

SOCIAL SECURITY ADMINISTRATION

CERTIFICATION BY RELIGIOUS GROUP
(Regarding tenets or teachings on acceptance of insurance benefits and provision for dependent members)

~~PRIVACY ACT/PAPERWORK ACT NOTICE: The authority for collecting the information requested on this form is contained in Section 211 (c) (5) of the Social Security Act. Submission of the information requested is voluntary. The purpose for which the information is requested is to determine if a religious group of which an individual is a member qualifies for self-employment tax exemption.~~

Full Name and Mailing Address of Religious Group

~~Information you furnish on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal laws requiring the exchange of information between the Social Security Administration and another agency.~~

Print Your Name (First name, middle initial, last name)

See Revised Privacy Act Statement

I am the _____ and a duly appointed and authorized spokesman for the religious group named above and certify the following information regarding this religious group:

1. Do the established tenets or teachings of this religious group oppose the acceptance of benefits of any private or public insurance which makes payments in the event of death, disability, old-age, or retirement or makes payments toward the cost of, or provides services for, medical care, including the benefits of any insurance system established by the Social Security Act? Yes No
If "Yes," submit documents, statements, or other writings to support your answer.

2. Is it the practice of this religious group to make provision for their dependent members? Yes No
If "Yes," briefly describe how dependent members are provided for and submit documents, statements, or other writings to support your answer.

3. (a) Has this religious group been in existence at all times since December 31, 1950? Yes No

(b) Enter the date this religious group was established. _____ DATE ESTABLISHED (if unknown, so indicate)

Submit any available documents, writings, or other evidence to support your answers to (a) and (b) above.

Answer 4 only if this religious group was established after December 31, 1950.

4. (a) Is this religious group a division or offshoot of another religious group with similar tenets and teachings? Yes No
If "yes," answer (b), (c), and (d) below. If "No," go on to item 5.

(b) Enter the full name of the group of which this group is a division or offshoot.

(c) Enter the date the religious group in (b) above was established → DATE ESTABLISHED (if unknown, so indicate)

(d) Are the tenets, teachings and practices of the religious group in (b) above identical to those described in items 1 and 2 above? Yes No
If "No," explain the differences.

Blank lines for providing details for item 4(b) and 4(d).

5. Have the tenets, teachings and practices of this religious group (and, if applicable, the group of which it is a division or offshoot) been the same as shown in items 1, 2, and 4 above at all times since December 31, 1950, or if later, the date the religious group was established? Yes No
If "No," explain any changes and indicate when changes took place.

Blank lines for providing details for item 5.

6. I understand that it is the obligation of the group spokesman to notify the Social Security Administration in the event there is any change in the tenets, teachings and practices of this religious group as indicated above.

~~PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 15 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.~~

See Revised Paperwork Reduction Act Statement

SIGNATURE TITLE DATE

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

Privacy Act Statement

Section 211(c)(6), of the Social Security Act, as amended, authorizes us to collect this information. The information is needed to enable us to determine if a religious group of which an individual is a member qualifies for self-employment tax exemption. The information you furnish on this form is voluntary. However, failure to provide all or part of the information may result in our inability to properly make a determination regarding an individual's tax exemption status.

We rarely use the information you supply for any purpose other than for making a determination regarding proper crediting of the named individual's Social Security earnings record. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to: (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 comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veteran Affairs); (3) to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and, (4) to facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by 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 and administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in Systems of Record Notice 60-0059. The notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov 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 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 15 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *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.*