

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. It is the date the person could have retired and received a pension had he or she chosen to do so.

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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)

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)

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Employer

Area Code and Telephone No.

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Name of Individual Completing Form

Title

Date

**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 3 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 21235-0001.***