**Addendum to Supporting Statement for Form SSA-8**

**Application For Lump-Sum Death Payment**

**20 CFR 404.390-404.392**

**OMB No. 0960-0013**

Revisions to the Collection Instrument

SSA is making the following revisions to Form SSA-8:

* **Change #1:** On page 1, we are rewording the scope of the application from “this may also be considered an application” to “this may serve as an application.”

**Justification #1:** We are removing passive voice per plain language standards.

* **Change #2:** On page 1, we are switching the order for Question 1 (name of deceased) and Question 2 (name of applicant).

**Justification #2:** We are revising the order of the questions to provide easier readability and flow in the application as Question 3 through Question 13 ask for more information about the deceased.

* **Change #3:** On page 1, we are removing the gender question 1(b) from the application.

**Justification #3:** We do not need to collect the gender of the deceased worker from the claimant as we don’t need it to determine eligibility.

* **Change #4:** On page 1, we are removing questions 5(a)-5(c). As a result, we are renumbering the remaining questions form.

**Justification #4:** We are removing these questions because we do not need to ask individuals these questions since the information is already in SSA records. The data fields for these questions will remain in the Modernized Claim System (MCS). Technicians will complete the data fields with information they obtain in SSA records.

* **Change #5:** On page 2, we are revising the language in Question 10(b) & 10(c) from “so, indicate” to “please indicate”

**Justification #5:** We are revising the language to provide easier readability for applicants and consistency with Question 10(a).

* **Change #6:** On page 2, we are revising the language in Question 11 of the form to the following:

List below ALL such children who are now or were in the past 12 months **unmarried** AND:

* + Under age 18
  + Age 18 to 19 and attending elementary or secondary school (grade 12 or below) full time OR
  + Age 18 or older with a disability that began before age 22

**(If none, write “None.”)**

**Justification #6:** We are revising the language in Question 11 to remove all capitals, bold the key term “unmarried,” and add bullets for easier readability for applicants. In addition, we are clarifying elementary and secondary school as being grade 12 or below.

* **Change #7:** On page 3,we are updating the sentence before Question 16 to include the word “item.”

**From:** If you are the surviving spouse, and if you are under the age 66, answer 16.

**To:** If you are the surviving spouse, and if you are under the age 66, answer item 16.

**Justification #7:** We are adding the word “item” to provide easier readability and clear instructions for applicants.

* **Change #8:** On page 3**,** we are updating the sentence in Question 16(a)

**From:** Are you so currently disabled and unable to work or was there some period during the last 14 months when you were so disabled that you could not and unable to work?

**To:** Are you currently disabled and unable to work or was there a period during the last 14 months when you were disabled and unable to work?

**Justification #8:** We are revising the language to provide easier readability and clarity for applicants.

* **Change #9:** On page 3, we are updating the sentence after Question 16 to include the word “item.”

**From:**  Answer 17 ONLY if you are the surviving spouse.

**To:** Answer item 17 ONLY if you are the surviving spouse.

**Justification #9:** We are adding the word “item” to provide easier readability and clear instructions for applicants.

* **Change #10:** We are adding our survivor publication number 05-10084 to the sentence and reformatting the Internet link shown after the Question 17.

**Justification #10:** We are displaying the publication number and the Internet link using our current naming convention.

* **Change #11:** On Page 3, for mailing address, we revised the address language as shown:

**From:**Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

**To:** Mailing Address (Number and Street, Apt. No., P.O. Box, or Rural Route)

**Justification #11:** We needed to capitalize the word Street.

* **Change #12:** On Page 3, for both witness signature sections (“1. Signature of Witness” and “2. Signature of Witness), we are revising the address language as shown:

**From:** Address (Number and street, City, State and ZIP Code)

**To:** Address (Number and Street, City, State and ZIP Code)

**Justification #12:** We needed to capitalize the word Street.

* **Change #13:** On page 4, we are replacing the “Social Security Claim Number” with the Beneficiary Notice Control Number (BNC).

**Justification #13:** We are removing “Social Security Claim Number” per the Social Security Number Fraud Prevention Act.

* **Change #14:** We are revising the PRA statement on this form.

**Justification #14:** 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.

* **Change #15:** We are revising the Privacy Act Statement on this form.

**Justification #15**: 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.

SSA will implement these revisions upon OMB’s approval.

These revisions do not affect the current burden for this information collection.