

*Saturday 5:00 AM - 11:00 PM*

*Sunday 8:00 AM - 10:00 PM*

*Holidays 5:00 AM - 11:00 PM*

*The Social Security Statement is a valuable document that estimates your future Social Security benefits and tells you how to qualify for those benefits.*

*This service allows you to transmit your request for a Social Security Statement using an online form. However, we do not send your Statement information back on the Internet. Instead, you will receive a response to your request by U.S. mail in 2-4 weeks.*

### Your Social Security Statement will include:

- *A record of your earnings history and an estimate of how much you and your employer paid in Social Security taxes; and*
- *Estimates of benefits you (and your family) may be eligible for now and in the future.*

### To request your Social Security Statement, you will need:

- *Your name as shown on your Social Security Card*
- *Your Social Security Number*
- *Your date of birth*
- *Your place of birth*
- *Your mother's maiden name - last name only (to help identify you)*

## **Optional:**

*It will help us give you better benefit estimates if you also give us:*

- *Your last years' earnings and an estimate of your current and future earnings*
- *Age at which you plan to stop work*

## **Some words about security:**

*SSA takes numerous steps to keep your accounts and personal information secure, but you also play a role in maintaining the security of your information. Here's what you can do:*

- *You may not always be at your own computer when you request a Social Security Statement. Therefore, it's important to exit your browser when you're finished so others cannot see the information that you have entered.*
- *We recommend you use the built-in security features Web browsers provide. Choosing certain security settings and options will help protect the privacy of your personal information. Security settings on your browser vary depending on whether you are using a Netscape or Microsoft product and by version of these browsers. For more information consult the **Help** files of your browser software.*

*Unless you have turned JavaScript off in your browser, you will receive a warning after 25 minutes and you can extend your time on the page. After the third warning, you must move to another page, or your time will run out and your work on that page will be lost.*

*If you are not comfortable sending information to us on the Internet, you may download the [Social Security Statement request form \(SSA-7004\)](#) and mail it to the address on the form.*

## **Want More Information?**

*If you have more questions about the Internet request for a Social Security Statement, read our [Frequently Asked Questions](#).*

## **Request Your Social Security Statement Now**

*To request a Statement using the Internet, simply select the button below and we will take you to the Online request form. You will receive your Statement through regular mail in about 2-4 weeks.*

**Please Note:**

*If you automatically receive a Social Security Statement about three months before your birthday each year, this request will stop your next scheduled mailing. You won't receive another automatic Statement until the following year.*

**Block access to your personal information**

*If you want to prevent online and automated telephone access to your personal information, you can [block access to your personal information](#).*



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Form Approved: OMB No. 0960-0466

Expires: 7/31/2007



## Please Enter Your Information

### Protecting Your Information

*If you are in a public place, or are otherwise concerned about others viewing your information, we strongly advise exiting your Web browser upon completing your Statement requests. If you use your browser BACK button, you will lose data already entered and will have to re-enter it.*

*If you are using only the keyboard or using an assistive device and need help, visit our [Instructional page for alternative views and navigation](#).*

***Note:** If you select this link, you will leave this secure site and go to a new browser window. You automatically will return to this page when you close the new browser window.*

### Instructions

*Complete the following web form to submit your Statement request over the Internet. Please do NOT mail paper copies of this web form.*

***All fields are mandatory unless otherwise noted. Please do not use punctuation on this form.***

### Do you want to receive your statement in English or Spanish?

- Do you wish to receive your statement in English or Spanish?English      Do you wish to receive your statement in English or Spanish?Spanish

**Please type your SSN, First and Last Name, exactly as shown on your Social Security Card.**

Your Middle Initial is optional.

**We cannot process your request without a valid Social Security Number.**

**Your SSN:**

(9 numbers)

Please enter your Social Security Number without dashes. (9 numbers)

**First Name:**

(1 - 15 Letters)

Enter your first name. (1 - 15 Letters)

**Middle Initial:**

(None or 1 Letter)

**OPTIONAL**

Enter your middle initial.(None or 1 Letter) OPTIONAL

**Last Name:**

(1 - 20 Letters)

Enter your last name.(1 - 20 Letters)

**Suffix:**

**OPTIONAL**

Enter your suffix.(None or 1-4 letters) e.g. Jr, III, etc. Optional

**Your Date of Birth:**

Month, Day, Year

Enter Month for your date of birth

Enter Day for your date of birth

Enter

Year for your date of birth

**Place of Birth:**

Select state or enter name of foreign country of birth

Place of Birth:Select U.S. State or TerritoryU.S. State or Territory

Or Place of Birth:Please enter Foreign Country name.Foreign Country

**Your Gender:**

- Your GenderMale Your GenderFemale

**Mother's Maiden Name:**

(Last name only)

(1 - 20 letters)

Mother's Maiden Name. Last name only 1 - 20 letters.

**Your Telephone Number:**

(All numbers: "+" allowed for foreign)

Enter the area code for the domestic phone number.U.S. ( ) Enter the exchange for the

domestic phone number.

Enter the 4-digits for the domestic phone number.-

Or Or Foreign phone number.Foreign

### Address Instructions:

- C/O Field: If you want to have your Statement mailed to someone else, fill in the C/O field with the name of that person.
- Mailing Address: You must provide either a U.S. Mailing Address **OR** a Foreign Address.
  - U.S. Street Address: Include the Street, Apartment Number, PO Box or Rural Route.
  - Foreign Street Address: Include Street, City, Province and Postal Code.

### U.S. or Foreign Address:

APO/FPO Military select U.S.

- U.S. or Foreign address.APO/FPO Military select US.U.S. U.S. or Foreign address.  
APO/FPO Military select US.Foreign

### In Care of Name:

(1-26 letters)

#### OPTIONAL

Do not type "C/O" in the field below.

In Care of Name. (1-26 letters). Optional. Do not type C/O in the field below.C/O

### Mailing Address:

(1-22 letters or numbers per line) Street Address (Check Instructions): For U.S. Addresses, do NOT include

City, State, and ZIP Code

Mailing Address.(1-22 letters or numbers per line)Street Address (Check Instructions):For U.S. Addresses, do NOT include City, State, and ZIP Code

Mailing Address.(1-22 letters or numbers per line)Street Address (Check Instructions):For U.S. Addresses, do NOT include City, State, and ZIP Code

### U.S. City: (If U.S. Address)

(1-19 letters)

U.S. City:(If U.S. Address)(1-19 letters)

**State or Territory:**

(If U.S. Address, select two letter state abbreviation)

If U.S. Address, select two letter state abbreviation

**ZIP Code:**

(If U.S. Address, 5 digit or 9 digit zip code.)

If U.S. Address, enter 5 digits ZIP

If U.S. Address, enter 4 digits ZIP-

**Foreign Country:**

(If Foreign Address, 1-21 letters)

If foreign country, enter 1-21 letters.

**Any Other Social Security Numbers You Have Used:**

(9 numbers)

**OPTIONAL**

Please enter any other Social Security Numbers You Have Used. (9 numbers). Optional

Please enter any other Social Security Numbers You Have Used. (9 numbers). Optional

**This year's and last year's earnings:**

- *Last year's earnings: Enter an **EXACT** or **ESTIMATED** amount (blank or zero amount allowed).*
- *This year's earnings: Enter an **ESTIMATED** amount (blank or zero amount allowed).*
- ***Do not include** wages from State, Local or Federal Government employment that are not covered for Social Security or that are covered only by Medicare.*
- *Show your earnings (wages and/or net self-employment income) if covered by Social Security.*
- *If your earnings for any year exceeded 6 digits, enter "999999".*

**Last Year's Earnings:**

(1 - 6 numbers)

**OPTIONAL**

Last Year's Earnings.(1 - 6 numbers). Optional\$ .00

**This Year's Earnings:**



(1 - 6 numbers)

**OPTIONAL**

This Year's Earnings.(1 - 6 numbers). Optional\$ .00

**Future Year's Earnings:**

- *Enter the average **yearly** amount (not your total future lifetime earnings) you think you will earn between now and when you plan to stop working. If you expect that amount to exceed 6 digits, enter "999999".*
- ***If you don't expect any significant changes, show the same amount you are earning now.***
- *Include performance or scheduled pay increases or bonuses, but NOT cost-of-living increases.*
- *Do not include an adjustment for inflation.*
- *If you expect to earn significantly more or less in the future due to promotions, job changes, part-time work, or an absence from the work force, enter the amount that most closely reflects your future average yearly earnings.*
- ***If you show NO earnings for future years, we will estimate your benefit as if you had zero earnings from next year on.***

**Future Average Yearly Earnings:**

(1 - 6 numbers)

**OPTIONAL**

Future Average Yearly Earnings. (1 - 6 numbers). Optional\$ .00

**The age you plan to stop working:**

- *Enter the age at which you plan to stop working, up to age 69.*
- *If you do not know when you want to stop working, you can leave this field blank.*

**Show the age you plan to stop working:**

**OPTIONAL**

Show the age you plan to stop working. Optional

## The Privacy Act:

*Social Security is allowed to collect the facts on this form under Section 205 of the Social Security Act. We need them to quickly identify your record and prepare the Statement you requested. Giving us these facts is voluntary. However, without them we may not be able to give you a benefit estimate statement. The Social Security Administration will not use the information for any other purpose.*

## The Paperwork Reduction Act Statement:

*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 it will take you about 5 minutes to read the instructions, gather the necessary facts, and answer the questions.*

***By sending this form, I certify that I am asking for action to be taken on my Social Security record or the record of a person who has expressly authorized this request. I understand that if I deliberately request information under false pretenses, I may be guilty of a federal crime and could be fined and/or imprisoned.***

***Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, SSA may provide the evidence of such monitoring to law enforcement officials.***

### SELECT AN ACTION BELOW

Select one of the options.



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Social Security Online

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## Thank You

*Social Security has received and is processing your information. You will receive a statement by mail in about 4 weeks.*

***By sending this form, I certify that I am asking for action to be taken on my Social Security record or the record of a person who has expressly authorized this request. I understand that if I deliberately request information under false pretenses, I may be guilty of a federal crime and could be fined and/or imprisoned.***

***Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, SSA may provide the evidence of such monitoring to law enforcement officials.***

### SELECT AN ACTION BELOW

Select the "Request Another Statement" button to request another Statement by mail or select "Done".



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