PRE-1957 MILITARY SERVICE - FEDERAL BENEFIT QUESTIONNAIRE

NAME OF WAGE EARNER (FIRST NAME, MIDDLE INITIAL, LAST NAME)						SOC	SOCIAL SECURITY NUMBER		
NAN	NAME USED IN SERVICE (IF DIFFERENT FROM ABOVE)							VICE NUMBER	
	PART 1. MILITARY SERVICE HISTORY PRIOR TO 1957								
Enter the month, day, and year of any active or reserve military service during the period September 16, 1940 through December 31, 1956. If the service BEGAN BEFORE OR ENDED AFTER this period, show the starting or ending date even though it is outside the period.									
1.	Enter information about REG	TIVE DUTY REGULAR AND ACTIVE RESERVE SERVICE ser information about REGULAR ACTIVE DUTY of any duration and about RESERVE ACTIVE SERVICE of 90 assecutive days or more while on active duty or active duty for training.							
	(A) BRANCH OF SERVICE	(B) DA ⁻ DUTY	TE ACT ' BEGA		(C) DATI			(D) RATE OR RANK	
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2.	RESERVE SERVICE (OTHER THAN ACTIVE RESERVE DUTY SHOWN ABOVE.)								
	(A) BRANCH OF SERVICE	(B) DA ⁻ DUTY	TE ACT		(C) DATI			(D) RATE OR RANK	
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
		PART 2. MII	LITARY	/ RETIRE	MENT INFO	ORMATI	ON		
3.	(a) Not retired (If checked, go on to Part 3)								
	(b) Retired { (If veteran is giving information complete (c) and (d) below.) (If survivor of veteran is giving information go on to Part 3)								
	(c) Basis for retirement (Complete even if not receiving pay)								
	Length of service				Disability				
	Reserve service Payable at age 60 Basis unknown					n			
	Other (Please Specify)								
	(d) Did you waive all or part of your retirement pay as a condition to receive veterans' administration disability compensation or to receive "civil service" (Office of Personnel Management) or other Federal agency credit for your military service? Yes No								
	PART 3. CIVILIAN FEDERAL AGENCY BENEFIT INFORMATION (Including Veterans Administration)								
4.	a) Have you ever been, or do you expect to be, entitled to receive a civilian Federal benefit?								
	☐ Yes ☐ No (If "no", omit the remaining questions and sign below.)								
	(b) Please check type of benefit that you are receiving, were receiving, or that you expect to receive.								
	Age or length of serv	vice	Di	sability					
	Survivor		_ O	ther		(Plea	ase Speci	fy Type)	

5.	(a) Name of Federal agency that was, is now, or will be paying benefit:								
	Office of Personnel Management (Formerly Civil Service Commission)								
	Veterans' Administration (Check only if receiving benefits because of waiving all or part of military retirement pay)								
	Office of Workers Compensation Programs (Check only if receiving benefits because of waiving all or part of another Federal benefit) Specify in remarks the agency and the type of benefit waived.								
	Other (Specify)								
	(b) Years of civilian Federal employment	(c) Date claim file	d (o	d) Federal Benefit claim number					
6.	MOST RECENT Federal employer: (a) Name of agency (if different from								
	b) City and State where employed								
(c) Date last worked									
DEN	 ARKS: (You may use this space for a	any avalanations l	fivou nood more	anage attach a concrete cheet)					
best mate	of my knowledge. I understand that a	anyone who makes of determining a rig	or causes to be tht to payment u	on this form and it is true and correct to the made a false or misleading statement about nder the Social Security Act commits a crime					
	, , , , , , , , , , , , , , , , , , ,	·	F APPLICANT						
Signature (First name, middle initial, last name) (Write in ink				Date (Month, day, year)					
				Telephone Number (include area code)					
Mail	ing Address (Number and street, Apt.	No., P.O. Box, or I	Rural Route)						
City	and State			ZIP Code					
	esses are required ONLY if this applicesses to the signing who know the app								
1. S	ignature of Witness		2. Signature of	Witness					
Add	ress (Number and street, City, State a	nd ZIP Code)	Address (Numb	per and street, City, State and ZIP Code)					

Privacy Act Statement

PRE-1957 Military Service - Federal Benefit Questionnaire

Section 217 of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to establish whether the wage earner's military service may be used to determine entitlement to or the amount of Social Security benefits.

See Revised Privacy Act Statement Attached

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate decision on your claim and could result in the loss of benefits.

We rarely use the information you supply for any purpose other than the reason stated above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- 2 To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
- 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
- 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Spcial Security programs (e.g., to the Bureau of the Census).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Systems of Records Notices entitled, the Claims Folders System (60-0089) and the Supplemental Security Income Record and Special Veterans Benefits System (60-0103). These notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 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 21235-6401.