

**U.S. - U.K. AGREEMENT ON SOCIAL SECURITY  
TRANSMITTAL / REQUEST / CERTIFICATION**

DATE OF ORIGINAL (Month / Day / Year) ( / / )	DATE(S) OF FOLLOWUP(S) (Month / Day / Year)	
	1. ( / / )	2. ( / / )
<b>TO: Retirement Request:</b> <b>Department of Work and Pension</b> <b>PRIB Room TC214</b> <b>Tyneview Park, Whitley Road</b> <b>Benton, Newcastle - Upon - Tyne NE98 1BA</b> <b>England</b>	<b>FROM:</b> <input type="checkbox"/> Social Security Administration Division of International Operations P.O. Box 17769 Baltimore, MD 21235-7769 USA  <input type="checkbox"/> American Embassy London, England	

**1. INFORMATION ABOUT THE CLAIM**

a) Name of Worker			
b) Full Name at Birth			
c) U.K. National Insurance Number			
d) U.S. Social Security Number	- -		
e) Father's Name			
f) Mother's Maiden Name			
g) Name of Claimant			
h) Address of Claimant			
i) Telephone Number			
j) Type of Benefit Claimed	U.S.	U.K.	
Retirement	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Survivors	<input type="checkbox"/>	<input type="checkbox"/>	
k) Date Claim Filed (Month / Day / Year)	/ /		

**2. CERTIFICATION OF DATA**

a)	Date of Birth	Name	Date (Month / Day / Year)	Verified
Worker			/ /	<input type="checkbox"/>
Spouse / Widow(er)			/ /	<input type="checkbox"/>
Child			/ /	<input type="checkbox"/>
Child			/ /	<input type="checkbox"/>
Child			/ /	<input type="checkbox"/>
b) Number Holder's Date of Death			/ /	<input type="checkbox"/>
c) Date of Marriage			/ /	<input type="checkbox"/>
d) Date of Divorce			/ /	<input type="checkbox"/>

**3. INFORMATION PROVIDED**

a) Coverage Record	<input type="checkbox"/>
b) Medical Evidence	<input type="checkbox"/>
c) Information Requested On (Month / Day / Year)	<input type="checkbox"/> / /
d) Other – (see Remarks)	<input type="checkbox"/>

**4. INFORMATION NEEDED**

a) Coverage Record	<input type="checkbox"/>
b) Medical Evidence	<input type="checkbox"/>
c) Status of Request Dated (Month / Day / Year)	<input type="checkbox"/> / /
d) Other – (see Remarks)	<input type="checkbox"/>

**5. REMARKS:**

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Signature

Date:  
April 6, 2012

Stamp



Form **SSA-2960-UK** (05-01)