

MODIFIED BENEFIT FORMULA QUESTIONNAIRE--FOREIGN PENSION

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	U.S. SOCIAL SECURITY NUMBER
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NAME OF PERSON MAKING STATEMENT (if other than above wage earner or self-employed person)

PRIVACY ACT: Your response to this request is voluntary; however, See Revised Privacy Act Statement provided information could prevent an accurate and timely decision on your claim and could affect your Social Security Administration uses the information you furnish to determine the effect of your pension on your Social Security benefit, as provided in section 215 of the Social Security Act (42 U.S.C. 415). The information on this form may be disclosed by the Social Security Administration to another person or agency for the following purposes: (1) to assist the Social Security Administration in establishing the right of a beneficiary to Social Security benefits, (2) to facilitate statistical research and audit activities, necessary to assure the integrity and improvement of the Social Security programs, and (3) to comply with laws requiring the exchange of information between Social Security and another agency.

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.

Paperwork Reduction Act Statement - This information collection meets the requirements of section 2 of the Paperwork Reduction Act of 1995. You do not need to answer See Revised PRA Statement 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 OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213. Send only comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.**

A modified benefit formula is used to compute U.S. Social Security benefits for persons entitled to both a pension or annuity based on employment after 1956 not covered by U.S. Social Security (including a government or private pension or annuity based on employment or self-employment, (employment meaning work) in another country) and a U.S. Social Security retirement or disability insurance benefit. The difference in your U.S. Social Security benefit computed under the modified formula, rather than the regular benefit formula, cannot be greater than one-half the amount of the pension or annuity you received in the first month you are entitled to both the pension or annuity and the U.S. Social Security benefit.

1.	Enter the name and address of the agency or organization from which you received or expect to receive the pension. If you receive more than one pension, complete a separate form for each pension.	NAME <hr/> ADDRESS (Include postal code)
2.	Is the pension listed in item 1 based on a totalization agreement (combined credits) with the United States?	<input type="checkbox"/> YES If "yes", submit evidence such as an award certificate or letter from the agency paying the pension, ignore the rest of the form, and sign your name on the last page in the appropriate space. <input type="checkbox"/> NO If "no", complete the rest of the form and sign it. <input type="checkbox"/> UNKNOWN If "unknown," contact the agency paying the pension for further information about the pension, complete the form and sign it.
3.	Enter the entire period(s) of employment or self-employment upon which your pension is based. Provide specific dates. Enter a "?" if some information is unknown.	FROM: (month, day, year) <hr/> TO: (month, day, year)
4.	Enter only the period(s) of employment or self-employment from item 3 above used to determine your pension which was after 1956 and which was not covered by U.S. Social Security. Provide specific dates. Enter a "?" if some information is unknown.	FROM: (month, day, year) <hr/> TO: (month, day, year)

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

**Privacy Act Notice
Modified Benefit Questionnaire – Foreign Pension**

Section 215 of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to determine the effect of your pension on your Social Security benefit.

The information you furnish on this form is voluntary. However, failure to provide all or part of the information could prevent an accurate and timely decision on your claim and could affect your Social Security benefit.

We rarely use the information you supply for any purpose other than for making a determination relating to the effect of your pension on your Social Security benefit. 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 are available in Systems of Records Notices entitled, Claims Folder Systems, 60-0089, 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 (OMB) control number. The OMB control number for this collection is 0960-0561. We estimate that it will take between 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.***