

**Addendum to the Supporting Statement for Form SSA-1709**  
**Request for Workers' Compensation/Public Disability Benefit Information**  
**20 CFR 404.408(e)**  
**OMB No. 0960-0098**

**Revision to the Collection Instrument**

We are making minor changes to the form.

**Change 1:** - We are revising question number 6.

- Old Language: "DATE IF INJURY OR ONSET OF DISEASE (if applicable)"
  
- New Language: "DATE OF INJURY OR ONSET OF DISEASE (if applicable)"

**Justification 1:**

We are correcting a typing error.