

Refer to:

-

Date:

Claimant: _____

Social Security

Number: _____

Date of Birth: _____

Employment Dates: _____

Dear _____ :

We need the information listed below in connection with a Social Security claim. Your prompt reply is appreciated.

To determine entitlement to Social Security benefits, we need to know the first date that _____ could have received a pension from your organization. In some cases, we also need to know the amount of the pension.

The pension eligibility date may or may not be the actual retirement date. If it is the date the person could have retired and received a pension had he or she chosen to do so.

If you have any questions regarding this request, please contact

_____ at _____.

AGENCY/EMPLOYER RESPONSE:

1. Date the person first met the eligibility requirements to receive a pension:

NOTE: If the date is prior to December 1, 1977, please omit questions 2-3, sign, and return in the enclosed envelope.

2. Pension amount as of

(month of entitlement to Social Security)

\$ _____

(amount)

(over)

3. Please show any pension increases and dates of increases after the date shown in question 2.

Pension amount as of: _____ \$ _____
(Date)

Pension amount as of: _____ \$ _____
(Date)

Employer _____ Area Code and Telephone No. _____

Signature Name of Individual Completing Form Title Date

~~Paperwork/Privacy Act Notice: This report is authorized by 20 CFR 404.408a. While your response is voluntary, your cooperation is need to assist us in determining the correct amount of Social Security benefits payable to the person named above.~~ **Removing Privacy Act Statement**

~~PAPERWORK REDUCTION ACT: 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 Budget control number. We estimate that it will take you about 3 minutes to read the instructions, gather the necessary facts, and answer the questions.~~

See below for revised Paperwork Reduction Act Statement

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 3 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 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.*