

**REQUEST FOR AUTHORITY  
 TO DISPOSE OF RECORDS**

(See Instructions on Reverse)

25 items RE 47  
 TO GENERAL SERVICES ADMINISTRATION,  
 NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, D.C. 20408

LEAVE BLANK	
DATE RECEIVED <b>JUN 18 1975</b>	JOB NO
DATE APPROVED	<b>NC - 47 - 75 - 25</b>

1. FROM (AGENCY OR ESTABLISHMENT)  
Department of Health, Education, and Welfare

2. MAJOR SUBDIVISION  
Social Security Administration

3. MINOR SUBDIVISION  
Bureau of Field Operations

4. NAME OF PERSON WITH WHOM TO CONFER  
George S. Yamamura

5. TEL. EXT.  
45770

NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10

7-10-75 James R. Rhoads  
 Date Archivist of the United States

6. CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records, and that the records described in this list or schedule of \_\_\_\_\_ pages are proposed for disposal for the reason indicated ("X" only one)

A The records have ceased to have sufficient value to warrant further retention.

B The records will cease to have sufficient value to warrant further retention on the expiration of the period of time indicated or on the occurrence of the event specified.

6/16/75  
5/28/75  
(Date)

George S. Yamamura  
(Signature of Agency Representative)

Department Records Management Officer  
SSA Records Officer  
 (Title)

7. ITEM NO	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p><u>Records Retention and Disposal Schedule</u>  <u>SSI Posteligibility Documents</u></p> <p>A. <u>Form SSA-8200, Statement for Determining Continuing Eligibility for SSI Payments</u></p> <p>This is a four-page form used to record information upon which a determination is made as to an SSI recipient's continuing eligibility for payments. The form is designed to indicate whether there have been any changes since conversion or initial filing which would affect eligibility and/or payment amount. It is retained for program integrity purposes. Note: Any additional evidence, upon which a redetermination is based, should be retained in the same manner as the SSA-8200.</p> <p>1. <u>Servicing District/Branch Office</u></p> <p>Transfer to the reviewing office after 60 days.  <u>Exception:</u> If reconsideration is pending, retain until the decision has been made and the period for requesting a hearing has expired and then forward to the reviewing office.</p> <p>2. <u>Reviewing Office</u></p> <p>File in the claims folder. Retain in accordance with claims folder disposition instructions.</p>		

Copies to Agency and All Centers except NRC 7/17/75 ad

PL  
7/12/75

Change made at request of Bob Hawley (SSA)

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7 ITEM NO	8 DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9 SAMPLE OR JOB NO	10 ACTION TAKEN
	<p>B. <u>Form SSA-8081, SSI Redetermination Review Form</u></p> <p>This is a computer printout form reflecting current information on the Supplemental Security Record (SSR). It provides the name and social security number of the SSI recipient as well as that of the eligible or ineligible spouse or parent, as appropriate. It also contains data on income and resources, Federal and State payment amounts and payment history, outstanding overpayment amounts, waived overpayments, place of residence, and mailing address. The form is automatically generated and mailed as a part of the scheduled redetermination package, or it can be requested when an unscheduled redetermination is required.</p> <p>Destroy when the SSA-8200 is forwarded to the reviewing office.</p> <p>C. <u>Form SSA-735, Notice of Missing Social Security Check (SSI)</u></p> <p>This form is used by SSI recipients or their representatives to report nonreceipt of checks to the Social Security Administration (SSA).</p> <p>Destroy after 1 year.</p> <p>D. <u>Money Control Record Forms</u></p> <p>These forms document the disbursing of checks by the district/branch office to SSI recipients using the DO/BO as a mailing address for systems generated monthly checks. Also included are the cashier's copies of Forms SSA-8101, Emergency Advance Payment Authorization Voucher; SSA-8102, Emergency Advance Receipt; or their equivalents.</p> <p>Destroy after 3 years.</p> <p>E. <u>Payment Computation Worksheet Forms</u></p> <p>These are computation worksheet forms used in making a determination of payment amounts in those cases where the SSR system is unable to do so. The forms are also adaptable for use as payment estimate worksheets. Included are Forms SSA-8106, SSI Payment Worksheet; SSA-8106A, (formerly SSA-8107),</p>		

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	<p>SSI Payment Amounts; or their equivalents. The forms are required in all cases where force payment is made.</p> <ol style="list-style-type: none"><li>1. <u>Servicing District/Branch Office</u><ol style="list-style-type: none"><li>a. Where the forms are used to estimate payment amount, destroy after systems input has been accomplished. If no systems input is required, destroy upon completion of interview.</li><li>b. Where the forms have been used to establish payment amount, transfer to the reviewing office after systems input has been accomplished.</li></ol></li><li>2. <u>Reviewing Office</u><p>File in the claims folders. Retain in accordance with claims folder disposition instructions.</p></li></ol> <p>F. <u>Form SSA-8109, SSI Payment Computation Summary</u></p> <p>This form is used to obtain management authorization for a one-time payment (OTP) to an SSI recipient and to request such payment from the Reconciliation and Analysis Unit (RAU). It is also used to document what has been paid and what is due in force payment cases. The form is completed in conjunction with forms SSA-8106 and SSA-8106A and is retained for program integrity purposes.</p> <ol style="list-style-type: none"><li>1. <u>Servicing District/Branch Office</u><p>Transfer to the reviewing office after systems input has been accomplished.</p></li><li>2. <u>Reviewing Office</u><p>File in the claims folder. Retain in accordance with claims folder disposition instructions.</p></li></ol> <p>G. <u>Form SSA-8108, SSI Overpayment and Disposition Determination</u></p> <p>This form is used to identify an individual who has received an overpayment, compute the overpayment amount, explain how the overpayment occurred, and record recovery or waiver action.</p>		

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	<p>1. <u>Servicing District/Branch Office</u></p> <p>Transfer to the reviewing office after waiver has been approved, full refund secured, or recovery action otherwise discontinued.</p> <p>2. <u>Reviewing Office</u></p> <p>File in the claims folder. Retain in accordance with claims folder disposition instructions.</p> <p>H. <u>Form SSA-8450, SSI Reconsideration Decision</u></p> <p>This form is used to record the district/branch office's decision in cases where the recipient has requested reconsideration of a posteligibility determination. It is used in conjunction with Form SSA-561, Request for Reconsideration, and related documents.</p> <p>1. <u>Servicing District/Branch Office</u></p> <p>Transfer to the reviewing office after the period for requesting a hearing has expired.</p> <p>2. <u>Reviewing Office</u></p> <p>File in the claims folder. Retain in accordance with claims folder disposition instructions.</p> <p>I. <u>Undeliverable Notices</u></p> <p>These files consist of undeliverable notices or letters addressed to claimants, recipients, or their representatives advising of actions taken by SSA on the related claim or account. The correspondence is generally undeliverable due to address changes, incomplete or invalid addresses, or death of the claimant or recipient.</p> <p>Destroy after measures to determine the correct forwarding address have proven unsuccessful. <i>In no event should material be destroyed before 7 months retention.</i></p>		

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	<p>J. <u>Change of Address Records</u></p> <p>These records consist of change of address notices received from SSI recipients or their representatives, and related documents, such as Form SSA-8160, Supplemental Security Income Notice of Address Change, check envelopes, and correspondence; Form SSA-1719B, SSI Posteligibility Data Input, and comparable source documents pertaining to change of address.</p> <p>Retain at the point of receipt for <sup>7</sup><del>9</del> months and then destroy. *</p> <p>K. <u>Death Records</u></p> <p>These records consist of notices of death including death certificates; Form SSA-721, Statement of Death by Funeral Director, and copies thereof; duplicate death notices; SSA-1719B; and similar papers.</p> <p>Retain at the point of receipt for 7 months and then destroy. *</p> <p>L. <u>Marriage and Resumption of Living Together Records</u></p> <p>These records are used by SSI recipients or their representatives to report marriage, remarriage, or resumption of living together events to SSA. Included are Forms SSA-8150, Report of New Information in Supplemental Security Income Claims; SSA-8160; SSA-1719B; and similar papers.</p> <p>Retain at the point of receipt for 7 months and then destroy. *</p> <p>M. <u>Divorce, Annulment, and Separation Records</u></p> <p>These records are used to report divorce, annulment, or separation events to SSA. Included are forms SSA-8160, SSA-8150; SSA-1719B; or their equivalents.</p> <p>Retain at the point of receipt for 7 months and then destroy. *</p> <p>N. <u>Student Report Records</u></p> <p>These records are used to report commencement or cessation of school attendance. Included is Form</p>		

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	<p>SSA-8150; or its equivalent.</p> <p>Retain at the point of receipt for 7 months and then destroy. *</p> <p>O. <u>Payee Not Determined Records</u></p> <p>These records consist of notices of payee not determined which may result in the suspension of payments. Included are Forms SSA-725, Request for Suspension or Termination of Benefits; SSA-8150; or their equivalents.</p> <p>Retain at the point of receipt for 7 months and then destroy.</p> <p>P. <u>Miscellaneous Posteligibility Correspondence</u></p> <p>This is correspondence received from SSI recipients or their representatives which does not affect eligibility and does not require completion of a redetermination form. Included is gratuitous correspondence requesting explanations or recommending program changes.</p> <p>Destroy after 3 months.</p> <p>Q. <u>Anonymous or Crank Letters</u></p> <p>Self-explanatory.</p> <p>1. <u>Servicing District/Branch Office</u></p> <p>Destroy upon receipt. <u>Exception:</u> letters containing an allegation of fraud or improper payment are to be forwarded to the appropriate Program Review Field Staff after completion of development.</p> <p>2. <u>Program Review Field Staff</u></p> <p>Destroy after 6 years.</p> <p>R. <u>Form SSA-8220, SSA State SSI Information Exchange</u></p> <p>This form is used by the servicing district/branch office to obtain information from the State in order to compute the correct State supplement payment amount. It also may be initiated by the State to</p>		

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	<p>notify SSA of a change in recipient minimum income level. The information is subsequently transmitted into the SSR.</p> <p>Destroy after systems input has been accomplished.</p> <p>* Posteligibility notices which supplant the redetermination form and are themselves the basis for the redetermination decision, are to be retained in the same fashion as the redetermination form itself (see item A of this schedule).</p>		