

**Addendum to the Supporting Statement for Form SSA-8-F4,
Application For Lump-Sum Death Payment
20 CFR 404.390-404.392
OMB No. 0960-0013**

Terms of Clearance

OMB approves this burden reduction due to the increase in the automatic payment of LPSD that precludes the necessity for the formal interview/application procedure.

In 2007, when OMB last approved this ICR, we reduced the burden due to an increase in the automatic payment of LPSD. Per the Terms of Clearance OMB placed on the collection in 2007, OMB approved our reduction. At this time, SSA is not making any further reductions or increases to the burden for this ICR.

Revisions to the Collection Instrument

SSA is revising the SSA-8-F4 to restate two questions as follows:

Question 11:

(a) Is the deceased survived by a spouse? Yes No

If “Yes”, enter information about the marriage in effect at the time of death below. If “No”, go on to item 11(b) if the deceased had prior marriages or item 12 if the deceased never married.

Spouse’s name (including maiden name)	When (Month, day, year)	Where (Name of City and State)
How marriage ended	When (Month, day, year)	Where (Name of City and State)
Marriage performed by: Clergyman or public official	Spouse’s date of birth (or age)	Spouse’s Social Security Number (If none or unknown, so indicate)
Other (Explain in “Remarks”)		

- (b) If the deceased had a prior marriage(s) that lasted at least 10 years, enter the information below. If the deceased married the same individual multiple times and the remarriage took place within the year immediately following the year of the divorce, and the combined period of marriage totaled 10 years or more, include the marriage.

If none or unknown, so indicate._____

Spouse's name (including maiden name)	When (Month, day, year)	Where (Name of City and State)
How marriage ended	When (Month, day, year)	Where (Name of City and State)
Marriage performed by: Clergyman or public official	Spouse's date of birth (or age)	If spouse deceased, give date of death.
Other (Explain in "Remarks")		
Spouse's Social Security number (If none or unknown, so indicate)		

- (c) If the deceased has surviving children as defined in item 12 and he or she was married to the child's mother or father but the marriage ended in divorce, enter information on the marriage if not already listed in 11(b).

If none or unknown, so indicate._____

Spouse's name (including maiden name)	When (Month, day, year)	Where (Name of City and State)
How marriage ended	When (Month, day, year)	Where (Name of City and State)
Marriage performed by: Clergyman or public official	Spouse's date of birth (or age)	If spouse deceased, give date of death.
Other (Explain in "Remarks")		
Spouse's Social Security number (If none or unknown, so indicate)		

If you need more space, use "Remarks" section on back page or attach a separate sheet.

Question 18:

Were you married before your marriage to the deceased? →		Yes No
If yes, enter information about your prior marriage(s) that lasted at least 10 years or ended due to death of the spouse. If you divorced then remarried the same individual within the year immediately following the year of the divorce and the combined period of marriage totaled at least 10 years, include the marriage. If you need more space, use “Remarks” section on back page or attach a separate sheet.		
Spouse’s name (including maiden name)	When (Month, day, year)	Where (Name of City and State)
How marriage ended	When (Month, day, year)	Where (Name of City and State)
Marriage performed by: Clergyman or public official	Spouse’s date of birth (or age)	If spouse deceased, give date of death.
Other (Explain in “Remarks”)		
Spouse’s Social Security number (If none or unknown, so indicate)		

For additional information about survivor benefits see our publication at www.socialsecurity.gov.

- We are also revising the PRA Statement to reflect our current boilerplate language. The current language, which dates back to the last reprint of the form, is now outdated.
- SSA’s Office of the General Counsel is conducting a systematic review of SSA’s Privacy Act Statement on agency forms. As a result, SSA is adding a Privacy Act Statement to this form.