

**REQUEST FOR AUTHORITY
 TO DISPOSE OF RECORDS**

(See Instructions on Reverse)

47

TO: **GENERAL SERVICES ADMINISTRATION,
 NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, D.C. 20408**

LEAVE BLANK	
DATE RECEIVED DEC 10 1975	JOB NO.
DATE APPROVED	NC1-47-76-18

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.
301-594-5771

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disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10.

12-17-75
 Date *James B. Rhoads*
 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.

11/18/75 (Date) *for Eugene J. Reed*
Russell O. Hess (Signature of Agency Representative)

Dept. Records Mgt. Officer (Title)

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<u>RECORDS RETENTION AND DISPOSAL SCHEDULE</u> <u>SSI POST ELIGIBILITY DOCUMENTS</u>		
I.	<p><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 notify SSA of a change in recipient minimum income level. The information is subsequently transmitted into the Supplemental Security Record.</p> <p>Retain at the point of receipt for 7 months and then destroy. <u>Exception:</u> If the State submitted data is of substantive nature and essential in the redetermination decision, the SSA-8220 should be retained in the same fashion as the redetermination form itself.</p>		
II.	<p><u>Form SF-1199, Authorization for Deposit of Social Security Payments</u></p> <p>This is a three part form used to obtain recipient's authorization for SSA to change the check payee to a financial organization and to direct the check to the address of that financial organization. It also confirms the organization's agreement to act as agent for the recipient. The recipient and financial organization each receive a copy of the form.</p>		

Copy to Agency 12-19-75

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>A. <u>Servicing District/Branch Office</u></p> <p>Transfer to the reviewing office after 60 days.</p> <p>B. <u>Reviewing Office</u></p> <p>File in the claims folder. Retain in accordance with claims folder destruction instructions.</p>		