

MODIFIED BENEFIT FORMULA QUESTIONNAIRE- EMPLOYER

PRIVACY ACT: This report is authorized by law 20 CFR 404.702. While your response is voluntary, your cooperation is needed to assure that the person's wage record is accurate and that a correct determination of eligibility for Social Security benefits is made. See Revised Privacy Act Statement

PAPERWORK REDUCTION ACT STATEMENT: 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 and Budget control number. We estimate that it will take you about 20 minutes to read the instructions, gather the necessary facts, and answer the questions. See Revised PRA Statement

COMPUTER MATCHING: We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Social Security Administration

Date: _____

To Agency/Employer: _____

Claimant: _____ Social Security Number _____

We need this information in connection with a claim for Social Security Benefits. Please respond by _____
If you have any questions about this request, please contact: _____

1. Indicate the first month and year for which _____
could have received a pension from your organization, even though this may not be the actual retirement date.

Month _____ Year _____

If the above date is before January 1986, do not answer the remaining questions.

2. The period(s) of employment on which the pension is based are:

From: _____
Month Day Year

To: _____
Month Day Year

3. The period(s) of employment after 1956 not covered by Social Security used to determine the amount of the pension are:

From: _____
Month Day Year

To: _____
Month Day Year

4. Indicate the amount of the pension before any deductions are made to provide for a survivor annuity, health insurance, etc. as of _____
Amount \$ _____

5. If a lump sum was paid in lieu of a monthly pension, enter the amount of the payment and the specific period of time for which the payment was made:

Amount \$ _____ for the period.

From: _____
Month Year

To: _____
Month Year

SIGNATURE AND TITLE OF PERSON PROVIDING INFORMATION

TELEPHONE NUMBER

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

Privacy Act Statement

Collection and Use of Personal Information

Title 20 CFR 404.702 of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to assure that a person's wage record is accurate and make a correct determination of eligibility for Social Security benefits.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from assuring that a person's wage record is accurate and prevent us from making a correct determination of eligibility for Social Security benefits.

We rarely use the information you supply for any purpose other than for making a determination about your continuing eligibility benefits. 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 (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

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 Systems of Records Notices entitled, Earnings Recording and Self-Employment Income System, 60-0059 and Master Beneficiary Record, 60-0090. These 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.

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 20 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. 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.*