

**PRE-1957 MILITARY SERVICE -- FEDERAL BENEFIT QUESTIONNAIRE**

**PRIVACY ACT/PAPERWORK ACT NOTICE:** The Social Security Administration is authorized to collect the information on this form under section 217 of the Social Security Act, as amended by 42 U.S.C. 417. The information is needed to establish whether the wage earner's military service may be used to determine entitlement to or the amount of any Social Security benefit payable. Your response to this request is voluntary, however, failure to provide all or part of this information could result in the loss of some benefits or insurance coverage. Although the information on this form is rarely used for any purpose other than stated above, there is a possibility that in the administration of the Social Security programs or in the administration of programs requiring coordination with the Social Security Administration, information may be disclosed as follows: To the branch of the military you served in, or to the Veterans Administration or other Federal agency as required to determine if the military service may be used for Social Security purposes, to comply with Federal laws which require the release of information from Social Security records, and to facilitate statistical research and audit activities needed to assure the integrity and improvement of the Social Security programs.

See Revised Privacy 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 10 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

NAME OF WAGE EARNER (FIRST NAME, MIDDLE INITIAL, LAST NAME)

SOCIAL SECURITY NUMBER

NAME USED IN SERVICE (IF DIFFERENT FROM ABOVE)

SERVICE NUMBER

**PART I. MILITARY SERVICE HISTORY -- PRIOR TO 1957**

Enter the month, day, and year of any active or reserve military service during the period September 16, 1940 through December 31, 1956. If the service BEGAN BEFORE OR ENDED AFTER this period, show the starting or ending date even though it is outside the period.

|                       |                                                                                                                                                                                                                                           |                                        |                     |  |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------|--|
| <b>1.</b>             | <b>ACTIVE DUTY -- REGULAR AND ACTIVE RESERVE SERVICE</b><br>Enter information about REGULAR ACTIVE DUTY of any duration and about RESERVE ACTIVE SERVICE of 90 consecutive days or more while on active duty or active duty for training. |                                        |                     |  |
| (A) BRANCH OF SERVICE | (B) DATE ACTIVE DUTY<br>BEGAN                                                                                                                                                                                                             | (C) DATE SEPARATED<br>FROM ACTIVE DUTY | (D) RATE OR<br>RANK |  |
|                       | MONTH    DAY    YEAR                                                                                                                                                                                                                      | MONTH    DAY    YEAR                   |                     |  |
|                       |                                                                                                                                                                                                                                           |                                        |                     |  |
| <b>2.</b>             | <b>RESERVE SERVICE (OTHER THAN ACTIVE RESERVE DUTY SHOWN ABOVE.)</b>                                                                                                                                                                      |                                        |                     |  |
| (A) BRANCH OF SERVICE | (B) DATE MEMBERSHIP<br>BEGAN                                                                                                                                                                                                              | (C) DATE MEMBERSHIP<br>ENDED           | (D) RATE OR<br>RANK |  |
|                       | MONTH    DAY    YEAR                                                                                                                                                                                                                      | MONTH    DAY    YEAR                   |                     |  |
|                       |                                                                                                                                                                                                                                           |                                        |                     |  |

**PART II. MILITARY RETIREMENT INFORMATION**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>3.</b> | <b>(a)</b> <input type="checkbox"/> Not retired <i>(If checked, go on to Part III)</i>                                                                                                                                                                                                                                                                                                                                                             |  |
|           | <b>(b)</b> <input type="checkbox"/> Retired    { <i>(If veteran is giving information complete (c) and (d) below.</i><br><i>(If survivor of veteran is giving information go on to Part III)</i>                                                                                                                                                                                                                                                   |  |
|           | <b>(c) Basis for retirement (Complete even if not receiving pay)</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Length of service<br/> <input type="checkbox"/> Reserve service -- Payable at age 60<br/> <input type="checkbox"/> Other _____<br/> <small>(PLEASE SPECIFY)</small> </div> <div> <input type="checkbox"/> Disability<br/> <input type="checkbox"/> Basis unknown </div> </div> |  |
|           | <b>(d) Did you waive all or part of your retirement pay as a condition to receive veterans' administration disability compensation or to receive "civil service" (Office of Personnel Management) or other Federal agency credit for your military service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                           |  |

**PART III. CIVILIAN FEDERAL AGENCY BENEFIT INFORMATION**

(Including Veterans Administration)

|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                  |                                                   |                                     |                                   |                                      |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------|---------------------------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|
| <b>4.</b>                                         | <b>(a)</b> Have you ever been, or do you expect to be, entitled to receive a civilian Federal benefit?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (If "no", omit the remaining questions and sign below.)                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                  |                                                   |                                     |                                   |                                      |
|                                                   | <b>(b)</b> Please check type of benefit that you are receiving, were receiving, or that you expect to receive.<br><table style="width: 100%;"><tr><td style="width: 50%;"><input type="checkbox"/> Age or length of service</td><td style="width: 50%;"><input type="checkbox"/> Disability</td></tr><tr><td><input type="checkbox"/> Survivor</td><td><input type="checkbox"/> Other _____</td></tr></table> <div style="text-align: right; font-size: small;">(PLEASE SPECIFY TYPE)</div>                                                                                                                                                             |                                      |                                                  | <input type="checkbox"/> Age or length of service | <input type="checkbox"/> Disability | <input type="checkbox"/> Survivor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Age or length of service | <input type="checkbox"/> Disability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                                                  |                                                   |                                     |                                   |                                      |
| <input type="checkbox"/> Survivor                 | <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                                  |                                                   |                                     |                                   |                                      |
| <b>5.</b>                                         | <b>(a)</b> Name of Federal agency that was, is now, or will be paying benefit:<br><input type="checkbox"/> Office of Personnel Management ( <i>Formerly Civil Service Commission</i> )<br><input type="checkbox"/> Veterans' Administration ( <i>Check only if receiving benefits because of waiving all or part of military retirement pay</i> )<br><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> )<br>Specify in remarks the agency and the type of benefit waived.<br><input type="checkbox"/> Other ( <i>Specify</i> ) _____ |                                      |                                                  |                                                   |                                     |                                   |                                      |
|                                                   | <b>(b)</b> Years of civilian Federal employment<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>(c)</b> Date claim filed<br>_____ | <b>(d)</b> Federal Benefit claim number<br>_____ |                                                   |                                     |                                   |                                      |
| <b>6.</b>                                         | <b>MOST RECENT Federal employer:</b><br><b>(a)</b> Name of agency ( <i>if different from 5(a) above</i> )<br>_____<br><b>(b)</b> City and State where employed<br>_____<br><b>(c)</b> Date last worked<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                  |                                                   |                                     |                                   |                                      |

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> )              |
| <b>SIGN HERE</b>                                                                   | 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 |
|----------------|----------|

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](http://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.***