

Social Security Administration

Refer to:

Form Approved  
OMB No. 0960-0470

Date: \_\_\_\_\_

Claimant: \_\_\_\_\_

Social Security \_\_\_\_\_

Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Dear \_\_\_\_\_ :

We need the information listed below in connection with a Social Security claim. Your prompt reply is appreciated.

To determine entitlement to Social Security benefits, we need to know the first date that \_\_\_\_\_ could have received a pension from your organization. In some cases, we also need to know the amount of the pension.

The pension eligibility date may or may not be the actual retirement date. If it is the date the person could have retired and received a pension had he or she chosen to do so.

If you have any questions regarding this request, please contact

\_\_\_\_\_ at \_\_\_\_\_.

AGENCY/EMPLOYER RESPONSE:

1. Date the person first met the eligibility requirements to receive a pension: \_\_\_\_\_

NOTE: If the date is prior to December 1, 1977, please omit questions 2-3, sign, and return in the enclosed envelope.

2. Pension amount as of \_\_\_\_\_  
(month of entitlement to Social Security)

\$ \_\_\_\_\_  
(amount)

(over)

FORM SSA-L4163 (12-2000)  
Destroy All Prior Editions

View PDF Version

3. Please show any pension increases and dates of increases after the date shown in question 2.

Pension amount as of: \_\_\_\_\_ \$ \_\_\_\_\_  
(Date)

Pension amount as of: \_\_\_\_\_ \$ \_\_\_\_\_  
(Date)

Employer \_\_\_\_\_ Area Code and Telephone No. \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

~~Paperwork/Privacy Act Notice: This report is authorized by 20 CFR 404.408a. While your response is voluntary, your cooperation is needed to assist us in determining the correct amount of Social Security benefits payable to the person named above.~~

~~PAPERWORK REDUCTION ACT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management Budget control number. We estimate that it will take you about 8 minutes to read the instructions, gather the necessary facts, and answer the questions.~~

See below for revised Privacy Act and Paperwork Reduction Act Statements.

*SSA will insert the following revised PRA Statement 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 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also 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.*

## **Privacy Act Statement**

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

Sections 202-205, 223, 226, 228, 1611, 1631, 1818, 1836, and 1840 (42 U.S.C. §§ 402-405, 423, 426, 428, 1382, 1383, 1395i-2, 1395o, and 1395s) and Title VIII of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide on this form to determine the claimant's entitlement to Social Security benefits.

Completion of this form is voluntary; however, your cooperation is needed to assist us in determining the correct amount of Social Security benefits payable to the claimant named above.

We rarely use this information you supply for any purpose other than for determining continuing eligibility. 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 the following:

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 Veterans' 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 and improvement 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 or 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 our System of Records Notice entitled, Claims Folders Systems (60-0089). The notice, additional information regarding this form, routine uses of information, and our programs and systems is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.