1			145/155		Form Approved OMB No. 0960-0618	3
	APPLICATION FOR RETIREMENT INSURANCE BENEFITS apply for all insurance benefits for which I am eligible under Title II ((Do not write i	n this space)	
C	 Supplement. If you have already completed an application entitled "A FOR WIFE'S OR HUSBAND'S INSURANCE BENEFITS", you need the circled items. All other claimants must complete the entire form. 	APPLICATION complete only	N Y			
	(a) PRINT your name FIRST NAME, MIDDLE I	INITIAL, L	AST NAME			
	(b) Check (X) whether you are	Male	[Female		
-	Enter your Social Security number	•	-	-		
3. 1	If this claim is awarded, do you want a password to use SSA's In	ternet/phone	e service?	Yes	No No	
1	Answer question 4 If English is not your language preferenc	e. Otherwi	se, go to item	5.)	
4.	Enter the language you prefer to: · Speak		Write			
5.	(a) Enter your date of birth		Month,	Day,	Year	
t	(b) Enter name of State or foreign country where you were born.					
	(c) Was a public record of your birth made before you were age	5?	Yes	No No		
Γ	(d) Was a religious record of your birth made before you were a	age 5?	Ves	No No	Unknown	Part C add
6.	(a) Are you a U.S. citizen?		Go to Item St.)	No (Go to item (#6; update instruction the answe
7.	(b) Are you an alien lawfully present in U.S.? -(c) when were you lawfully admitted to the U.S.? Enter your full name at birth if different from item 1(a)		AL, LAST NA	ME	jen7)	section of
8.	(a) Have you used any other name(s)?		Go to item (b).)	O No (Go to item 9.)		-
	(b) Other names(s) used					
9.	(a) Have you used any other Social Security number(s)?		Go to (Go to item (b))	Go to item 10.)	•

Do	not answer question 10 if you are one year past full re	tirement a	ge or older; g	o to ques	tion 11
0.	(a) Are you, or during the past 14 months have you been, unable to work because of illnesses, injuries or conditions?	Yes		lo	
Ì	(b) If "Yes", enter the date you became unable to work.	MONTH, D	AY, YEAR		
1.	(a) Have you (or has someone on your behalf) ever filed an application for Social Security, Supplemental Security Income, or hospital or medical insurance under Medicare?	Yes (If "Yes," ansi (b) and (c).)	No wer (If "No," go to item 12	, (IF "U	nknown nknown, " item 12.)
	(b) Enter name of person(s) on whose Social Security record you filed other application.	AME, MIDD	LE INITIAL, LAST	NAME	
	(c) Enter Social Security number(s) of person named in (b). (If unknown, so indicate.)	· · · · · · · · · · · · · · · · · · ·			
	If you are now AGE 62 or older, or you will be AGE 62 months, answer question 12. Otherwise, go to quest		onth or one of		struction de
12)	(a) Were you in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968?	Yes (If "Yes," ans (b) and (c).)		No No,"go em 13.)	
	(b) Enter date(s) of service	Mont From:	h, Year To:	Month, Year	
	C Have you <u>ever</u> been (or will you be) eligible for monthly benefits from a military or civilian Federal agency? (including Veterans Administration benefits <u>only</u> if you waived Military retirement pay)	C Yes		No	
13.	Did you or your spouse (or prior spouse) work in the railroad industry for 5 years or more?	Yes		No	
14.	(a) Do you (or your spouse) have Social Security credits (for example based on work or residence) under another country's Social Security system?	Yes (if "Yes," and (b) and (c).)		No 'No," go to n 15.)	
	(b) List the country(les):	•			
	(c) Are you (or your spouse) filing for foreign Social Security ben	efits?	Yes		•
	Answer question 15 only if you were born January 2, 1924	, or later. O	therwise go on	to question	n 16.
15	(a) Are you entitled to, or do you expect to be entitled to, a pens annuity based on your work after 1956 not covered by Social Security?		Yes (If "Yes," ans (b) and (c).)		o No," go o m 16.)
	(b) I became entitled, or expect to become entitled, beginnin	9		MONTH	YEAR
				MONTH	YEAR

I agree to promptly notify the Social Security Administration if I become entitled to a pension or annuity based on my employment not covered by Social Security, or if such pension or annuity stops.

Statement added to #15

Form SSA-1-BK (3-2006) of (03-2006)

Page 2

Spouse's name (including er information about any of a marriage that lasted at I a marriage that lasted at I a marriage that ended duu re divorced, remarried the iled 10 years or more. e "Remarks" space to ente (ren) who is under age 16 of	Marriage performed by: Clergyman or public official Other (Explain in Remarks) Spouse's Social Security Number (If non other marriage if you: east 10 years; or e to the death of your spouse, regardless of same individual within the year immediatel r the additional marriage information. If no or disabled or handicapped (age 16 or over a sed, and the marriage lasted less than 10 ye	When (Month, day, year) Spouse's date of birth (or a ne or unknown, so indicate) duration; or by following the year of the divor one, write "None"	where (N age) /	11 16(c) if you have a forced from the child's lame of City and State)
er information about any o la marriage that lasted at l la marriage that ended du re divorced, remarried the iled 10 years or more. e "Remarks" space to ente (ren) who is under age 16 o r parent, who is now decea a's name (including maiden	Marriage performed by: Clergyman or public official Other (Explain in Remarks) Spouse's Social Security Number (If non other marriage if you: east 10 years; or e to the death of your spouse, regardless of same individual within the year immediated r the additional marriage information. If no or disabled or handicapped (age 16 or over a sed, and the marriage lasted less than 10 ye name) How Marriage ended Marriage performed by:	Spouse's date of birth (or a ne or unknown, so indicate) duration; or ly following the year of the divor one, write "None" and disability began before age a ears. When (Month, day, year) When (Month, day, year)	age) / / rce, and the combin Go on to item 22) and you are div Where (N	ned period of marriage 11 16(c) if you have a forced from the child's lame of City and State)
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s name (including maiden	How Marriage ended Marriage performed by:	When (Month, day, year) When (Month, day, year)	Where (N	lame of City and State)
	How Marriage ended Marriage performed by:	When (Month, day, year)		
er information about any m	Marriage performed by:		Where (N	
er information about any m				ame of City and State)
er information about any m	Other (Explain in Remarks)	Spouse's date of birth (or a	age) If Spouse death	deceased, give date of
er information about any m	Spouse's Social Security Number (If non	ne or unknown, so indicate)	11	Contraction of the second
he marriage ended in divor , write "None" e's name (including maider		When (Month, day, year)	State)	ame of City and
		Date of divorce (Month, da year)	ay, Where (Na State)	ame of City and
	Marriage performed by: Clergyman or public official Other (Explain in Remarks)	Spouse's date of birth (or a		deceased, give date
	Spouse's Social Security Number (If none on page 6 for marriage continuation or o	or unknown, so indicate)	11	•
		Top of p	Top of page 3	Top of page 3

Added statement at the end of #17

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If your claim for retirement benefits is approved, your children (including adopted children, and stepchildren) or dependent grandchildren (including step-grandchildren) may be eligible for benefits based on your earnings record.

18 List below the FULL NAME OF ALL your children (including adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) who are now or were in the past 6 months UNMARRIED and:

•UNDER AGE 18 •AGE 18 TO 19 AND ATTENDING ELEMENTARY OR SECONDARY SCHOOL FULL-TIME

•DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22)

(IF THERE ARE NO SUCH CHILDREN, WRITE "NONE" BELOW AND GO ON TO ITEM 19.)

Revised #18

19.	(a) Did y Secu	ou have rity in al	wages o I years fr	Yes (If "Yes," item 20		No (If "No," item (b	" answer).)	
	(b) List th wage	ne years s or self-	from 19 employn	78 through last year in which you did not have nent income covered under Social Security.				
20	(a) Enter have	worked 1	ne name his year,	s and addresses of all the persons, companies, or g last year, and the year before last. IF NONE, WRI	overnme TE "NON	nt agenci E" BELC	es for whom DW AND GO	n you O ON TO
		(If y		AND ADDRESS OF EMPLOYER nore than one employer, please list them	Work	Began	Work Enc work show "No	ied (if still king, t Ended")
		in ord	er beginn	ing with your last (most recent) employer.)	Month	Year	Month	Year
				e. use "Remarks".)				
	(b) Are yo corpor	ation? -	xer of a co	proration, or are you related to an officer of a	+ 0] Yes	No No	
21.	May we as claim?	sk your er	nployers 1	for wage information needed to process your	- [] Yes	No No	
2	THIS ITEM MUST BE COMPLETED, EVEN IF YOU ARE AN EMPLOYEE. (a) Were you self-employed this year and/or last year?				- (h	Yes "Yes," nswer (b).)	(If "No," go to ite	
	(b) Che year were	ck the yea s in which self-emp	you	In what kind of trade or business were you self-employ (For example, storekeeper, farmer, physician)	ved? W	ade or bus	et earnings fi iness \$400 o k "Yes" or "N	r more?
	This :	year			0] Yes	No	
	Last	year			0] Yes	No	
23.	(a) How	much we	re your to	tal earnings last year? Am	ount \$_			
	more	than *\$	ir	ck for EACH MONTH of last year in which you <u>did not ea</u> 1 wages, and <u>did not perform</u> substantial services in		NONE		ALL
	self-e	ns, place	nt. These an "X" in '	e months are exempt months. If no months were exempt "NONE". If all months were exempt months, place an "X	n Ja	an. F	eb. Mar	Apr
	month				M	ay Ju	un. Jul.	Aug
	month "ALL"		mariata m				and the second se	
	monti "ALL" *Ente	r the app	ropriate m t Your Be	nonthly limit after reading the instructions, " <u>How Your</u> nefits".		ept. O	ct. Nov	. Dec
24.	monti "ALL" *Ente Eami	r the app ngs Affec	t Your Be	nonthly limit after reading the instructions, " <u>How Your</u> nafits". act your total earnings to be this year?————— Arr	S	ept. O	oct. Nov	. Dex
24.	monti "ALL" "Ente Earni (a) How (b) Place not er	r the app ngs Affec much do an "X" in am more	you experience	ck for EACH MONTH of this year in which you <u>did not or</u> in wages, and did not or will not perform	nount \$_	apt. O		ALL
24.	monti "ALL" "Ente Earni (a) How (b) Place <u>not er</u> subst monti	much do an "X" in am more antial sen	each blo than *\$ _ vices in s will be exe	inefits". ect your total earnings to be this year? ck for EACH MONTH of this year in which you did not or in wages, and did not or will not perform elf-employment. These months are exempt months. If n empt months, place an "X" in "NONE". If all months are of	sount \$	NONE		ALL
24.	montti "ALL" "Ente Earnii (a) How (b) Place not er subst monti will be "Ente	r the app mas Affect much do an "X" in am more antial ser s are or e exempt r the app	each blo than *\$ _ vices in s will be ex- months,	American earnings to be this year? American earlies to be this year? American earlies to be this year in which you <u>did not or</u> in wages, and <u>did not or will not perform</u> elf-employment. These months are exempt months. If n empt months, place an "X" in "NONE". If all months are oblace an "X" in "ALL".	nount \$	NONE an. F		ALL

	oveble	Weer le	a landan i	B HOW IN UN	e last 4 mont	ins of your a	axable year	(Sept., O	ct., Nov.,	and Dec	c., if
OF 1/-		The second s	calendar y	and the second							
25. (a) How much do you expect to earn next year? Amount											
(6	(b) Place an "X" in each block for EACH MONTH of next year in which you do not <u>expect to earn</u> more than "\$ in wages, and <u>do not expect to perform</u> substantial services in self-employment. These months will be exempt months. If					rform	N	ONE	ALL		
	no m	onths are e	xpected to be	exempt mor	nese months w hths, place an " s, place an "X" i	X" in "NONE".	finitial	Jan.	Feb.	Mar.	Apr.
					eading the instr		Your	May	Jun.	Jul.	· Aug.
	Eam	ings Affect	Your Benefits	ř.				Sept.	Oct.	Nov.	Dec.
26. If y	you use onth yo	a fiscal ye ur fiscal ye	ar, that is, a t ar ends. ——	axabl <mark>e</mark> year ti	hat does not en	Month)	1 (with income	e tax return	due April	l 15), ente	r here the
DO NO	TANS	WER ITEN	27 IF YOU	RE FULL R	ETIREMENT A	GE AND 6 MC	ONTHS OR OL	DER; GO	TOITEM	28	Instruct
						/			/	/	
PLEAS	SE RE	AD CAREF	ULLY THE I	NFORMATIC	ON ON THE B	OTTOM OF P	PAGE 8 AND	ANSWER	ONE OF	THE FO	LLOWING
TIEMS	:										
27.	••									-	
1	a. Iv	want benefit	s beginning w	ith the earlies	t possible mont	th, and will acco	ept an age-relat	ted reduction	on		> 0
r	L I.	6.11			10	1					
	D. 18	in full retire	ement age (or	will be within	12 months), ar	nd want benefit	s beginning wi	th the earli	est possibl	e month p	roviding
ded #2	7 th	ere is no per	manent reduc	tion in my on	going monthly	benefits					> 0
	c. Iv	want benefit	s heginning u	vith							> [
			s ooginning w								
odified "	'Med	icare In	formatior	n" sectior	MEDICA	RE INFOR	MATION	0	9	DE ou olde	
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If this could age 6 enroll Medic A doe Part B your p deduc receiv	"Med claim autom 5. If yo ment. care Pau esn't cov 3, you w premiun cted from we any c	icare In is approve natically re- pu are not CC rt B (Medica ver, such as vill have to p n may be hi n may be hi	formation d and you a ceive Medica eligible for a DMPLETE IT I Insurance) h some of the s ay a monthly gher backal Sec efits, you will	" Section re still entitle are Part A (H utomatic enti- tem 28 ONL) elps cover doc ervices of phy premium. The information a urity. Railroad	MEDICA ad to benefits lospital Insura rollment in Me	ARE INFOR at age 65, or ance) and Me dicare Part B, within 3 MG mod outpatient cr ational therapis premium will be we receive fr Office of Perso	WATION you are within dicare Part E , you will need ONTHS OF A are. It also cove ats and some he e determined w yom the Internal nnei Managem	(Medical d to contact GE 65 OR ers some of ome health then your c Revenue s ent benefits	s of Age 6 Insurance Ct Social S CLDER ther service care. If yo overage by Service. Y s you recei	ce) covers Security to es that Med u enroll in l egins. In so our premiu ive. If you o	r you age at o request dicare Part Medicare ome cases, ms will be to not
Medic A doe Part B your p deduc receiv amou You ca can er	"Med claim autom 55. If your ment. care Pais sen't cover 3, you we premium crede from we any our an also nroll vis	icare In is approventiatically re- pu are not cont B (Medica ver, such as ver, such	formation d and you a ceive Medica eligible for a DMPLETE IT I Insurance) ^{-h} some of the s ay a monthly gher based on hy Social Sec efits, you will deficare press care.gov or ci	"Section re still entitle are Part A (H sutomatic enti- elps cover doc ervices of phy premium. The information a unity, Railroad get a letter exp cription drug p all 1-800-MED	MEDICA ad to benefits i lospital Insura rollment in Me Y IF YOU ARE ctor's services a rsical and occup amount of your bout your incom Betirement. or	ARE INFOR at age 65, or ance) and Me dicare Part B, within 3 MG and outpatient cr antional therapis premium will be we receive for Office of Perso pay your premiu blearn more ablo 33-4227; TTY	WATION you are within bdicare Part E you will need ONTHS OF A are. It also cove sts and some he e determined w yom the Internal unnel Managem uns. You will al out the Medica	(Medical d to contact GE 65 OR ers some of ome health then your c I Revenue 3 ent benefits so get a left re prescript	s of Age 6 Insurand ct Social S CLDER ther service care. If you overage be Service. Y s you receil ter if there	ce) covers Security to es that Med u enroll in i egins. In so our premiu ve. If you o is any cha	r you age at b request dicare Part Medicare ome cases, ms will be to not inge in the hen you
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Page 5

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

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I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or face other penalties, or both.

	SIGNATURE OF APPLICANT					ate (Month, day, year)	
SIGNATURE (FI	rst Name, Middle Initial, Last Nam	e) (Write)	in inic.)			elephone number(s) at which you may s contacted during the day	
		Dire	ct Deposit Paym	ent Address (Fine	ancial Instituti	ion)	
FOR OFFICIAL USE ONLY	Routing Transit Number	C/S				No Account Direct Deposit Refused	
Applicant's Mail	ng Address (Number and street, A	Apt No., P.	O. Box, or Rural F	Route) (Enter Reside	ence Address in	n "Remarks," if different.)	
City and State			ZI	Code	County (if an	y) in which you now live	
Witnesses are re sign below, givin	quired ONLY if this application ha g their full addresses. Also, print t	is been sig he applica	gned by mark (X) a int's name in the S	above. If signed by i	mark (X), two w	itnesses who know the applicant mus	
1. Signature of	And a second design of the second			2. Signature of Witness			
Address (Numb	er and Street, City, State and ZIP	Code)		Address (Numb	er and Street,	City, State and ZIP Code)	
Form SSA-1-BK (3-2006) of (03-2006)		Page 6				

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY RETIREMENT INSURANCE BENEFITS

	BEFORE YOU RECEIVE A NOTICE OF AWARD	SSA OFFICE	DATE CLAIM RE	CEIVED
TELEPHONE NUMBER(S) TO CALL IF YOU HAVE A	() -			
QUESTION OR SOMETHING TO REPORT	AFTER YOU RECEIVE A NOTICE OF AWARD			
	() -			

Your application for Social Security benefits has been received and will be processed as quickly as possible.

You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.

In the meantime, if you change your address, or if

there is some other change that may affect your claim, you—or someone for you—should report the change. The changes to be reported are listed on page 8.

Always give us your claim number when writing or telephoning about your claim.

If you have any questions about your claim, we will be glad to help you.

 CLAIMANT	SOCIAL SECURITY CLAIM NUMBER

Collection and Use of Information From Your Application - Privacy Act Notice/Paperwork Reduction Act Notice

ections 202, 205, and 223 of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to etermine if you or a dependent are eligible for insurance coverage and/or monthly benefits. Updated Privacy Act Statement

the information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision concerning your or a dependent's entitlement to benefit payments.

e rarely use the information you supply for any purpose other than for determining the identity of a spouse. However, we may use it for the Iministration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with proved 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;
- 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, investigative, and audit activities necessary to assure the integrity of Social Security programs.

e may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other deral, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for derally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

ditional information regarding this form, routine uses of information, and our programs and systems, is available on-line at <u>www.socialsecurity.gov</u> or your local Social Security office.

See Revised PRA Attached

perwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>perwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control nber. We estimate that it will take about 10.5 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE **MPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's** besite at <u>www.socialsecurity.gov</u>. 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 35-6401. Send only comments relating to our time estimate to this address, not the completed form.

Form SSA-1-BK (3-2006) of (03-2006)

CHANGES TO BE REPORTED AND HOW TO REPORT

Failure to report may result in overpayments that must be repaid, and in possible monetary penalties

	WER QUESTION 27.			
Removed "after 1956" from Bullet	is correct. You must furnish additional information as need when your benefit adjustment is not correct based on the earnings on your record.			
You become entitled to a pension or annuity based on your employment after 1950 not covered by Social Security, or if such pension or annuity stops.	benefits under the earnings test. It is your responsibility to ensure that the information you give concerning your earning			
probation or parole under Federal or State law.	than the annual exempt amount. You may contact SSA to fil a report. Otherwise, SSA will use the earnings reported by your employer(s) and your self employment tax return (if applicable) as the report of earnings required by law, to adju			
You have an unsatisfied warrant for a violation of				
crime that is punishable by death or imprisonment for a term exceeding 1 year).	days after the end of any taxable year in which you earn mo			
crime or attempted crime that is a felony (or, in jurisdictions that do not define crimes as felonies, a	For those under full retirement age, the law requires that a report of earnings be filed with SSA within 3 months and 1			
You have an unsatisfied warrant for your arrest for a	site at www.socialsecurity.gov.			
confined to a public institution by court order in connection with a crime.	office. For general information about Social Security, visit our web			
You are confined to jail, prison, penal institution or correctional facility for conviction of a crime or you are	at TTY 1-800-325-0778; or Calling, visiting or writing your local Social Security			
(Report AT ONCE if this work pattern changes)	 If you are deaf or hearing impaired, calling us TOLL FRE TTV 1 200 225 0779; or 			
	 Calling us TOLL FREE at 1-800-772-1213; 			
You (are) (are not) self-employed rendering substantial services in your trade or business.	 Visiting the section "What You Can Do Online" at our web site at www.socialsecurity.gov; Updated Sec 			
than \$ a month.	If you are awarded benefits and one or more of the above change(s) occur, you should report by:			
You 🔲 (are) 🔲 (are not) earning wages of more	person, whichever you prefer.			
\$	HOW TO REPORT You can make your reports online, by telephone, mail, or in			
Work Changes On your application you told us you expect total earnings for <u>(Year)</u> to be	to the child(ren). Added Bullet			
Any beneficiary dies or becomes unable to handle benefits.	can decide if the child is eligible for benefits. Failure to report existence of these children may result in the loss of possible bene			
	If you become the parent of a child (including an adopted ch after you have filed your claim, let us know about the child so			
You go outside the U.S.A. for 30 consecutive days or longer.	Change of Marital Status - Marriage, divorce, annulment of marriage.			
Your citizenship or immigration status changes.	Custody Change - Report if a person for whom you are filing or who is in your care dies, leaves your care or custody, or changes address.			
with your post office.)	the month the divorce becomes final.			
residence. (To avoid delay in receipt of checks you should ALSO file a regular change of address notice	you and the stepchild's parent divorce. Stepchild benefits are not payable beginning with the month after			

If you are full retirement age or older, retirement benefits may be payable to you for some months before the month

in which you file this claim, but not before the month you attain full retirement age.

If your first month of entitlement is prior to full retirement age, your benefit rate will be reduced. However, if you do not actually receive your full benefit amount for one or more months before full retirement age because benefits are withheld due to your earnings, your benefit will be increased at full retirement age to give credit for this withholding. Thus, your benefit amount at full retirement age will be reduced only if you receive one or more full benefit payments prior to the month you attain full retirement age.

Form SSA-1-BK (3-2006) ef (03-2006)

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 <u>Paperwork Reduction</u> 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 11 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 <u>only</u> comments relating to our time estimate to this address, not the completed form.