## 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. ( / / ) FROM:	2. ( / / )		
TO: Retirement Request: Department of Work and Pension		Social Security Admini	stration	Embassy	
PRIB Room TC214		Division of International	<del></del>		
Tyneview Park, Whitley Road		P.O. Box 17769			
Benton, Newcastle - Upon - Tyne NE98 1BA		Baltimore, MD 21235-	7769 USA		
England					
1. INFORMATION ABOUT 7	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					
Disability					
Survivors					
k) Date Claim Filed (Month / Day / Year)		/ /			
2. CERTIFICATION OF DATA					
a) Date of Birth	Name		Date (Month / Day / Year)	Verified	
Worker			1 1		
Spouse / Widow(er)			1 1		
Child			1 1		
Child Child			1 1		
b) Number Holder's Date of Death					
c) Date of Marriage			1 1		
d) Date of Divorce			1 1		
3. INFORMATION PROVIDED					
a) Coverage Record					
b) Medical Evidence					
c) Information Requested On (Month	n / Day / Year)			/	
d) Other – (see Remarks)					
4. INFORMATION NEEDED					
a) Coverage Record					
b) Medical Evidence					
<ul> <li>c) Status of Request Dated (Month / Day / Year)</li> <li>d) Other – (see Remarks)</li> </ul>				1	
5. REMARKS:					

Signature	Date: April 6, 2012	Stamp
		The state of the s

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