

NHHS
HHS
SSA

REQUEST FOR RECORD DISPOSITION AUTHORITY
(See Instructions on reverse)

| | |
|---|--------------------------------|
| LEAVE BLANK | |
| JOB NO | NCL-47-85-2 |
| DATE RECEIVED | 11-27-84 |
| 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disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10 | |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 | Archivist of the United States |

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

1 FROM (AGENCY OR ESTABLISHMENT)
HHS

2 MAJOR SUBDIVISION
SSA

3 MINOR SUBDIVISION Office of Field Operations
Office of Central Operations

4 NAME OF PERSON WITH WHOM TO CONFER
Olyn B. Thomas

5 TEL EXT
594-5770

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 3 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.

B Request for disposal after a specified period of time or request for permanent retention.

| | | |
|-------------------|--|---|
| C DATE 9/13/84 | D. SIGNATURE OF AGENCY REPRESENTATIVE <i>George E. Deal</i> Dr. George E. Deal | E. TITLE Department Records Management Officer |
|-------------------|--|---|

| 7 ITEM NO | 8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods) | 9. SAMPLE OR JOB NO | 10. ACTION TAKEN |
|-----------|---|-----------------------|------------------|
| | <p align="center"><u>Records Retention Schedule for Receipt and Transmittal Forms</u></p> <p>1. <u>Form SSA-1395-BK, Receipt and Transmittal Form</u></p> <p>This form is given by district office (DO) personnel to the public in receipt of cash, checks and money orders. The monies may be reimbursements for overpayments, returned Government checks or medical premium remittances. Receipted copies are verified by DO personnel that the monies have been received by the processing centers (PCs) and other intended offices, such as the Department of Treasury's returned check facility. The PC credits monies to the proper account. The front cover is signed as acknowledgement of receipt of the book and is returned when the book is returned to issuer.</p> | NC-174-176 FORM 12 | 4 items |

115-107
To Agency
W. Deery
1/1/85

MASS DATA CHANGE SHEET NOT REQUIRED

sent copy to all FLCs 1/30/85 CLD

Request for Records Disposition Authority - Continuation

JOB NO

PAGE OF

| 7 ITEM NO | 8 DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods) | 9 SAMPLE OR JOB NO | 10 ACTION TAKEN |
|--------------|---|--------------------------|--------------------|
| | <p><u>Retention:</u></p> <p><u>DO</u></p> <p>Transfer form SSA-1395-BK to the Federal Records Center (FRC) 1 year after verification of receipt of monies. Destroy after a total of 6 years 3 months. Destroy acknowledgement receipt 6 years 3 months after return to employee.</p> <p><u>PC</u></p> <p>Transfer to FRC 1 year after close of fiscal year in which received. Destroy after a total of 6 years 3 months.</p> <p>2. <u>Form SSA-414, Refund Transmittal Register</u></p> <p>This form accompanies form SSA-1395-BK and associated monies to the PC. It is used as a further check that all monies received by DO personnel are credited to SSA. A copy of the form is returned by the PC to the DO with an original signature denoting receipt. It is used to verify that all items received by the DO were sent to the PC and were received. The PC posts the monies to the proper accounts. The monies are deposited to SSA's account in the Federal Reserve Bank. The original copy of the form is used in fraud investigations and is also subject to General Accounting Office audit.</p> <p><u>Retention:</u></p> <p><u>DO</u></p> <p>Destroy 1 year after verification of PC receipt of monies.</p> <p><u>PC</u></p> <p>Transfer to FRC 1 year after close of fiscal year in which received. Destroy after a total of 6 years 3 months.</p> | | |

| Request for Records Disposition Authority – Continuation | | JOB NO | PAGE OF |
|--|--|--------------------------|--------------------|
| 7 ITEM NO | 8 DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods) | 9 SAMPLE OR JOB NO | 10 ACTION TAKEN |
| | <p>3. <u>Form SSA-3943, Control Roster</u></p> <p>The Control Roster is used by DO personnel to record and forward form SSA-1395-BK for supplemental medical insurance premiums to the Health Care Financing Administration. One copy is returned to the DO as acknowledgement that the monies have been received.</p> <p><u>Retention:</u></p> <p>Destroy 6 years 3 months after verification of receipt of monies.</p> <p>4. <u>Form SSA-3944, Master Control Roster</u></p> <p>The roster lists information pertaining to form SSA-1395-BK, such as serial number, employee to whom issued, data completed and date the book is shipped to the FRC and container number.</p> <p><u>Retention:</u></p> <p>Destroy roster after all books listed therein have been destroyed.</p> | | |