

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:** We are revising the language:

Current Language: Enter His or Her Social Security Number

Revised Language: Enter "Worker's" Social Security Number

Justification#1: We are changing "His (Her)" to "Worker's" for consistency on the form.

- **Change #2:** We are capitalizing each initial letter for "First Name", "Middle Initial", "Last Name" in the Signature block,

Justification #2: We are making the change for consistency with other recently updated forms.

- **Change #3:** We are adding "Also, print the applicant's name in the Signature block," after the statement: 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.

Justification #3: We are revising the language for consistency with other recently updated forms.

- **Change #4:** We are removing "Enter Name of County (if any) in which you now live."

Justification #4: We are removing as this field as it is not relevant to the SSA 25.

- **Change #5:** We are adding a "Remarks" section Above Privacy Act Statement

Justification# 5: We are adding the Remarks section 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.

- **Change #7:** We are revising the PRA Statement on this form.

Justification #7: We are revising the PRA statement to reflect our current boilerplate language. The current language, which dates back to the last reprint of the form, is now outdated.

