

PART III. CIVILIAN FEDERAL AGENCY BENEFIT INFORMATION
(Including Veterans Administration)

4.	<p>(a) Have you ever been, or do you expect to be, entitled to receive a civilian Federal benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "no", omit the remaining questions and sign below.)</p> <p>(b) Please check type of benefit that you are receiving, were receiving, or that you expect to receive. <input type="checkbox"/> Age or length of service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor <input type="checkbox"/> Other _____ <small align="right">(PLEASE SPECIFY TYPE)</small></p>						
5.	<p>(a) Name of Federal agency that was, is now, or will be paying benefit: <input type="checkbox"/> Office of Personnel Management (<i>Formerly Civil Service Commission</i>) <input type="checkbox"/> Veterans' Administration (<i>Check only if receiving benefits because of waiving all or part of military retirement pay</i>) <input type="checkbox"/> Office of Workers Compensation Programs (<i>Check only if receiving benefits because of waiving all or part of another Federal benefit</i>) <u>Specify in remarks</u> the agency and the type of benefit waived. <input type="checkbox"/> Other (<i>Specify</i>) _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:33%; padding: 5px;">(b) Years of civilian Federal employment</td> <td style="width:33%; padding: 5px;">(c) Date claim filed</td> <td style="width:33%; padding: 5px;">(d) Federal Benefit claim number</td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table>	(b) Years of civilian Federal employment	(c) Date claim filed	(d) Federal Benefit claim number			
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6.	<p>MOST RECENT Federal employer: (a) Name of agency (<i>if different from 5(a) above</i>)</p> <hr/> <p>(b) City and State where employed</p> <hr/> <p>(c) Date last worked</p>						

REMARKS: (You may use this space for any explanations. If you need more space, attach a separate sheet.)

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

SIGNATURE OF APPLICANT

Signature (<i>First name, middle initial, last name</i>) (<i>Write in ink</i>)	Date (<i>Month, day, year</i>)
SIGN HERE	Telephone Number (<i>include area code</i>)

Mailing Address (*Number and street, Apt. No., P.O. Box, or Rural Route*)

City and State	ZIP Code
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Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (<i>Number and street, City, State and ZIP Code</i>)	Address (<i>Number and street, City, State and ZIP Code</i>)

SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:

Privacy Act Statement for SSA 2512

Section 217, of the Social Security Act, as amended, authorizes us to collect this information. The information is needed to permit the Social Security Administration (SSA) to establish whether the wage earner's military service may be used to determine entitlement to or the amount of Social Security benefits. The information you furnish on this form is voluntary. However, failure to provide all or part of the information requested on this form could result in the loss of some benefits or insurance coverage.

We rarely use the information you supply for any purpose other than making a determination upon your claim. 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; (4) to State agencies to assist in the determination process for initial and continuing eligibility in their income maintenance programs; (5) to the Department of Education for determining the eligibility of applicants for Basic Educational Opportunity Grants; and (6) 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 Notices 60-0089 and 60-0103. The notices, 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 10 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***