Social Security Administration Form Approved OMB No. 0960-0561

MODIFIED BENEFIT FORMULA QUESTIONNAIREFOREIGN PENSION		
NAME OF	WAGE EARNER OR SELF-EMPLOYED PERSON	U.S. SOCIAL SECURITY NUMBER
NAME OF	PERSON MAKING STATEMENT (if other than above wage earner or self-emplo	yed person)
could pr Adminis in section Adminis establish to assur informat  We may those of person of  Paperwo section Managel and ans nearest MD 212 A modif on employr insurance	Y ACT: Your response to this request is voluntary; however, failure revent an accurate and timely decision on your claim and could affect that an accurate and timely decision on your claim and could affect that an accurate and timely decision on your claim and could affect that an accurate and timely decision on your claim and could affect that a country and improvement of the following purposes: an accountry the following purposes: an account that another person or agency for the following purposes: and the integrity and improvement of the Social Security programs, and it is the integrity and improvement of the Social Security programs, and it is the information you give us when we match records by come of other Federal, State, or local government agencies. Many agencies and sulfies for benefits paid by the Federal government. The law allows us see Revised PRA Attached ork Reduction Act Statement - This information collection meets the 2 of the Paperwork Reduction Act of 1995. You do not need to answ ment and Budget control number. We estimate that it will take about wer the questions. SEND OR BRING THE COMPLETED FORM TO YOur office, call 1-800-772-1213. Send only comments on our time estimated benefit formula is used to compute U.S. Social Security benefits for long that after 1956 not covered by U.S. Social Security benefits formula to self-employment, (employment meaning work) in another counter benefit. The difference in your U.S. Social Security benefit compute formula, cannot be greater than one-half the amount of the pension	et your Social Security benefits. The Social Security repension on your Social Security benefit, as provided on this form may be disclosed by the Social Security 1) to assist the Social Security Administration in attentional research and audit activities, necessary 1 (3) to comply with laws requiring the exchange of Privacy Act Statement Attached  Inputer. Matching programs compare our records with may use matching programs to find or prove that a sto do this even if you do not agree to it.  In requirements of 44 U.S.C. § 3507, as amended by the second of the program of the second of the program of
	to both the pension or annuity and the S. Social Security benefit.	
1.	Enter the name and address of the agency or organization from which you received or expect to receive the pension. If you receive more than one pension, complete a separate form for each pension.	NAME ADDRESS (Include postal code)
2.	Is the pension listed in item 1 a partial benefit paid under a U.S. Social Security {Totalization} agreement?  Is the pension listed in item 1 based on a totalization agreement (combined credits) with the United States?	YES If "yes", submit evidence such as an award certificate or letter from the agency paying the pension, ignore the rest of the form, and sign your name on the last page in the appropriate space.  NO If "no", complete the rest of the form and sign it.  UNKNOWN If "unknown," contact the agency paying the pension for further information about the pension, complete the form and sign it.
3.	Enter the entire period(s) of employment or self-employment upon which your pension is based. Provide specific dates. Enter a "?" if some information is unknown.	FROM: (month, day, year)  TO: (month, day, year)
4.	Enter only the period(s) of employment or self-employment from item 3 above used to determine your pension which was after 1956 and which was not covered by U.S. Social Security. Provide specific dates. Enter a "?" if some information is unknown.	FROM: (month, day, year) TO: (month, day, year)

		FROM: (month, day, year)
_	Enter specific periods of voluntary contributions	
5.	non-employment based credits included in the compu- your pension. Enter a "?" if some information is unkno	
	your pension. Enter a ! It some information is drikno	WII.
	Enter the date you first became (or expect to become	e) eligible DATE: (month, day, year)
6.	for the pension.	, 3.19.2.10
7.	Enter the amount of your pension before any deduct	tions are made to provide for a survivor annuity, health
		ars, show the amount of the pension in the currency in
	which it is paid.)	·
	a) for the month you first receive a U.S. Social	Security
	benefit. — OR	Amount
	b) for the month you first receive the pension, if is	ater than
	the month you first receive a U.S. Social	
	benefit.	Amount
	If the pension is paid on other than a month	ly basis, Weekly Bi-Weekly Other
	indicate how often it is paid.	Weekly Bi-Weekly Other
		If the amount of the pension is unknown, show
		"unknown."
	If you received a lump sum payment instead of a perio	dic pension, enter the amount of the payment and, if
	known, the specific period of time for which the paym	ent would be due. If unknown, show "unknown."
8.		
	for the period from (Month, Ye	through ear) (Month, Year or Lifetime)
		(Month, fear of Lifetime)
Remari	KS:	
	IMPORTANT INFORMATION: PLEASE READ THE	FOLLOWING BEFORE SIGNING THE FORM
•	o report promptly to the U.S. Social Security Administration if my cur Social Security benefit. I understand that failure to report cessation of	rent pension or annuity ceases because this may affect the amount of
-	han would otherwise be payable. I also agree to report promptly to the	
pension	or annuity from any country or foreign employer after the cessation o	f the pension or annuity I currently receive or expect to receive.
I declare	under penalty of perjury that I have examined all the information on	this form, and on any accompanying statements or forms, and it is true
	ect to the best of my knowledge. I understand that anyone who knowledge.	
this info	rmation, or causes someone else to do so, commits a crime and may	
SIGNAT	SIGNATURE OF PERSON N URE (First Name, Middle Initial, Last Name) (Write in ink)	DATE: (month, day, year)
SIGNAT	ONE (First Ivalie, Wildle Hittal, Last Ivalie) (Wilte III IIIK)	DATE. (month, day, year,
HERE •		
MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, Rural Route)		TELEPHONE NUMBER(S) AT WHICH YOU MAY BE CONTACTED DURING THE DAY
CITY AND STATE (or Country)		(Area Code) ZIP CODE OR POSTAL CODE
CITTAN	D STATE (or Country)	ZIF CODE ON FOSTAL CODE
\A/C+	ONLY if this statement has been simple to make (V)	
	es are required ONLY if this statement has been signed by mark (X) a al must sign below, giving their full address.	pove. If signed by mark (X), two witnesses to the signing who know the
		GNATURE OF WITNESS
ADDRES	S (Number and Street, City, State, Country and ZIP Code/Postal Code) AL	DDRESS (Number and Street, City, State, Country and ZIP Code/Postal Code)

## **Privacy Act Statement**

## **Collection and Use of Personal Information**

Section 215 of the Social Security Act, as amended, authorizes us to collect the information on this form. The information you provide will be used to determine the effect of your pension on your Social Security benefits. Your response is voluntary. However, failure to provide the requested information may prevent an accurate and timely decision on any claim filed, or could result in the loss of benefits.

We rarely use the information provided on this form for any purpose other than for determining the amount of the Social Security benefit you are entitled to receive. However, in accordance with 5 U.S.C. § 552a(b) of the Privacy Act, we may disclose the information provided on this form (1) to enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; (3) to comply with Federal laws requiring the disclosure of the information from our records; and (4) to facilitate statistical research, audit or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs. The law allows us to do this even if you do not agree to it.

A complete list of routine uses for this information is contained in our System of Records Notice 60-0089 (Claims Folders System). Additional information regarding this form and our other system of records notices and Social Security programs are available from our Internet website at <a href="www.socialsecurity.gov">www.socialsecurity.gov</a> or at your local Social Security office.

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 <u>Paperwork Reduction</u> 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 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office call 1-800-772-1213 (TTY 1-800-325-0778).** Send <u>only</u> comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

## SSA will substitute the following revised Paragraph #4 upon approval of the revisions:

U.S Social Security retirement or disability benefits may be determined using a different formula under the Windfall Elimination Provisions (WEP), when you also receive a pension based on employment or self-employment, (employment, meaning work) from a foreign pension not covered by U.S. Social Security. Social Security benefit amounts use only earnings covered under Social Security with a benefit formula that gives proportionately higher amounts to workers with low lifetime earnings. A worker with a substantial period of non-covered work during their lifetime appears to have lower lifetime earnings than they actually had. WEP reduces the primary insurance amount upon which benefits are based and affects all benefits paid on that record except survivors. The difference in U.S. Social Security benefits computed under WEP cannot be greater than one-half the amount of the non-covered pension received in the first month you are entitled to both the non-covered pension and the U.S. Social Security benefit.