

Refer to:

Date: _____

Claimant: _____

Social Security
Number: _____

Date of Birth: _____

Employment Dates: _____

Dear _____ :

We need the information listed below in connection with a Social Security claim. Your prompt reply is appreciated.

To determine entitlement to Social Security benefits, we need to know the first date that _____ could have received a pension from your organization. In some cases, we also need to know the amount of the pension.

The pension eligibility date may or may not be the actual retirement date. It is the date the person could have retired and received a pension had he or she chosen to do so.

If you have any questions regarding this request, please contact

_____ at _____ .

AGENCY/EMPLOYER RESPONSE:

1. Date the person first met the eligibility requirements to receive a pension: _____

NOTE: If the date is prior to December 1, 1977, please omit questions 2-3, sign, and return in the enclosed envelope.

2. Pension amount as of _____ :
(month of entitlement to Social Security)

\$ _____
(amount)

3. Please show any pension increases and dates of increases after the date shown in question 2.

Pension amount as of: _____ \$ _____
(Date)

Pension amount as of: _____ \$ _____
(Date)

Employer

Area Code and Telephone No.

Signature

Title

Date

Paperwork/Privacy Act Notice: This report is authorized by 20 CFR 404.408a. While your response is voluntary, your cooperation is needed to assist us in determining the correct amount of Social Security benefits payable to the person named above.

Please See Revised PRA, Attached

~~**PAPERWORK REDUCTION ACT:** 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 3 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 3 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.