

SSA-308

We enter the information captured on the SSA-308 on the screens below via MCS

Screen Name- Windfall Elimination Exclusion (WEPX)

Description- This is one of two screens used to establish information about the Number Holder's receipt of a pension based on non-covered employment and used to determine if the windfall elimination provision applies. We can access these screens through MCS.

MCS TRANSFER TO: _____ WINDFALL ELIMINATION EXCLUSION WEPX
NF _____ CL _____

AGENCY/ORGANIZATION: _____
ADDRESS: _____

DOES WEP EXCLUSION APPLY (Y/N): Y
IF YES, LIST EXCLUSION (SELECT ONE): 9

1. 30 YEARS OF COVERAGE
2. FIRST ELG TO RECEIVE PENSION BEFORE 1/1/86 - PROOF (P/N): _
3. PENSION BASED ON FED WORK COVERED BY SSA AFTER 12/31/83
4. PENSION FROM NON-PROFIT ORG EXEMPT FROM SS 12/31/83 & THEN MANDATORILY COVERED 1/1/84
5. PENSION BASED SOLELY ON WORK BEFORE 1957
6. PENSION BASED IN PART ON NONCOVERED MILITARY RESERVE FROM 1957-1987
7. FOREIGN TOTALIZED BENEFIT
8. PENSION BASED SOLELY ON RAILROAD EMPLOYMENT
9. OTHER (SPECIFY): _____

MORE (Y/N): N DELETE THIS PENSION (Y/N): _ PENSION 1 OF 1

FIELDS ARE PROTECTED - PF3 TO TERMINATE - PRESS ENTER TO ADVANCE

Screen Name- (WEPI)

Description- In MCS, this conditional screen is automatically displayed when you answer "N" to [3-M] DOES WEP EXCLUSION APPLY on the WEPX screen. In 2018, a new field was added in the Select Pension Source, #5 Foreign in 2018.

e Edit View Communication Actions Window Help

PrScrn PrtSetup ShowPad Copy Paste Cut OQA Toolbar Exit8 OCC_SSA21

MCS TRANSFER TO: _____ WINDFALL ELIMINATION INPUT WEPI
NUMBER HOLDER SSN: _____ FIRST NAME: _____ SURNAME: _____

*SELECT PENSION SOURCE:
1=OPM 2=STATE 3=US GOVERNMENT 4=OTHER 5=FOREIGN.

IF STATE SELECTED, SHOW STATE ABBREVIATION (INCLUDES GU,PR,SM,VI,DC): _____

*PENSION ELIGIBILITY DATE (MMYY): _____ *PENSION ENTITLEMENT DATE (MMYY): _____

*SELECT HOW PENSION IS PAID: _____
1=MONTHLY 2=LUMP SUM 3=BOTH

GROSS MONTHLY PENSION AMOUNT AT CONCURRENT ENTITLEMENT MONTH: _____

*PENSION AMOUNT PROOF (P/N): _____ IF APPLICABLE, PENSION END DATE (MMYY): _____

*IS THE PENSION BASED ON BOTH COVERED AND NON-COVERED SERVICE MONTHS (Y/N):

TOTAL PENSION PERIOD (MMYY) FROM: _____ TO: _____ OR TOTAL MONTHS: _____
NONCVRD PERIOD AFTER 1956 (MMYY) FROM: _____ TO: _____ OR TOTAL MONTHS: _____
MORE (Y/N): PENSION: 1 OF 1