MODIFIED BENEFIT FORMULA QUESTIONNAIRE - EMPLOYER

		Social Security Adm	ministration	
To Agency/E	mployer:		Date:	
Claimant:			Social Socurity Number	
Ciaimant.			Social Security Number	
We need this	s information in conne	ction with a claim for Soc	cial Security Benefits. Please respond by	
If you have a	iny questions about th	is request, please contac	act:	
	-		even though this may not be the actual	
	Month	Year		
If the abov			r the remaining questions.	
		which the pension is ba		
From:				
	Month	Day	Year	
Tei		,		
To:	Month	Day	Year	
3. The period the pensio From:		ter 1956 not covered by S	Social Security used to determine the amount	of
	Month	Day	Year	
To:				
	Month	Day	Year	
	e amount of the pens urance, etc. as of	ion before any deduction	ns are made to provide for a survivor annuity,	
Amount \$				
•	um was paid in lieu o ime for which the pay		er the amount of the payment and the specific	
Amount \$		for the period.		
From:				
	Month	Year		
To:				
	Month	Year		
NAME OF PERSON PROVIDING INFORMATION			TELEPHONE NUMBER	
FORM SSA-	58 (08-2014) EF (08-2	2014)		

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 205(c)(2)(A), and 215(7)(A) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to ensure the accuracy of the employee's wage record and to make a determination of eligibility for Social Security benefits.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may result in the referral of your case to the Internal Revenue Service.

We rarely use the information you supply us for any purpose other than to make a determination regarding benefits eligibility. However, we may use the information for the administration of our programs including sharing information:

- 1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
- 2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices 60-0059, entitled, Earnings Recording and Self-Employment Income System; 60-0089, entitled, Claims Folders Systems; and, 60-0090, entitled, Master Beneficiary Record. Additional information about these and other system of records notices and our programs are available online at www.socialsecurity.gov or at your local Social Security office.

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

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 20 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.

COMPUTER MATCHING: We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.