SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0093

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

Full Name and Mailing Address of Religious Group

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

I am the _____ and a duly appointed and authorized spokesman for the religious
(Title)

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?

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

   ☐ Yes   ☐ No

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

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

   ☐ Yes   ☐ No

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.

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

(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.

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.

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.

SIGNATURE	TITLE	DATE