

Social Security Administration

From: SOCIAL SECURITY ADMINISTRATION

Name of Number Holder

Social Security Number

Date of Request

Unit

For
Office
Use
Only

additional

REQUEST FOR DOCUMENTS OR INFORMATION

We need ~~more~~ documents or information to process your claim for benefits. The quicker we receive the documents or information, the sooner your application will be processed.

If you have difficulty obtaining the requested documents or information, please call us immediately.

A. INFORMATION NEEDED

PHONE us at the telephone number shown ~~above~~ ^{below} and give us the following information:

- Spouse's Social Security Number
- Spouse's Date of Birth
- Date of Marriage
- Total Earnings (actual or estimated) in _____
- Other _____

B. DOCUMENTS NEEDED:

BRING OR MAIL the documents checked-off below to our office address shown above. All documents will be promptly returned to you. A photocopy of a document is not acceptable (unless it is ^{an original or a certified copy issued} a certification by the custodian of the record). Exception: We can accept a photocopy of a W-2 form or tax return (1040, Schedule C, Schedule SE, etc.)

- Proof of age for _____
- Your withholding statement (W-2 Form) for _____
- Proof of your marriage to _____
- Your Tax Return (Form 1040, including any applicable schedules) and proof of filing for _____
- Proof of your divorce from _____
- Other _____
- Proof of military service for period _____
- Proof of death for _____
- Proof of citizenship or lawful Status _____

PLEASE ATTACH THIS FORM TO THE DOCUMENTS YOU BRING OR MAIL TO OUR OFFICE.

DOCUMENTS MAILED TO US WILL BE RETURNED TO THE ADDRESS SHOWN BELOW.

YOUR MAILING ADDRESS

If you have questions about your claim, please call us.

Office Hours:

Telephone: (area code)

Ask For:

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. We estimate that it will take between 5 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.***

Privacy Act Notice

Request for Documents or Information

Section 205(a) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to process your claim for benefits.

Furnishing us this information is voluntary. However, failure to provide us with all or part of the information could prevent us from making an accurate and timely decision on your claim for benefits.

We rarely use the information you supply for any purpose other than to process your claim for benefits. 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 Systems of Records Notice entitled, 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.