**Addendum to Supporting Statement for Form SSA-4111**

**Certificate of Election for Reduced Widow(er)’s and**

**Surviving Divorced Spouse’s Benefits**

**20 CFR 404.335**

**OMB No. 0960-0759**

**Revisions to the Information Collection**

* **Change #1:** Under “Enter Your Social Security Number,” we are removing (If “none” or “unknown” so indicate.)

**Justification #1:**  We require individuals to provide an SSN.

* **Change #2:** Under “Information On How Benefits Are Affected….,” we are replacing the word “election” with “selection” in the last sentence of the paragraph.

**Justification #2:** We will use the word “selection” for consistency.

* **Change #3:** We are updating the paragraph under number 3 to read:

The selected month can be the month the deceased worker died or any month before you reach FRA (provided that the month you choose is within the past 12 months).

**Justification #3:** We are changing the language for clarification purposes.

* **Change #4:** Under the address block, we are deleting “Enter the Name of County (if any) in which you live now.”

**Justification #4:**  There is no policy or entitlement reason to request the county, and we are removing it for consistency with other recently updated forms.

* **Change #5:** We are revising the Privacy Act Statement on this form.

**Justification #5:**  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.