Form Approved
OMB No. 0960-0477

MODIFIED BENEFIT FORMULA QUESTIONNAIRE- EMPLOYER

PRIVACY ACT: This report is authorized by law 20 CFR 404.702. While your response is voluntary, your cooperation is needed to assure that the person's wage record is accurate and that a correct determination of eligibility for Social Security benefits is made.

PAPERWORK REDUCTION ACT STATEMENT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 20 minutes to read the instructions, gather the necessary facts, and answer the questions.

COMPUTER MATCHING: We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Social Security Administration

Date: _____

To Agency/Employer: _____

Claimant: _____ Social Security Number _____

We need this information in connection with a claim for Social Security Benefits. Please respond by _____
If you have any questions about this request, please contact: _____

1. Indicate the first month and year for which _____ could have received a pension from your organization, even though this may not be the actual retirement date.

   Month _____ Year _____

   If the above date is before January 1986, do not answer the remaining questions.

2. The period(s) of employment on which the pension is based are:

   From: _____ Month _____ Day _____ Year

   To: _____ Month _____ Day _____ Year

3. The period(s) of employment after 1956 not covered by Social Security used to determine the amount of the pension are:

   From: _____ Month _____ Day _____ Year

   To: _____ Month _____ Day _____ Year

4. Indicate the amount of the pension before any deductions are made to provide for a survivor annuity, health insurance, etc. as of _____
   Amount $ _____

5. If a lump sum was paid in lieu of a monthly pension, enter the amount of the payment and the specific period of time for which the payment was made:
   Amount $ _____ for the period.

   From: _____ Month _____ Year

   To: _____ Month _____ Year

SIGNATURE AND TITLE OF PERSON PROVIDING INFORMATION	TELEPHONE NUMBER