

**CERTIFICATION BY RELIGIOUS GROUP**  
*(Regarding tenets or teachings on acceptance of Insurance benefits and provision for dependent members)*

PRIVACY ACT/PAPERWORK ACT NOTICE: The authority for collecting the information requested on this form is contained in Section 211 (c) (6) of the Social Security Act. Submission of the information requested is voluntary. The purpose for which the information is requested is to determine if a religious group of which an individual is a member qualifies for self-employment tax exemption.

Full Name and Mailing Address of Religious Group

Information you furnish on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal laws requiring the exchange of information between the Social Security Administration and another agency.

Print Your Name (First name, middle initial, last name)

I am the \_\_\_\_\_ and a duly appointed and authorized spokesman for the religious group named above and certify the following information regarding this religious group:

1. Do the established tenets or teachings of this religious group oppose the acceptance of benefits of any private or public insurance which makes payments in the event of death, disability, old-age, or retirement or makes payments toward the cost of, or provides services for, medical care, including the benefits of any insurance system established by the Social Security Act?

Yes       No

*If "Yes," submit documents, statements, or other writings to support your answer.*

2. Is it the practice of this religious group to make provision for their dependent members?

Yes       No

*If "Yes," briefly describe how dependent members are provided for and submit documents, statements, or other writings to support your answer.*

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3. (a) Has this religious group been in existence at all times since December 31, 1950?

Yes       No

(b) Enter the date this religious group was established. \_\_\_\_\_ → DATE ESTABLISHED (if unknown, so indicate)

Submit any available documents, writings, or other evidence to support your answers to (a) and (b) above.

Answer 4 only if this religious group was established after December 31, 1950.

4. (a) Is this religious group a division or offshoot of another religious group with similar tenets and teachings?  Yes  No  
*If "yes," answer (b), (c), and (d) below. If "No," go on to item 5.*

(b) Enter the full name of the group of which this group is a division or offshoot.

(c) Enter the date the religious group in (b) above was established → DATE ESTABLISHED (if unknown, so indicate)

(d) Are the tenets, teachings and practices of the religious group in (b) above identical to those described in items 1 and 2 above?  Yes  No  
*If "No," explain the differences.*

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5. Have the tenets, teachings and practices of this religious group (and, if applicable, the group of which it is a division or offshoot) been the same as shown in items 1, 2, and 4 above at all times since December 31, 1950, or if later, the date the religious group was established?  Yes  No  
*If "No," explain any changes and indicate when changes took place.*

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6. I understand that it is the obligation of the group spokesman to notify the Social Security Administration in the event there is any change in the tenets, teachings and practices of this religious group as indicated above.

**PAPERWORK REDUCTION ACT STATEMENT:** The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 15 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

SIGNATURE	TITLE	DATE
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