

**Addendum to the Supporting Statement for Form SSA-25**  
**Certificate of Election for Reduced Spouse's Benefits**  
**20 CFR 404.421**  
**OMB # 0960-0398**

**Revisions to the Information Collection**

- **Change #1:** Enter “Worker’s” Social Security Number

**Justification#1:** Changing “His (Her)” to “Worker’s” for consistency on the form.

- **Change #2:** In the Signature block, capitalize each initial letter for “First Name”, “Middle Initial”, “Last Name”

**Justification #2:** For consistency with other recently updated forms.

- **Change #3:** Witnesses are required ONLY if this certificate has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person completing this certificate must sign below, giving their full addresses. Add, “Also, print the applicant’s name in the Signature block.”

**Justification #3:** For consistency with other recently updated forms.

- **Change #4:** Delete “Enter Name of County (if any) in which you now live”

**Justification #4:** This field is not relevant to the SSA 25.

- **Change #5:** Above Privacy Act Statement, add a “Remarks” section.

**Justification# 5:** On most forms, we have a space for “remarks” to allow the applicant to provide additional information.

- **Change #6:** We are revising the Privacy Act Statement on this form.

**Justification #6:** SSA’s Office of the General Counsel is conducting a systematic review of SSA’s Privacy Act Statements on agency forms. As a result, SSA is updating the Privacy Act Statement on the form.