

Social Security Administration

MODIFIED BENEFIT FORMULA QUESTIONNAIRE- EMPLOYER

~~PRIVACY ACT: This report is authorized by law 20 CFR 201.10, which requires that the information is voluntarily, your cooperation is needed to assure that the person is eligible for Social Security benefits is made.~~ See Revised Privacy Act Statement

~~PAPERWORK REDUCTION ACT STATEMENT: 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 and Budget control number. We estimate that it will take you 20 minutes to read the instructions, gather the necessary facts, and answer the questions.~~ See Revised PRA

COMPUTER MATCHING: 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.

Social Security Administration

Date: _____

To Agency/Employer: _____

Claimant: _____ Social Security Number _____

We need this information in connection with a claim for Social Security Benefits. Please respond by _____

If you have any questions about this request, please contact: _____

1. Indicate the first month and year for which _____ could have received a pension from your organization, even though this may not be the actual retirement date.

Month _____ Year _____

If the above date is before January 1986, do not answer the remaining questions.

2. The period(s) of employment on which the pension is based are:

From: Month _____ Day _____ Year _____

To: Month _____ Day _____ Year _____

3. The period(s) of employment after 1956 not covered by Social Security used to determine the amount of the pension are:

From: Month _____ Day _____ Year _____

To: Month _____ Day _____ Year _____

4. Indicate the amount of the pension before any deductions are made to provide for a survivor annuity, health insurance, etc. as of _____

Amount \$ _____

5. If a lump sum was paid in lieu of a monthly pension, enter the amount of the payment and the specific period of time for which the payment was made:

Amount \$ _____ for the period.

From: Month _____ Year _____

To: Month _____ Year _____

~~SIGNATURE NAME AND TITLE~~ OF PERSON PROVIDING INFORMATION TELEPHONE NUMBER

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

**Privacy Act Statement
Collection and Use of Personal Information**

Sections 205(a), 205(c)(2)(A), and 215(7)(A) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to ensure the accuracy of the employee's wage record and to make a determination of eligibility for Social Security benefits.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may result in the referral of your case to the Internal Revenue Service.

We rarely use the information you supply us for any purpose other than to make a determination regarding benefits eligibility. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices 60-0059, entitled, Earnings Recording and Self-Employment Income System; 60-0089, entitled, Claims Folders Systems; and, 60-0090, entitled, Master Beneficiary Record. Additional information about these and other system of records notices and our programs are available online at www.socialsecurity.gov or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

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 about 20 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.***