

Ret NCD 8 May 80

REQUEST FOR RECORDS DISPOSITION AUTHORITY  
(See Instructions on reverse)

CONFIRMATION

LEAVE BLANK	
JOB NO	NC1-47-80-9
DATE RECEIVED	5-8-80
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disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10.	
Date	5-8-80
acting	Walter M. Sender
Archivist of the United States	

TO: GENERAL SERVICES ADMINISTRATION,  
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408

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

2. MAJOR SUBDIVISION  
Social Security Administration

3. MINOR SUBDIVISION  
Office of Central Operations

4. NAME OF PERSON WITH WHOM TO CONFER  
Ernest P. Lardieri

5. TEL. EXT  
FTS 934-5770

6. CERTIFICATE OF AGENCY REPRESENTATIVE.

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of 2 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

- A Request for immediate disposal. (item 1)
- B Request for disposal after a specified period of time or request for permanent retention. (item 2)

C. DATE /30/80	D. SIGNATURE OF AGENCY REPRESENTATIVE <i>Dr. George E. Deal</i>	E. TITLE Departmental Records Management Officer
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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
1.	<u>Title II (Disability Insurance) Claims Case</u> Claims Case folders for claims adjudicated in 1961 containing correspondence and other pertinent material accumulated in the process of adjudication of the DI claim. Claim application forms, form SS-5, Application for Social Security Number, or equivalent document (for termination only), proofs, questionnaires, earnings records, medical evidence, and disability and nondisability correspondence are filed on the right side of the folder. Included on the left side of the folder are forms OA-C101D, Summary of Claims Data, OA-D840, Request for Earnings Record-Disability, and equivalent documents.  Destroy immediately.		
2.	<u>Title II (Disability Insurance)</u> <u>Claims Case Files</u>  These claims folders contain all correspondence and other pertinent material accumulated in the process of adjudication of the DI claim. Claims application forms, form SS-5, Application for Social Security Number, or equivalent document (for terminations only), proofs,	NC-47-77-11	4 items

115-107  
Copies  
to new  
agency  
NOT

## Request for Records Disposition Authority - Continuation

JOB NO.

PAGE OF 2

2

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