

Welcome, John!

You last signed in on **May 1, 2023 at 9:12 AM ET.**

 [Your Social Security Statement](#)

You can download your statement as a PDF or XML file.

 [Replace your Social Security Card](#)

 [Your Benefit Verification Letter](#)

Your letter proving you receive or do not receive Social Security Benefits.

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Complete open requests, search and submit forms online, or upload your documents (medical records, pay stubs, etc.).

### Eligibility and Earnings

You have the 40 work credits you need to receive benefits!




This includes credits not yet reported on your earnings record from last year and this year if you continued to work.

You earned **\$147,000** in 2022. **Is this correct?**

[Review your full earnings record now](#)

[v Learn more about eligibility and work credits](#)

### More Benefits

 You can qualify for Disability Benefits if you become unable to work due to a medical condition that's expected to last at least one year or result in death.

You can receive about **\$3,172 per month** if you apply now.

[Start a Disability Application](#)

 Your family qualifies for Survivors Benefits

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## Privacy Act Statement

### Collection and Use of Personal Information

**i** Section 205(a) of the Social Security Act, as amended, and Executive Order 14058, allow us to collect your information, which we will use to process the forms and/or evidence submitted. Providing your information is voluntary, but not providing all or part of the information may prevent us from assisting you with the request. As law permits, we may use and share the information you submit including with other Federal agencies, our contractors, and others, as necessary, as outlined in the routine uses within System of Records Notices (SORN) 60-0089, Claims Folders System; 60-0320, Electronic Disability (eDIB) Claim File; and 60-0373, Repository of Electronic Authentication Data Master File; available at [www.ssa.gov/privacy](http://www.ssa.gov/privacy). The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

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John D. v | [Sign out](#)

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## Identity-Proofing and Authentication

The information shown below cannot be changed here. If changes are needed, you must [contact us](#).

**First Name**

JOHN

**Last Name**

DOE

**Date of Birth**

05/22/1965

**Social Security Number (SSN)**

\*\*\*-\*\*-9999

**Mailing Address**

626 HICKORY DRIVE  
BALTIMORE, MD 21211

**Email Address**

jdoe1965@email.com

**Phone Number**

410-332-0041

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**NEW** Use [Search Forms](#) to find and submit documents online.

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 Electronic submission is only available until 11:59:59 PM (ET) on the 30th day from the request date(s). Please refer to the paper notice you have or will receive for other important information, including deadlines.

SSA-3369 Work History Report

Request Date:  
**01/02/2025**

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Search for a form name, form number or keyword.

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- SSA-10 Application for Widow's or Widower's Insurance Benefits** [Start](#)  
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- SSA-10-INST Reporting Responsibilities for Widow's or Widower's Insurance Benefits** [Start](#)  
[Form Preview](#)
- SSA-21 Supplement to Claim of Person Outside the United States** [Start](#)  
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- SSA-521 Request for Withdrawal of Application** [Start](#) ▼  
[Form Preview](#)
- SSA-827 Authorization to Disclose Information to the Social Security Administration** [Upgrade Access](#)  
[Form Preview](#) | [Upgraded Access Required](#)
- SSA-3820-BK Disability Report - Child** [Start](#)  
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  - Overpayment
  - Pension
  - Representative Payee
  - Retirement
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## Start button with two options

SSA-10-INST Reporting Responsibilities for Widow's or Widower's Insurance Benefits  
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[Form Preview](#) Start

SSA-521 Request for Withdrawal of Application  
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## Upgrade Access Required - button clicked

SSA-21 Supplement to Claim of Person Outside the United States  
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[Form Preview](#) Start ▾

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You are required to upgrade your access in order to electronically submit this form. Follow the prompts provided to upgrade your access.  
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John D. Sign out

## Upload Documents

Prepare and Upload

Review and Submit

Confirmation

### SSA-521 Request for Withdrawal of Application

A red asterisk (\*) indicates a required field.

#### 1. Prepare

Complete the following form and save it to your device.

[Help](#)

[SSA-521 Request for Withdrawal of Application](#)

#### \*2. Upload

Choose and upload the completed form.



Drag file(s) here or [choose file\(s\)](#)

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**Review and Submit**


Confirmation

### Review and Submit

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Please review the information, including document file name(s), to verify you have uploaded the correct document(s) before signing and submitting. You will not be able to preview your uploaded document(s) prior to submitting. If you choose not to electronically sign the uploaded document(s), you may submit the requested documents to your [local field office](#).

#### SSA-521 Request for Withdrawal of Application

 Document(s) Uploaded [Edit](#)

Document Name	Document Preview
SSA-521_RWA.pdf	

#### Electronic Signature

\* I reviewed the document name(s) listed above and confirmed that I uploaded or completed the document(s) I intend to sign. By checking this box, I am certifying that I am the authenticated person named above and I am applying my electronic signature to each signature field in the uploaded or completed document(s) listed above. I agree that my electronic signature has the same meaning, legal effect, and validity as my handwritten signature.

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- Prepare and Upload
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SSA-521 Request for Withdrawal of Application

**IMPORTANT NOTICE:** This is a request to withdraw your application. If we approve it, the decision we made on your application will have no legal effect. You will forfeit all rights attached to an application, including the rights to appeal. You will have to return any payment we made to you or anyone else on the basis of that application. You must then reapply if you want a determination of your Social Security rights at any time in the future. Any subsequent application may not involve the same retroactive period. We intend for you to use this procedure only when your decision to file has resulted, or will result, in a disadvantage to you. Your local Social Security office will be glad to explain whether, and how, this procedure will help you.

Wage Earner, Self-Employed Individual or Eligible Individual

Name of Wage Earner, Self-Employed Individual or Eligible Individual

Social Security Number (SSN)

Your Name (if different)

First name, middle initial, last name

JOHN ALEN DOE JR.

Your Social Security Number (SSN)

\*\*\*-\*\*-9999

Benefit Elections

Type of Benefit You Want to Withdraw

Date of Application

If applicable, do you want to keep Medicare benefits?

 Yes  No

I hereby request the withdrawal of my application, dated as above, for the reasons stated below. I understand that (1) this request may not be cancelled after 60 days from the mailing of notice of approval; and (2) if a determination of my entitlement has been made, there must be repayment of all benefits paid on the application I want withdrawn, and all other persons whose benefits would be affected must consent to this withdrawal. I further understand that the application withdrawn and all related material will remain a part of the records of the Social Security Administration and that this withdrawal will not affect the proper crediting of wages or self-employment income to my Social Security earnings record.

Reason for Withdrawal

If you need more space, see additional remarks

I intend to continue working.

(I have been advised of the alternatives to withdrawal for applicants under full retirement age and still wish to withdraw my application.)

Other

If Other, please explain fully

Characters remaining: 250

See additional remarks

I declare under penalty of perjury that I have examined all the information on this form and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

Signature of Person Making Request

JOHN ALEN DOE JR.

Date

06/06/2024

Telephone Number

410-332-0241

Mailing Address

626 HICKORY DRIVE

BALTIMORE, MD 21211

Name of County (if any) in which you now live

Additional Remarks

Characters remaining: 1,200

Privacy Act Statement

Collection and Use of Personal Information

Sections 202, 205, 223 and 1872 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent withdrawal of the application for benefits.

We will use the information you provide to cancel your application for benefits. We may also share the information for the following purposes, called routine uses:

- To contractors and other Federal Agencies, as necessary, for the purpose of assisting us in the efficient administration of our programs. We will disclose information under this routine use only in situations in which we may enter into a contractual or similar agreement to obtain assistance in accomplishing an SSA function relating to this system of records; and
- To student volunteers, individuals working under a personal services contract, and other workers who technically do not have the status of Federal employees, when they are performing work for us, as authorized by law, and they need access to personally identifiable information (PI) in our records in order to perform their assigned agency functions.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled, Claims Folders System, as published in the Federal Register (FR) on October 31, 2015, at 84 FR 58422. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy](https://www.ssa.gov/privacy).

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✔ Prepare and Upload

Review and Submit

Confirmation

## Review and Submit

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Please review the information, including the form preview, to verify you have entered the correct information before signing and submitting. If you choose not to electronically sign the form, you may submit the requested form to your [local field office](#).

### SSA-521 Request for Withdrawal of Application

#### Wage Earner, Self-Employed Individual or Eligible Individual

Edit

Name of Wage Earner, Self-Employed Individual or Eligible Individual: Jill Doe  
Social Security Number (SSN): \*\*\*-\*\*-8888  
Your Name: JOHN ALEN DOE JR.  
Your Social Security Number (SSN): \*\*\*-\*\*-9999

#### Benefit Elections

Edit

Type of Benefit You Want to Withdraw: Spousal Benefits  
Date of Application: 02/06/2024  
Do You Want to Keep Medicare Benefits: No  
Reason for Withdrawal: I intend to continue working. (I have been advised of the alternatives to withdrawal for applicants under full retirement age and still wish to withdraw my application.)  
Other: Not Answered  
If Other, please explain fully: Not Answered  
See additional remarks: Not Selected

#### Document Completed

The document preview will not show your signature and date signed until the document is submitted.

Document Name	Document Preview
SSA-521 Request for Withdrawal of Application Form Preview.pdf	

#### Electronic Signature

Edit

Signature of Person Making Request: JOHN ALEN DOE JR.  
Date: 06/06/2024  
Telephone Number: 410-332-0041  
Mailing Address: 626 HICKORY DRIVE, BALTIMORE, MD 21211  
Enter Name of County (if any) in which you now live: Not Answered

\* I reviewed the document name(s) listed above and confirmed that I uploaded or completed the document(s) I intend to sign. I understand my full social security number has been redacted for privacy reasons but will appear on the form I submit. By checking this box, I am certifying that I am the authenticated person named above and I am applying my electronic signature to each signature field in the uploaded or completed document(s) listed above. I agree that my electronic signature has the same meaning, legal effect, and validity as my handwritten signature.

#### Additional Remarks

Edit

Additional Remarks: Not Answered


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Submission	Submission Initiated By	Request Date	Submission Date and Time	Submission Status *	Submission Details
SSA-3369 Work History Report	User	N/A	01/02/2024 10:40 AM EST	 Completed	
SSA-521 Request for Withdrawal of Application	SSA	01/02/2024	01/02/2024 10:40 AM EST	 Completed	
Workers' Compensation Documentation	SSA	01/02/2024	01/02/2024 10:40 AM EST	 Completed	
SSA-3 Marriage Certification	SSA	01/12/2024		 Expired	
Bank Document	User	N/A	01/02/2024 10:40 AM EST	 Completed	

 [\\*Status Definitions](#)


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## Past Activity - Details modal

SSA-3369 Work History Report	User	N/A	01/02/2024 10:40 AM EST	✓ Completed	<a href="#">i</a>
SSA-521 Request for Withdrawal of Application	SSA	01/02/2024	01/02/2024 10:40 AM EST	✓ Completed	<a href="#">i</a>
Workers' Compensation Documentation	SSA	01/02/2024	01/02/2024 10:40 AM EST	✓ Completed	<a href="#">i</a>
SSA-3 Marriage Certification				Expired	
Bank Document				Completed	<a href="#">i</a>

[\\*Status Definitions](#)

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**SSA-3369 Work History Report**

**Document(s) Submitted**

Document Name
SSA-3369 Work History Report.pdf
Proof of Retirement.pdf

**Date**

Date/Time Submitted: **01/22/2023 10:44 PM EST**

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