

Request for Social Security Statement

Within four to six weeks after you return this form, we will send you:

- a record of your earnings history;
- an estimate of how much you have paid in Social Security taxes; and
- estimates of benefits you (and your family) may be eligible for now and in the future.

Please note: If you have been receiving a Social Security Statement each year about three months before your birthday, this request will stop your next scheduled mailing. You will not receive a scheduled Statement until the following year.

We hope you will find the *Statement* useful in planning your financial future. Remember, Social Security is more than a program for retired people. It helps people of all ages in many ways. For example, it can help support your family in the event of your death and pay you benefits if you become severely disabled.

If you have any questions about Social Security or this form, please call our toll-free number, **1-800-772-1213**.

Please check this box if you want to get your *Statement* in Spanish instead of English.

Please print or type your answers. When you have completed the form, fold it and mail it to us. If you prefer to send your request using the Internet, go to www.socialsecurity.gov.

**Social Security Administration
Wilkes Barre Data Operations Center
P.O. Box 7004
Wilkes Barre, PA 18767-7004**

1. Name shown on your Social Security card:

First Name: _____ Middle Initial: _____

Last Name only: _____

2. Your Social Security number as shown on your card:

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3. Your date of birth (Month-Day-Year):

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4. Other Social Security numbers you have used:

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5. Your Sex: Male Female

For items 6 and 8, show only earnings covered by Social Security. Do NOT include wages from state, local, or federal government employment that are NOT covered by Social Security or that are covered ONLY by Medicare.

6. Show your actual earnings (wages and/or net self-employment income) for last year and your estimated earnings for this year.

A. Last year's actual earnings: \$ (Dollars Only)

B. This year's estimated earnings: \$ (Dollars Only)

7. Show the age at which you plan to stop working:

(Show only one age)

8. Below, show the average yearly amount (not your total future lifetime earnings) that you think you will earn between now and when you plan to stop working. Include performance or scheduled pay increases or bonuses, but not cost-of-living increases.

If you expect to earn significantly more or less in the future due to promotions, job changes, part-time work or an absence from the work force, enter the amount that most closely reflects your future average yearly earnings.

If you don't expect any significant changes, show the same amount you are earning now (the amount in 6B).

Future average yearly earnings: \$ (Dollars Only)

9. Do you want us to send the *Statement*:

- To you? Enter your name and mailing address.
- To someone else (your accountant, pension plan, etc.)? Enter your name with "c/o" and the name and address of that person or organization.

"C/O" or Street Address (Include Apt. No., P.O. Box, Rural Route)

Street Address

Street Address (If Foreign Address, enter City, Province, Postal code)

U.S. City, State, ZIP code (If Foreign Address, enter Name of Country only)

NOTICE:

I am asking for information about my own Social Security record or the record of a person I am authorized to represent. I declare under penalty of perjury that I have examined all the information this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I authorize you to use a contractor to send the *Social Security Statement* to the person and address in item 9.



Please sign your name (Do Not Print)

(Area Code) Daytime Telephone Number

Date

Privacy Act Statement

Sections 205(a), 205(c)(2), and 233 of the Social Security Act (42 U.S.C. § 405 and 433), the Federal Records Act of 1950 (64 Stat. 583), and the Employment Health Benefit Act of 1992, authorize us to collect the information contained on this form. The information you provide is used to accurately identify your record and quickly prepare the statement you requested. Your response is voluntary. However, failure to provide all or part of the requested information may affect the processing of this form and could prevent us from issuing you a statement.

We rarely use this information provided on this form for any other purpose other than for the reasons explained above. 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, the General Services Administration, the National Archives and Records Administration, and the 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, and investigative activities necessary to ensure the integrity and improvement of Social Security programs.

We may also use this information you provided 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 and administered benefit programs.

A complete list of routine uses for this information is available in Systems of Records Notice, entitled, Earnings Recording and Self-Employment Income System, Social Security Administration, Office of Systems, 60-0059. The notice, 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.

Paperwork Reduction Act Notice

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 5 minutes to read the instructions, gather the facts and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**