Standard Form No. 115 Revised November 1951 Prescribed by General Services
Administration
GSA Reg. 3-IV-106 115-103

REC	ST	FOF	R AU	THORITY
ТО	DISPO	SE	OF	RECORDS

leverse)

DATE RECEIVED JOB NO. DEC 10 DATE APPROVED 76-18

LEAVE BLANK

6	i tem	(See	Instructions (	on Rever
0:	GENERAL	SERVICES	ADMINISTR	ATION,

NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, D.C. 20408

Department of Health, Education, and Welfare

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7707a +ha dienosal	the provisions of 44 U.S. request, including amend-except for items that may
ments, is approved	except for frems that may

NOTIFICATION TO AGENCY

be stamped "disposal not approved" or "withdrawn" in column 10.

12-17-75

.s.c.

2. MAJOR SUBDIVISION

Social Security Administration

3. MINOR SUBDIVISION

Bureau of Field Operations

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

1. FROM (AGENCY OR ESTABLISHMENT)

5. TEL. EXT. 301**-**594-5771

6. CERTIFICATE OF AGENCY REPRESENTATIVE:

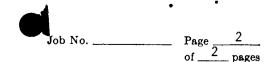
I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records, and that the records described in this list or schedule of \_\_\_ \_\_\_ pages are proposed for disposal for the reason indicated: ("X" only one)

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

x are 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. The records will cease to have sufficient value

11/18/7		Records Mg	t. Officer
7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	RECORDS RETENTION AND DISPOSAL SCHEDULE SSI POST ELIGIBILITY DOCUMENTS		
I.	Form SSA-8220, SSA State SSI Information Exchange		
	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.		
	Retain at the point of receipt for 7 months and then destroy. Exception: 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.		
II.	Form SF-1199, Authorization for Deposit of Social Security Payments		
	This is a three part form used to obtain recipients 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.		





## 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
	Α.	Servicing District/Branch Office		
		Transfer to the reviewing office after 60 days.		
	В.	Reviewing Office		
		File in the claims folder. Retain in accordance with claims folder destruction instructions.		
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